#### Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene ( Certificate of Death 2. Date of Deeth 1. Decedent's Neme (First, Middle, Last) 3. Time of Death Month 1999 THERESA M. ZACCARIA MARCH pm 4a Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Deeth TOWSON If Under 24 Hrs. Min. 8. Date of Birth (Month, Day, Year) GILCHREST CENTER BALTIMORE ff Under 1 Yaar 5. Social Security Number 7. Age (In vrs. last birthday) 6. Sex Birthplace (State or Foreign Country) 1 M 25 F Months Days Yrs. 88 16 1911 213 32 5424 MARYLAND Usual Residence of Decedent 10c. City, Town or Location 10d. inside City Limits 10a. State 10b. County 1 Yes 2 □ No BALTIMORE N/A 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? USA APT 207 1651 E. BELVEDERE AVE Was Dacedent of Hispenic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) Reca - American Indian, Black, Whita, atc. 12. Was Decedant Evar in U.S. Armed Forces? 1 ☐ Yes 2 🗓 No 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No Specify: WHITE 3 Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Cotlege (1-4or 5+) TELEPHONE OPERATOR 0 CITY GOVERNMENT 18. Mother's Name (First, Middle, Maiden Surname) 17. Father'a Neme (First, Middle, Last) JOHN STACH ANTONIA WOLF 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) PATRICIA KAFER / DAUGHTER 8005 SAGRAMORE ROAD BALTO, MD 21237 20a. Mathod of Disposition 20b. Place of Disposition (Name of cametery, crematory or other place) 20c. Location - City or Town, State 1 Surial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Othar (Specify) 3/8/99 HOLY REDEEMER BALTIMORE, MD 22. Name end Address of Facility CVACH/ROSEDALE FUNERAL HOME 21. Signature of Funeral Service Libensee BALTO, MD 21237 1211 CHESACO AVE 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth dementia Immediate Cause (Final disease or condition resulting in death) Stora Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or es a consequence of): Dua to (or es e consequence of): Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown gastric Bleeding 2º Dulcers 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was en autopsy performed? 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examinar? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospice Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury et Work? 28d. Describe how injury occurred 28b. Time of 1 Matural 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide TEX Certifying Physician: To the best of my knowledge, death occurred et the time, dete end place, end due to the cause(s) and manner es stated. 2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end placa, end due to the ceuse(s) and menner stated. 29a. Certifier (Check only one)

29c. Licansa number

025205

Division of Vital Records, P.O. Box 68760 or Attending Physician: after death. 24 hours a Hospital To the Hospi within 24 hou To the Funer completely fil

**Physician** 

/Medical

Examiner

Director

Funeral

by

Completed

Be

2

Examine

Physician/Medical

by

Completed

Be

2

Certification:

edical

**Funeral** 

Director

7 is marked other than "natural" or frame 23a or 28a-f show traumatic event, the Medical Examinar must be notified at

lel Hygiene.

Pages 1 and 2 should be fill ment of Haalth and Mentel Haalt: If itam 27 is marked oth

other

permit. Pages Department of Important: If it any Injury or o

**Physician** 

/Medical

Examiner

physician end s tha burial-transit

usa

signed by

has

funaral director,

the Marylend

with

altimore, Maryland 21215-0020

Thorasa

Registrar

Riley 31. Date filed (Month, Day, Year)

29b. Signature and title of certifiar

MAR 0 9 1999

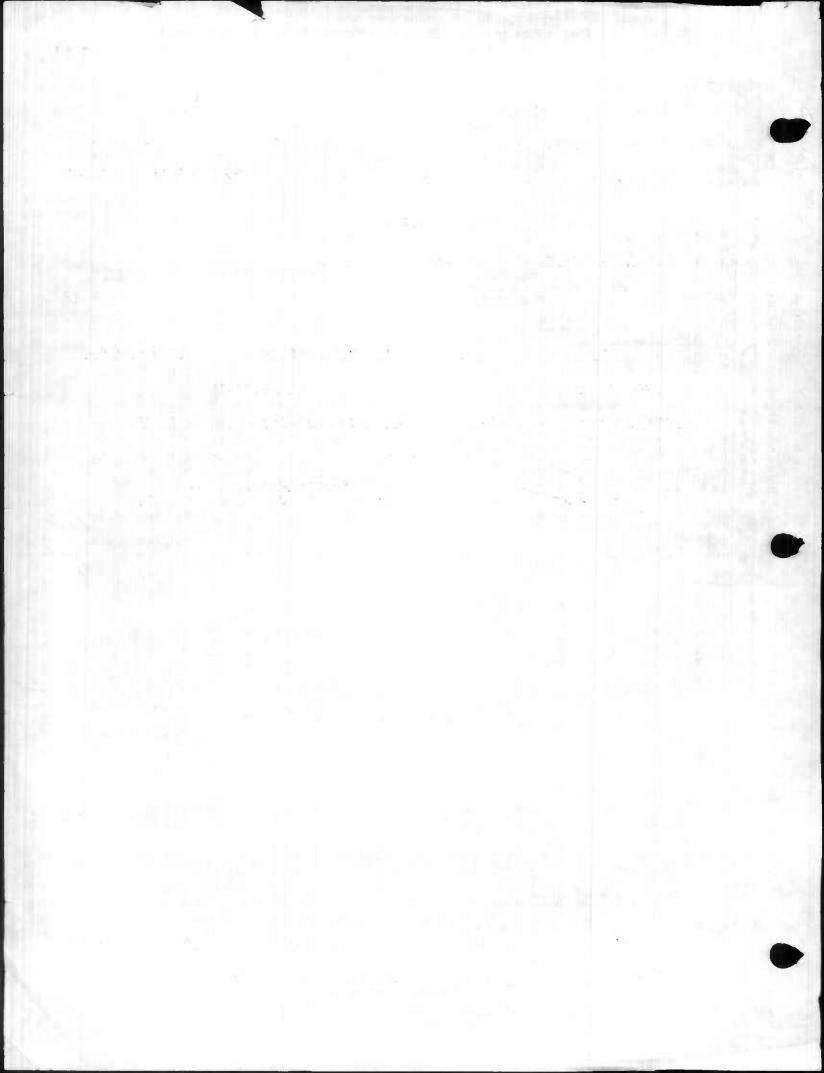


mo

29d. Data signed (Month, Day, Year)

30. Name and address of person who completed cause of grayh (Item 23a) (Type, Print).

(I) A. P. Ley (-BMC 6701 N. Charles St. Balto. md 2120)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 75

Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Dete of Deeth 3. Time of Death **Physician** Lucille L.Armstead Feb. 15,1999 6:30 A.M /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Ft. Washington Hospital Ft. Washington Prince Georges | Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) | Feb. 22, 1913 5. Social Security Number 7. Age (In yrs. lest birthdey) If Under 1 Year Funeral Birthplace (State or Foreign Country) Months 1 ☐ M 2 🗓 F Days 465-18-7426 85 Director Texas Usual Residence of Decedent with the Maryland 10a State 10b. County 10c. City. Town or Location 28a-f show 10d. Inside City Limits the Medical Examiner must be notified at Director Prince Georges 1 X Yes 2 No Md. Ft. Washington 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 23a or 11603 Olympic Drive 20744 U.S.A. death Funeral Items 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American Indian Black, White, etc. filed within 72 hours after 1 Never Married 2 Married ŏ Baltimore, Maryland 21215-0020 1 ☐ Yes ŽŪNo Specify: Specity: Black à 3 Widowed 4 Divorced Year or Dates: 'naturel', Completed 15. Decadent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Hygiena. Elementary/Secondery (0-12) College (1-4or 5+) Teacher School 17. Fether's Name (First, Middle, Lest) permit. Pages 1 and 2 should be file.
Department of Health and Mental Hy
Important: if Item 27 is marked oth
eny Injury or other traumatic event 18. Mother's Name (First, Middle, Maiden Sumeme) Be Samuel Jesse 2 Gertrude Jones 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Brenda Johnson 11603 Olympic Dr., Ft. Wash., Md. 20744 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) No. Va. Crematory 2-20 Arlington, Va. 22. Name and Address of Facility Lewis Funeral Home 21. Signature of Funeral Service Licensee 311 N.Patrick St., Alex., Va. 22314 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset end Deeth **Physician** TIC CAUSOVASalmolisas & /Medical Immediate Ceuse (Finei disease or condition resulting in death) Examiner Physician/Medical Examiner sician and buriel-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or es e consequence of): P.O. Box 68760. the th Due to (or as e consequence of): for use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes XNo 3 Probably 4 Unknown Records, þ 24b. Were autopsy findings avelleble prior to completion of cause of deeth? director, paga 2 should Completed 24e. Wes an eutopsy performed? 2 🗆 No 2 No certificata Division of Vital Hospital or Attending Physician: Be 25. Was case referred to medical 26. Placa of Deeth (Check only one) Hospital: 1 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 ☐ No ER/Outpatient 3 DOA Certification: To this funeral 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred After To the Hospital or Attending within 24 hours after death.

To the Funeral Director: After completely filled in by the fun 5 Pending 1 Yes 2 No 2 Accident Investigation 3 ☐ Suicide 6 Could not be determined 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred et the time, date end piece, and due to the ceuse(s) end menner as steted.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred et the time, dete end piece, and due to the cause(s) and manner stated. Medical 29a, Certifier (Chec 29b. Signature and titley certifie 29c. License number 29d. Date signed (Month, Dey, Year) m who completed cause of death (Item 23e) (Type, Print) 18/ CN MARNING HZOT FTWAR ND 20144 Month, Dey, Year) 1 EB 2 2 1999 32. Registrar's Signature State Registrar

DHMH 16 Rev 6/95

- 321 2 2 3 3

the state of

State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** E. CLARENCE ANDERSON FEB. 17, 1999 2:30 PM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** NATIONAL LUTHERAN HOME ROCKVILLE MONTGOMERY 5. Sociel Security Number 7. Age (In vrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) Funeral Days 1MM 2□F Months Hours 345-01-7010 90 Yrs. Director APR.15,1908 ILLINOIS Usual Residence of Decedent death with the Maryland Show 10b. County 10c. City. Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show MONTGOMERY MD. ROCKVILLE Funeral Director 1 XYes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 9701- VEIRS DRIVE 20850 USA 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 11. Maritai Status Pages 1 and 2 should be filed within 72 hours after near of Health and Mental Hygiene. Interest it items to the them of the training of the training overs, the Mental Interest of the training overs, the Mental Earth Int 1 □XYes 2 □ No If Yes, Give WW Year or Dates: 1 Never Married 20 Married Baltimore, Maryland 21215-0020 1 Yes 2 XNo Specify: Specify: WHITE Be Completed by II 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16h. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) ENGINEER CHICAGO FIRE DEPT. 12 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) ERLAND ANDERSON ပ္ ELIZABETH 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) ROXANNA ANDERSON- WIFE 9701- VEIRS DRIVE, ROCKVILLE, MD. 20850 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State permit. Pages 1
Department of H
Important: If ite
eny injury or ot
once. 1 Burial 2 Cremetion 3 Removal from State METROPOLITAN CREMATORY-2/18 ALEXANDRIA, VA. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility HYSONG CO., INC. lications that raused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, no cause, on each line.  $\frac{1300-N}{1300-N} \frac{NW}{M} \frac{WASH}{M} = \frac{NW}{M} = \frac{NW}{M} \frac{WASH}{M} = \frac{NW}{M} = \frac{NW}{$ Part1. Enter the disease, or corr shock, or heart failure. List only 23a. Part1 Approximate Interval Between Onset end Death **Physician** Immediate Cause (Final disease or condition resulting In deeth) /Medical Sweeks monre **Examiner** dionyopathy Examiner or Attending Physician: The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last bunel-tran Division of Vital Records, P.O. Box 68760, Physician/Medicai the Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No br: ρ After this certificate has been sign funerel director, page 2 should be 24b. Were autopsy findings evallable prior to completion of ceuse of deeth? Completed 24a. Was an eutopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Was cese referred to medical examiner? 26. Place of Deeth (Check only one) Hospitel: Certification: To Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 27. Manner of Death efter death. 28a. Dete of Injury (Month, Day Year) 28b. Time of Injury 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending 2 Accident Investigation 1 Yes 2 No the 6 Could not be 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide filled in To the Hospital of within 24 hours e To the Funeral D 1 Cortifying Phyalcien: To the best of my knowledge, death occurred at the time, date and piece, and due to the ceuse(s) and menner as steted.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end manner stated. 29e. Certifier Medical (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

31. Date # 20 2 27 1999 State Registrar

KARESH- 9701- VEIRS DR., ROCKVILLE, MD. 32. Registrar's Signature

30. Neme and address of person who completed cause of deeth (ttem 23a) (Type, Print)

CHARLES W.

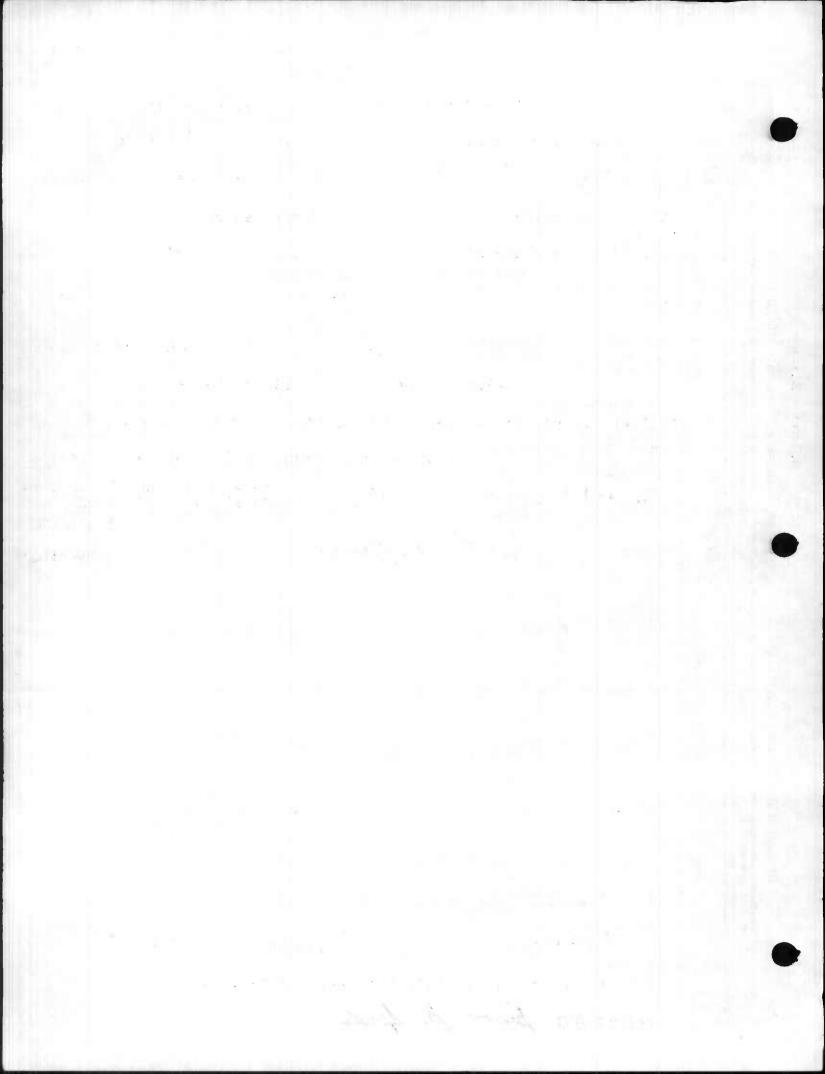
bale

1-17/

102, 5 \$ 332

Division of Vital Records, P.O. Box 68760,

			Certifica	te of De	eath		Reg. No.	U	1009
1. Decedent's Name (First, Mic						2. Date of D		Year	3. Time of Death
	MILDRED	MANGE	E BLIN			Februa	ary 23,	1999	2310
4a Facility Name (If not Institut				4b. (	City, Town, or	Location of Dea	th 4c. County	of Death	
	al Hospital		4 1 If I Inde		uston Under 24 Hrs.	0.5	Talbe		
5. Social Security Number	6. Sex 7. Age	(In yrs. last birt	rucay)		Hours Min.	(Month, D			ace (State or Foreign ry)
154-01-8552 Usual Residence of Decedent	^	00				04/17	/18	New_	Jersey
10a. State 10b. Coun	ity	10c. City, Town	or Location					10	d. Inside City Limits
MD Ca	roline			Fe	ederal	sburg			1 XYes 2 No
10e. Street and Number			10f. Z	ip Code		J J	10g. Citizen of V	Vhat Count	iry?
311 North	Main Street			21	1632		United	Sta	tes
11. Marital Status	12. Was Decedent Ev	ver in U,S.	13. Was Deci			pecify Yes or N o Rican, etc.)	o- 14. Rac	e - America	an Indian,
1 Never Married 2 M	Armed Forces?  1  Yes 2 No	,	_			o Rican, etc.)	Blac	ck, White, e	
3√ Widowed 4 □ Divorc	ed If Yes, Give Year or Dates:		1 ☐ Yes	SK Nio S	Specify:		Specify	· W	hite
	ent's Education	16a.	Decedent's Us	ual Occupatio	n	44-4	16b. Kind of Bu	siness/Ind	ustry
(Specify only high Elementery/Secondary (0-12	nest grade completed) College (1-4or 5+	)	(Give kind of w life. DO NOT	use retired)	ny most of woi	KING	0		
12			Buyer				Depart	ment	Store
17. Father's Name (First, Middl				18			e, Maiden Sumam	e)	
	Charles	Mange	е		Lizz	ie Lep	re		
19a. Informant's Neme/Relatio	nship (Type, Print)	19b.	Mailing Addres	ss (Street end	Number or Ru	ıral Route Numi	ber, City or Town,	State, Zip	Code)
Mallory B.	Crosby/Daugl	nter 1	44 La	ke Rd	.,Far	Hills	NJ 07	931	
	n 3 Removal from State	20b. Place of cemeter	Disposition (Na v, crematory or	other place)		Date	20c. Location -	City or To	wn, Stete
4 Donation 5 Other		Easte	rn Sho	ore Ve	et.	3/1/99	Hurlo	ck,	Maryland
21. Signature of Funeral Service	ce Licensee			nd Address o			_		
mulicul"	+ Gelsen		Framp	otom-1	lawkin	s-Esko	ow Fune	ral	Home, PA
23a. Part1. Enter the disease,	or complications that ceused this only one cause on each line	he death. Do n	ot enter the mo	ode of dying, s	uch as cardia	or respiratory	arrest.	216	Approximate Interval Between
Immediate Ceuse (Finel disease or condition resulting in death)	b	e to (or as a o	onsequence of	):					menths)
Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury thet initieted events	c	ue to (or as a c						-	
resulting in deeth) Last	d							<u> </u>	
Part II. Other aignificent condi	tione contributing to death but	not resulting in	the underlying	ceuse given l	n Part I.	23b. Dlo	tobacco use co	ntribute to	the cause of death?
						10	Y•• 2□No	3 Prob	ably 4 🗆 Unknow
							s an autopsy formed?	ava	re autopsy findings illable prior to appletion of ceuse death?
						10	Yes 2 No	10	Yes 2□ No
25. Wes case referred to media	cel			20	6. Place of De	eth (Check only	one)		
examiner? 1 ☐ Yes 2 ☑ No	Hospital:	2 ER/Out	patient 3 D	Other			sidence 8 Oth	er (Specifi	()
27. Menner of Death 1 □ Neturel 5 □ Pend	28a. Dete of Injury	28b. T		28c. Injury et Work?	2 No	-	how injury occur		
3 ☐ Suicide 6 ☐ Coul 4 ☐ Homicide dete	d not be rmined 28e. Place of Injury building, etc.	y - At home, far (Specify)	m, street, facto	ry, office		28f. Location City or To	(Street and Numb own, State)	er or Rure	I Route Number,
29a. Certifier 1 Certify (Check only one) 2 Medica	ring Phyelclen: To the best of al Examiner: On the basis of e and manner state	xamination end	death occurred for investigation	d et the time, n, in my opini	dete end plece on, death occu	e, end due to the urred at the time	e ceuse(s) end me , date end place,	nner es st and due to	eted. the cause(s)
29b. Signature and title of certi	HEP		25	c. License ni	umber		29d. Date signe	d (Month, I	Day, Year)
() A	m/h/			()35	877-		2/24	199	
30. Name end address of person	on who completed cause of dea	ath (Item 23a) (	Type, Print)	V 1.	V ( 1		1		
David Smit				AVA	Facto	n, MD	21601		
31. Dete filed (Month, Day, Yes			WIIU	176.9	Last	/11 g 1110	21001		
	and the last	4	1	1,					



### Please Type or Print in Black Indelible Ink. Assure Ail Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month Cook Bailey Mary February 22, 1999 2:45 PM 4a Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death Shady Grove Adventist Nursing Center Rockville Montgomery If Under 1 Year If Under 24 Hrs. 8. Date of Birth Mosth, Dey, Melical 17 Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. lest birthday) Months Min. Days Hours 1□ M XXF Maryland 215 09 2896 Usual Residence of Decedent 10c. City. Town or Location 10d. Inside City Limits 10b. County 1 ☐ Yes XXNo Rockville Mantgarery 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20852 United States 202 95 Dawson Ave. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Rican, etc.) Race - American Indian, Bleck, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give 11. Merital Status 1 Never Married 2 Merried Specify White 1 ☐ Yes 2 No Specify: 3 Widowed 4 □ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elementary/Secondary (0-12) College (1-4or 5+) Education Teacher 12 0 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Mary Constantia Abert E Cook George 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Ellen Kinley/ Sister 105 W. Allen Lane, Philadelphia, PA 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) George 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 Donation 2/24/99 Washington Univ.Med.Ctr Washington DC 5 Other (Specify) 22. Name and Address of Facility Columbia Mortuary Services neral Safvice Licenses PO Bax 58007 Washington DC 20037 Part 1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heert failure. List only one cause on each line. Approximete Interval Between Onset end Death Dehydration Immediate Cause (Final disease or condition resulting in death) eoa Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as a consequence of) Due to (or as a consequence of) Pert II, Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 ☐ Unknown 1 □ Yee 2 ₩ No 24b. Were autopsy findings eveilable prior to completion of cause of deeth? 24e. Wes en eutopsy performed'

**Physician** /Medicai **Examiner** 

**Physician** 

/Medical

10a. State

Director

Funeral

py

Completed

Be

Examiner

**Funeral** 

Director

item 27 is marked other than "naturel", or items 23s or 28s-f show other traumetic event, the Modical Examinar must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after death 1 Department of Heelth and Mentel Hygiene. Important: If item 27 is marked other than "naturel", or items 23a enty Injury or other traumatic event, the Medical Estandare research.

Baltimore, Maryland 21215-0020

with the Marylend

**burial-transit** and physician the as 9SD been signed by the should be detached page 2 certificate

The law requires that the death certificate be executed

P.O. Box 68760,

Records,

Division of Vital or Attending Physician:

Examiner director, this funeral After ne Hospital or Attending n 24 hours after death.

Physician/Medical by Completed Be P Certification:

1 Tyes 2 No 1 ☐ Yes 2 ₹ No 25. Was case referred to medice 26. Piece of Deeth (Check only one) Hospital: 1 ☐ Inpatient Other: 45 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Dey Year) 27. Menner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Natural 5 Pending 1 Yes 2 No 2 Accident investigation 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide

29e. Certifier (Check only one) 1X Certifying Physictan: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as steted.

2 Medical Examiner: On the basis of exeminetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated.

29b. Signature and title of certifier

29c. License number 43272

29d. Date signed (Month, Day, Year) February 23 1999

30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print) Sunita Hanjura , MD 809 Viers Mill Rd. Rockville Md, 20851

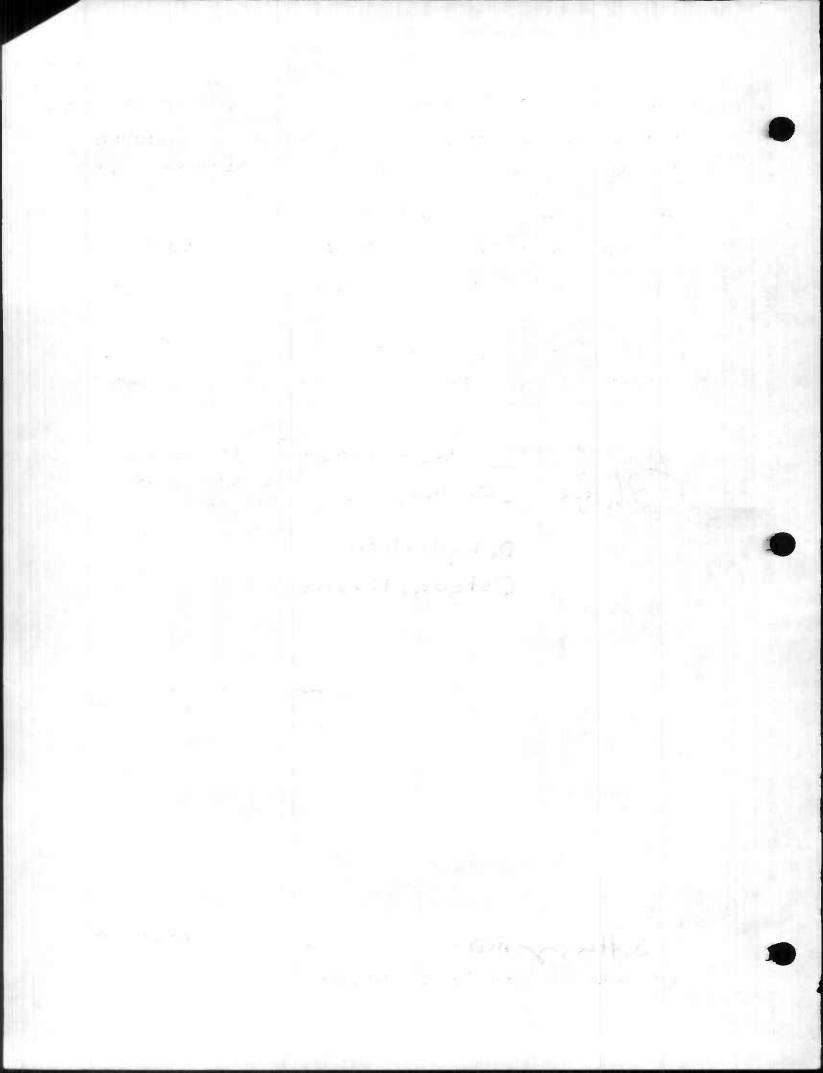
State Registrar

completaly To the To the

Medical

31. Date filed (Month, Day, Year)

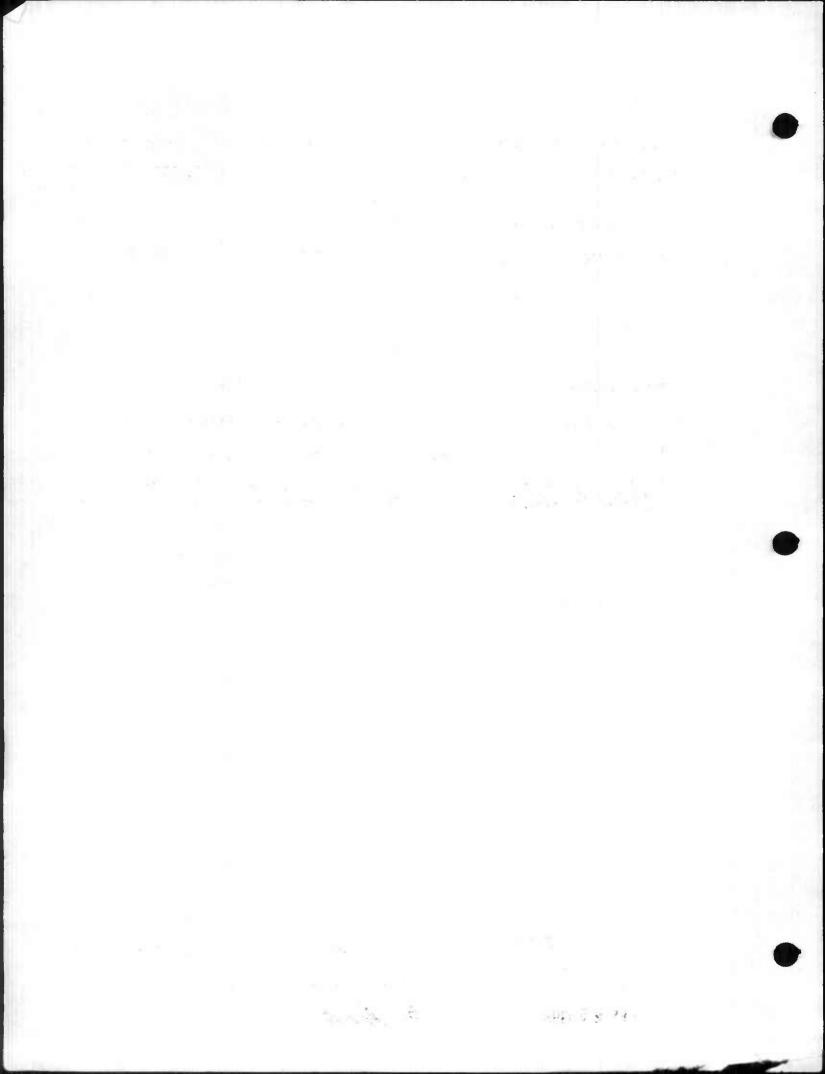
32. Registrar's Signature



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

			30	ate of Maryla		rtificate			aria ivi		giene Reg. No.		7500
	Physic	ian	Decedent's Nama (First, Middle, Last)							2. Dete of De Month	eth Dey	Yeer	3. Tima of Death
	Physic /Medi		WILLIE J. BARNES							FEBRUA	ARY 21,	1999	9:15pm
	Exami	ner	4a. Facility Neme (If not Institution, giva stree	t and number)				4b. City, To	wn, or Lo	ation of Deeth	4c. Cour	nty of Deeth	
			HEARTLAND NURSING F		The sea to heath other of	If Under 1	1 Vaar	ADELP If Under			PRINC	E GEO	
8	Funeral Director		5. Social Security Number 6. Sax 125-05-4243		. lest birthday) Yrs.	Months	Deys	Hours	Min.	8. Deta of Bir (Mooth, Da JAN	, 1920	SOU	piece (State or Foreign
	pud .		Usuel Residence of Decedant  10a. Steta 10b. County	10c C	ity, Town or L	nostion							10d Inside Oite Limite
1/2	Aaryle Faho	5			ISTRIC		TITE						10d. Inside City Limits  X□ Yes 2□ No
	the the	Director	MD PRINCE GEOR	GE2 D	ISIKIC.	10f. Zip (					10g. Citizan o	f What Cou	ntry?
	3a or	0	2709 EDFELDT DR.					747			UNITED		•
	death	Funeral	11. Meritei Stetus 12. V	Ves Decedent Ever In U	J,S. 13.	Was Decede			gin? (Spe	cify Yes or No Rican, etc.)	- 14. R	ace - Americ	
Baitimore, Maryland 21215-0020	permit. Peges 1 and 2 should be filed within 72 hours effer death with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any fujury or other traumatic event, the Medical Expression must be negliged at once.	b	1 Nevar Married 2 Married 1	med Forcas? ☐ Yas XX No Yes, Give 'aer or Detes:		1 Yes, speci		en, Mexican Specify:	i, Puerto I	(ican, etc.)	Spec	leck, White, city: BL	
5-0	72 ho	Be Completed	15. Decadent's Educatio (Specify only highest grada con		18e. Dece	dent's Usuei kind of work DO NOT use	Occup k dona	etion durina mosi	t of workir	a	16b. Kind of	Business/In	dustry
121	Nithin Pan	I du		Coitege (1-4or 5+)			retire	d)			PRIV	ATE	
2	Hygie ther t nt, th	ပိ	17. Father's Neme (First, Middle, Last)		JAN.	ITOR		18 Mothe	r's Nama	(First Middle	Meiden Sum		
an	d be i	o Be	BRICEN BARNES							JONES	, Weideri Sain	amej	
37	shoul mark mark	70	19e. Informent's Neme/Reietlonship (Type, F	Print)	19b. Melli	ing Address	(Street	and Numbe	er or Rura	Route Numb	er, City or Tow	m, State, Ziu	Code)
×	alth a		RUTH PAGE/ SISTER		7206	DONNE	LL	PL. C	-7 F	DRESTVI	LLE,MD	2074	7
ore,	of He item		20a. Method of Disposition	20b.	Place of Dispo cematary, cre	osition (Nem	e of her ple	ce)	T i	Dete	20c. Location	n - City or To	own, State
Ē	Pege nent int: if		tion Buriel 2 ☐ Cremation 3 ☐ Ramo 4 ☐ Donetion 5 ☐ Othar (Specify)	val from Stete CE	DAR HI	LL CEM	ETE	RY	2.	-27-99	SUITL	AND, M	D
Sait	Departi Importa any Inju		21. Signeture of Funarel Service Licensee	)	2	2. Nama and AT.F.X.A	Addre	ss of Fecilit	POP	E FUNE	RAL HOM	E	
) "	202 # 3		allex & roses	5							CVILLE,		747
			23a. Pert1. Enter the disease, or compilcation shock, or heart feilure. List only one ca	ns thet caused the dee use on each line.	th. Do not en	ter the mode	of dyl	ng, such as	cardiec o	r resptretory e	rrest,		Approximete Interval Between
	Physician /Medical		immodiate Cause (Final									İ	Onset end Death
	Examiner		immediate Ceuse (Finel disease or condition resulting in death)	RESPIRATO	RY FAI	LURE							
		ē		LUNG CANC	or es e conse	quence of):						i	
	outed d ensit	dical Examiner	Sequentiativ list conditions b. —		or es e conse	uneuce ot).						1	
oʻ	cate be executed physician and the burial-trensit	Ex	Sequentiatly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseasa or injury that initiated events			400.100 0.7.						i	
68760,	ate by hysici the by	lica	that initiated events resulting in death) Last	Dua fo (	or as a consec	quence of):			***			i	
	leeth certifica attending pl		d										
Box	thet the deeth cer ed by the attendir detached for use	Physician/M	- 4.									i	
o	the de	ysic	Pert II. Other significant conditions confribu	ting to death but not re-	sulting in the u	indarlying ca	use giv	en in Part i					o the cause of death?
0	signed by	by Pt				<u>,                                      </u>				10	Yes 2∐ No	3 ☐ Pro	bebly XZ Unknown
Division of Vital Records, P.O.	requiper requiper should	Completed b								24e. Wes	en autopsy omed?	av	ere autopsy findings vallable prior to completion of cause deeth?
æ	The law te has bege 2	E								10	Yes 2 No	11	☐ Yes 2☐ No
ā		Bec	25. Was case referred to medicat examiner?					28. Ptece	of Death	(Check only o	one)		
>	Physic this ce at dire	10	1 Yes 2 No Hospi	tei: 1 ☐ inpatient 2 ☐	] ER/Outpatie	nt 3 DO/	A Oth	ner: 4X Nu	rsing Hon	na 5□ Rasi	dance 6 🗆 C	ther (Specia	(y)
ū	Attending Physician: or death. ector: After this certific by the funeral director,	::0	27. Manner of Deeth 1 ☑Neturei 5 ☐ Pending	e. Date of injury (Month, Dey Year)	28b. Time o		c. Injui			8d. Dascribe	how injury occ	urred	
sio	if or Attending Perfect death.  Director: After the din by the funera	Certification:	2 Accident investigation			М		Yas 2 1					
Σ	5 4 5 E	artif	4 Homtcide determined 28	<ul> <li>Ptace of injury - Af the building, etc. (Special</li> </ul>	nome, farm, sf ify)	reet, fectory,	office		2	8t. Location (	Street end Nui wn, Stete)	nber or Aun	al Routa Number,
	To the Hospital or within 24 hours effection 10 he Funeral Direction pletely filled in	edical Co	29a. Certifier 12 Certifying Physician (Check only one) 2 Medical Examiner:	a: To the best of my known the basis of exeminating mannar steted.	owledge, deat etion end/or in	h occurred e	f the ti	ne, dete en pinion, deei	d piace, e	nd dua fo tha d et the tima,	ceusa(s) end data and piec	menner es s e, end due t	stated. the cause(s)
	o the	Mec	29b. Signeture end title of certifier	mainar sieled.		29c.	Licens	e number			29d. Date sign	ned (Month.	Dey, Year)
	-		1	AND			)427				FEBRUA		
	(3)		30. Name end address of person who comple	ted cause of deeth (Ite	m 23a) (Type.		1761	マノ			LEDRUE	111 24	, 1777
	9			1.D. 7221 E			RKW	AY, GF	REENB	ELT,MD			
	Sta		31. Dete filed (Month, Dey, Yeer)	32. Registrer's Sign				7					
	Registr	ar	FEB 2 5 1999	for season	D.	Loa	16	/					

DHMH 16 Rev 6/95



# Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Thomas Howard Brooks Feb 18 1999 08:11am /Medical 4e Facility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Holy Cross Hospital Silver Spring Montgomery If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Months 230-07-1501 12 M 2 F Director the Maryland 10a. State 10c. City, Town or Location 10d. Inside City Limits f show MONT 90mer 1 Yes 2 TNO Director 28e-f 10e. Street and Number 10g. Citizen of What Country? 23a or Funeral 12. Wes Decedent Ever in U,S Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11. Marital Status Armed Forces? Black, White, etc. 72 hours after 1 Yes 2 No 1 Never Merried 2 ☐ Married 21215-0020 8 1 ☐ Yes 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Yeer or Dates: 4 Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) ARMER Baltimore, Maryland 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Pages 1 and 2 should be nent of Health and Mental BROOKS 10 19e. tnformant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or important: If item 27 is any injury or other trau ROOK 20b. Plece of Disposition (Name of cametery, cremetory or other b 20a. Method of Disposition or other place 1 Burial 2 ☐ Cremetion 3 Removel from State Department 5 Other (Specify) 21. Signature of Fyperal Service Licens 22. Name end Address of Facility Sterling D ( 20019 Kenilworth Approximete Intervel Between Onset and Death mplications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, by one cause on each line. **Physician** Immediate Cause (Finel /Medical Cardiac Arrest disease or condition resulting in deeth) one hour Examiner Due to (or es a consequence of): Examiner Coronary Artery Disease The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Lest Due to (or es a consequence of): physician s the burial Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? Certification: To Be Completed 24a. Wes an eutopsy performed? page 2 1 Yes 2 No 2 No 1 Yes Physician: 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 %0 2 XER/Outpatient 3□ DOA 1 Inpatient this 27. Menner of Death 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred After or Attanding 1 Netural 5 Pending Investigation To the Hospital or Attandit within 24 hours after death. To the Funeral Director: A 1 Yes 2 No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide Medical 29a. Certifier 1. Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, end due to the cause(s) and manner es stated. (Check only one) 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and plece, and due to the cause(s) end menner steted. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 00143 -MD Feb 19 1999 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 8630 Fenton St Silver Spring Md 20910 Hubert Alpert MD 31. Dete filed (Month, Dey, Year) FEB 2 4 1999 32. Registrer's Signeture State Registrar

DHMH 16 Rev 6/95

P.O. Box 68760, Records. of Vital

Division

14 63 337

1000

Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 9 0 7 5 0 8

						Cer	tificate	e of	Death			Reg. No.		. 0 0 0	
	1. Dec	edant's Nam	a (First, Middle, La	st)						2	. Data of De Month	eath Day	Yaar	3. Tima of Death	
Physician /Medical	Edv	ward W	illiam Ba	iley Jr.						F	ebrua			5:15AM	
Examiner	4a Fa	cility Nama (/	f not institution, giv	e street and numb	er)				4b. City, To	wn, or Loca	tion of Deat	h 4c. Coun	ty of Death		
	Na	tional	Institut	e of Hea	lth			B	ethes	da		Mont	gomer	у	
Funeral	5. Soc	iai Sacurity N			Aga (In yrs. la		if Undar Months	1 Yaar Days	if Undar Hours	24 Hrs. 8 Min.	. Data of Bir (Month, Da	th ly, Year)	9. Birth	placa (State or Foreign ntry)	
Director		-62-85	29	MM 2□F	39	Yrs.		,-						th Carolina	
2	Usual 10a. S	Rasidence of	Decedant 10b. County		100 City	Town or Lo	ention							10d. inside City Limits	
death with the Maryland ims 23s or 28s-f show from the modified at neral Director			roo. County											1 √2 Yas 2 □ No	
or 28a-1 s be noutled Director	N.				A	bsecor		0.1				40- 00		**	
Die Po	100. 5	treet and Nur					10f. Zip					10g. Citizan o		ntry /	
23a			pho Court			10.1		3201			4 - 24 21	USA	ice - Amaric	an Indian	
r items 23s	11. Ma	aritai Status		12. Was Daced	as?	13.1	f Yas, spec	ify Cub	an, Maxicar	n, Puarto Ri	fy Yas or No can, atc.)	BI	ack, Whita,	atc.	
0 0 0	31		ied 2 Married 4 Divorced	1 Tas 2 If Yas, Giva Yaar or Date			1 □ Yas 2	ONE	Specify:			Spec	ity: Bla	ck	
natural,	31	J WIGOWAG	15. Decedant's Ed		15.	16a, Deced	lant'e Heus	I Occur	ation			16b. Kind of			
c · N -			city only highest gra	da completed)		(Give	kind of wor	k done	during mos	t of working		TOD. IXIII OF	Dasmasam	dustry	
r than	Elei	nentery/Seco 12th	ondary (0-12)	Collaga (1-4	or 5+)		iver		-,			Paris	Produ	Ce	
al Hygid other vent, n	17. Fa		(First, Middle, Last)			DI	LVCI		18. Motha	ar's Nama (i	First, Middle	, Maiden Sum			
so to the strong be med of the strong be med of the strong be strong to the strong or other traumatic event,			W. Bailey						Grac	e N.	Thomas	S			
d Men marke matic			ame/Ralationship (			19h Mailir	no Address	(Street				er, City or Tow	n Stete Zii	n Code)	
i and 2 should be i Health and Mental tem 27 is marked to other traumatic events.			iley/Moth									, N.J.			
Heal Heal ther		lathod of Dist		ICI	20b. Pla	ace of Dispo	sition (Nan	ne of		asant	Data	20c. Location			
T T TO	10	Burial 2	Cramation 3		ate	metery, crer				1					
rtme			5 ☐ Othar (Specify		Lin	coln N					0-99 1	Mays La	nding	, NJ	
permit. Pages 1 an Department of Heal Important: If Item 2 any injury or other ance.	21. 5	1. Signatura of Funeral Sarvice Licensea  22. Nama and Addrass of Facility Marshall's Funeral Home, Inc. 4217 9th St. NW Washington, D.C. 2  33. Part 1. Enter tha disaasa, or complications thet caused the death. Do not enter tha mode of dying, such as cardlec or raspiratory arrast,													
20245		7.1	Mais	hall		42	217 9	th S	t. NW	Was	hingt	on, D.C	. 200		
1100	23a	Pali 1. Enter thock, or haa	ha disaasa, or com rt failura. List only	plications thet cau	isad the death. th lina.	Do not ent	er tha mod	a of dyi	ng, such as	cardlec or	raspiratory a	irrast,		Approximata Interval Between	
Physician													1	Onset and Death	
/Medical Examiner	disaa	diata Causa ( sa or conditio	(Final In	I	iver F	ailure	2							7 days	
1000		ing In deeth)			Dua to (or	as a consac	(uanca of):								
sit s				b	cute M	yeloge	enous	Leu	kemia				1	1 1/2 yrs	
o attending physician and by for use as the bunist-transit.	Sequi	antially list co	nditions,		Dua to (or	as a consec	uance of):								
clan		antially list co laading to in Enter Unda (Disaasa or	arlying Injury	C.											
physicials the burner	that in	iitíated evants ing in daath) l	5		Dua to (or	as a conseq	uance of):								
Da X				d									į		
ed by the attending detached for use													1		
y the a	Part II.	Other signif	licant conditions o	ontributing to daa	th but not rasul	ting in tha u	ndarlying c	ausa gi	en in Part	l.	23b. Did	tobacco use	ontribute i	to the cause of death?	
ed by detac											1 🗆	Yes 2 No	3 Pro	obably 4 Unknown	
5 8 G	1												1 041 11	de la disease	
been sign should be											24e. Wes	en eutopsy ormed?	a	Vara autopsy findings vailabla prior to omplation of causa	
has b	.												o	f death?	
Com											10	Yas 2□No	1	☐ Yas 2□ No	
s certificate director, pag To Be Co	25. W	as casa rafar aminar?	rad to medical						26. Place	a of Daeth	Check only	one)			
		Yas 2□	No	Hospital: 1 🗹 Ing	oatient 2 🗆 8	R/Outpatier	nt 3□ DC	Ot Ot	har: 4 N	ursing Home	a 5□Ras	Idance 8 🗆 C	thar (Speci	ity)	
	27. Ma	Anner of Deat	h 5 ☐ Panding	28a. Data of (Month,	Injury Day Year)	28b. Tima of	2	8c. Inju Wo	ry at rk?	28	d. Dascribe	how injury occ	urred		
atle	2	Accidant	invastigation	1			M		Yas 2□	No					
er de recte by th	3	☐ Suicida ☐ Homicida	6 Could not b datarmined	Zoa. Place o	f Injury - At hor , atc. (Specify)	ma, farm, str	aat, factory	, office		28		(Street and Number, Stete)	nber or Ru	ral Route Number,	
rs after death.  at Director: After tilled in by the funera  Certification:					, (										
houn ly fill Cai		Cartifier Check only	1 Certifying Ph												
within 24 hours after death. To the Funeral Director: After completely filled in by the fune Medical Certification		one)	2□ Medical Exam	and manna	r stated.	on end/or in	vestigetion,	, at my c	Apirilori, dec	sui occurrec	, at the thing	, uate end piec	e, end 000	in the consets)	
within To the comple	296.5	iignature and	title of periffier				290	Licens	sa number	270	M	29d. Date sig	ned (Month	, Day, Year)	
		17	10			graduation and	_ (	10	05	550		2-19-	99		
(-)	30. Na	ıma and addr	ess of person who	complated causa	of death (Itam	23a) (Type,	Print)		-						
(5)	Ŧ	aul 1	meltze	2		9000 1	Rockv	i11e	Pike	, Bet	hesda	, Maryl	and 2	0892	
State	31. De	ata file pre	thopan Year)	₽. Rag	Istrar's Signati										
Registrar		ILD	6 a 1333	1 de se	va	Ø.	La	1							

DHMH 16 Rev 6/95

CONTRACTOR

	Plea	se Type o	Print in I	nd / De	pai	rtmen	t of l		and N		- A A	lble.	7509
1 Decedent's Nome	· /Finnt & Ainlatte	- Look			eri	IIICal	e oi	Deam		1000000	Reg. No.		
1. Decedant's Neme	· _ i		ות החסינים							2. Data of De Month	Day	Year	3. Tima of Death
		VIA BUTLE						45 Ob. T.		FEBRUA		1999	
4a. Facility Nama (li										ocation of Deet			_
CHARLES  5. Social Security N		NURSING		In at It late -	44.4	if Undar	1 Vaar	LA I				ARLES	
213-38-18		6. Sax 1 ☐ M 2XOYF	7. Aga (In yrs.	iast birtho Yrs	"	Months	Deys		Min.	8. Data of Bir (Month, Da	ay, Year)	Co	hplaca (State or Foreig untry)
Usual Rasidance of			86							SEPT.	24,1912	MA	RYLAND
I0a. Stete	10b. County		10c. Cit	ty, Town o	r Loca	ation							10d. Inside City Limits
MARYLAND	CHAI	RLES	T.A	PLAT	PΑ								1 Yas 2 No
Oe. Street and Nun			1.00			10f. Zip	Coda				10g. Citizen of	What Co	untry?
100 PENDI	ממת ממ	TC.						0646			UNITED		
1. Marital Stetus	EK DKL		cedant Evar in U	IS .	13 W	as Decer			iolo? (Sr	ecify Ves or No			rican Indian,
1 Nevar Marrie	ed 2□ Marri	Armed I	orces?	,,,,,	If '	Yas, spe	cify Cut	en, Maxicar	, Puarto	pecify Yes or No Rican, atc.)	Bla	ck, White	
3 Widowed		If Yas, C	aiva		1 [	□Yas	2 🖾 No	Specify:			Specia	y: pr	ACK
**	15. Decedant			16a. De	ecede	nt's Usua	al Occu	pation			16b. Kind of E	0.75	
	ify only highas	t grada completed		(G	iva ki	nd of wo	rk dona	during mos	t of work	king	TOUR ISSING OF E	30111030/	
Elemantary/Secon		College	(1-4or 5+)					ORKER			FOOD S	ERVI	CE
7. Fether's Neme (		Last)						1	er's Nam	e (First, Middle	, Maidan Sumai		
OHN BUTL	ER							MARY	AGN.	ES BOND	BUTLER	211	
9a. Informant's Na		hin (Time Print)		10b M	lailing	Addrage	/Stron	t and Numb	or or Pu	ral Dauta Mumb	er, City or Town	Ctoto 7	In Cada)
ARGARET   Oa. Mathod of Disp 1 X Buriel 2 D 4 □ Donation	osition Cramation	3 □ Removal from	20b. F	Place of Di cematary,	lsposi c <i>rem</i> a	tion (Nar tory or o	ne of othar pla		i i	Deta	LTON, M 20c. Location	- City or	
23a. Pert 1. Entar th shock, or haar immediata Causa (I diseasa or conditlor resulting In daath)	a disaasa, or t failura. List	CARTING CONTRACTOR STATES	each line.		antar	tha mod	la of dy		cardiec			, MD	20640 Approximata Interval Between Onset and Death
Sequentially list con f any, leeding to Im	madiate	b	Dua to (c	or as a con	nseque	ence of):						 	
cause. Entar Undar Cause (Disaasa or I that initiated evants rasulting in death) L	njury	c	Dua to (o	or as e con	sequa	ance of):						1	
		d											
art II. Other signific	cent conditio	nu contributing to	death but not ras	sulting In th	a unc	lariving c	ausa di	van in Part I		23h Did	tobacco use co	ontribute	to the cause of death
Hype	ntn	sin	, an	en		عب المارية	- '	variary dit			Yes 2KNo		obably 4 Unknow
1505											an autopsy ormed?	8	Wara autopsy findings available prior to completion of cause of death?
										10	Yas 2 No	1	I□Yas 2□No
5. Was casa rafarr	ed to medical							26. Place	of Deat	th (Check only	ona)		
axaminar? 1 ☐ Yes 2 【 1	No	Hospital: 1	Inpatiant 2	ER/Outpa	atlent	3□ DC	OA Ot	hor 4			Idence 6 □Ot	har (Spec	oify)
7. Mannar of Deeth 1 DiNatural 2 DiAccident	5 Pending	28a. Date (Mo	a of Injury nth, Day Year)	28b. Tim Inju	a of	4	8c. Inju				how Injury occu		
3 ☐ Sulcida 4 ☐ Homlcide	6 ☐ Could n datarmi	ned 288. Plet	e of Injury - At he ding, atc. (Specif	oma, farm,	, strea	it, factory	, offica			28f. Location ( City or To	Street and Num wn, State)	ber or Ru	ral Routa Number,
29a. Cartifiar (Check only one)	1 Certifying 2 Medical E	g Physician: To the Examiner: On the and ma	a best of my kno basis of examina nnar stated.	owledga, da ation end/o	aath c r inva	occurred stigation	at the ti	ima, deta an opinion, daa	d place, th occur	and dua to tha red at tha time,	causa(s) and m date end place,	annar as , and due	stated. to the cause(s)

**Physician** Examiner The lew requires that the death certificate be axecuted Division of Vital Records, P.O. Box 68760,

**Physician** 

/Medical

Examiner

Director

Funeral

by

Completed

Be

P

Examiner

Physician/Medical

þ

Completed

Be

Certification: To

Medical

**Funeral** 

**Director** 

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Depertment of Health and Martial Hygiane.
Important: If then 27 is marked other than "naturel", or itema 23a or 28a-f ehow any Injury or other traumatic event, ins Maccal Emminer must be notified any Injury or other traumatic event, ins Maccal Emminer must be notified as

/Medical

ed by the attending physician and detached for use as the bunei-transit

Baltimore, Maryland 21215-0020

To the Hospital or Attending Physician: The lew requires that the within 24 hours after death.

To the Funeral Director: After this certificate hes been signed by I completely filled in by the funeral director, page 2 should be detact

State Registrar

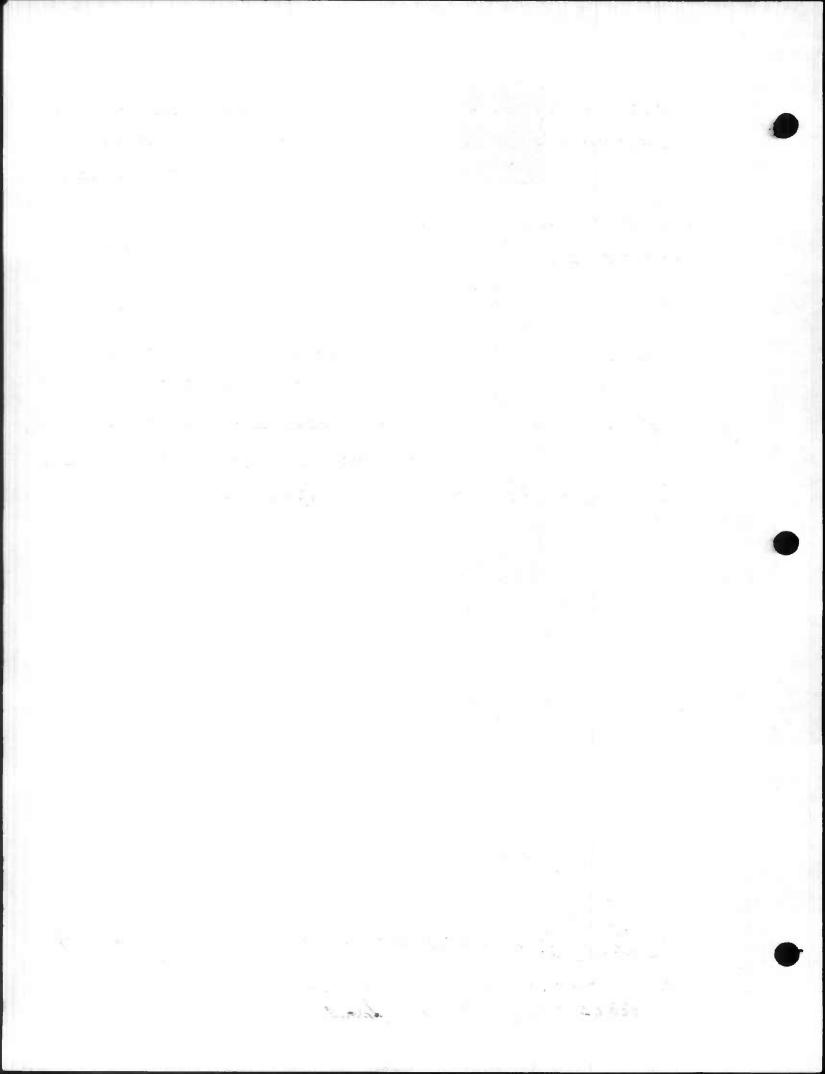
29b. Signature and title of certifie

29c. License number 008370 29d. Date signed (Month, Day, Year)

30. Name and addrass of person who complated causa of death (Item 23e) (Type, Print)

PAUL E. PRITCHETT, SR., P.O. BOX 1317 LAPLATA MD 20646 M.D.

32 Registrar's Signatura



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month 99 **Physician** :40 AM allec OX /Medical 4a Fecility Name (If not institution, give street end number 4b. City, Town, or Location of Death County of Death Examiner spital heverly MUS Center Mince George 6. Sex Georges If Under 24 Hrs. If Under 1 Year Birthplece (State or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) **Funeral** Months Days Hours 1XM 2 F 215-44-7468 88 Director October 29,1910 Kansas Usual Residence of Decedent filed within 72 hours efter deeth with the Meryland 10b. County 10c. City, Town or Location 10d. Inside City Limits Show r than "natural", or items 23s or 28s-f sho the Medical Examiner must be notified at 1 X Yes 2 □ No Maryland Prince George's Seat Pleasant Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Counfry? 20743 U.S.A. 6206 Foote Street Funeral Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? 11 Marital Status 1 ☐ Never Married 2 ☐ Married ☐ Yes 2 🔀 No f Yes, Give Black 1 ☐ Yes 2 ☒ No Specify: Baltimore, Maryland 21215-0020 Specify: p 3 ☐ Widowed 4 ☐ Divorced Yeer or Detes: Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) I Hyglena. Elementery/Secondary (0-12) College (1-4or 5+) Government State Supervisor .. Peges 1 and 2 should be filed w tment of Health and Mental Hygler tant: If Nem 27 is marked other th jury or other traumatic event, thi 5+ 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Owney Ragsdale John R. Bailey 19b. Malling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 19a. Informent's Neme/Relationship (Type, Print) 6206 Foote Street, Seat Pleasant, Maryland 20743 Florence H. Bailey/Wife 20b. Place of Disposition (Neme of 20c. Location - City or Town, State 20a. Method of Disposition cemetery, cremetory or other place) 1 X Burial 2 ☐ Cremation 3 ☐ Removal from Stete permit. Pege Department of Important: If any injury or page. Fort Lincoln Cemetery Brentwood, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 1999 21. Signeture of Funeral Service Licensee J.B. JENKINS FUNERAL HOME Nancu 7474 Landover Road, Landover, Maryland 20785 Approximate Intervel Between Onset end Deeth **Physician** /Medical (nastrointestinal Bleeding Immediate Ceuse (Final disease or condition resulting in death) Examiner Examiner Sepsis physician and tha burial-transit law requires that the death certificate be axecuted Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or as e consequence of): ehydration Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): ettanding p 23b. Did tobacco use contribute to the cause of death? Part 1. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part 1. bed signed by the 1 Yss 2 No 3 Probably 4 Nonknown Stroke þ been sig 24b. Were sutopsy findings aveileble prior to completion of cause of deeth? 24a. Was en eutopsy Completed performed Aftar this certificata has funerel director, pege 2 1 Yes 2 No 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica 25. Was case referred to medical Be 26. Piece of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 70 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of injury (Month, Dey Year) 27. Manner of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Naturet 5 Pending 1 Yes 2 No 2 Accident investigation 3 ☐ Suicide 8 Could not be determined Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) à 4 - Homicide within 24 hours a 1 Certifying Phyaician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Madical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and manner stated. edical 29a. Certifier 29b. Signature and itle of certifie 29c. License number 29d. Date signed (Month, Dey, Year) D0052760 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) Prince George's Hospital Center Muldrow, MD lobin crica 31. Date filed (Month, Dey, Year) FEB 2 2 1999 32 Registrar's Signature

DHMH 16 Ray 6/95

State Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 9 7 5 1 1

				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cert	ificate	of	Death		Reg. No.				
Physicia /Medic		1. Decedent's Neme (First, Middle, Las.  LOU ETTA BEAR							2. Dete of De Month Februa	ary Day	.6 1999		me of Deeth	
Examine		4e Facility Nama (If not institution, give 510 Millwheel St					4		Height:		County of Deer		) 's	
Funeral Director		5. Sociel Security Number 411-58-5184 6. Se	x □M 2⊠F	e (In yrs. le 63	est birthday) Yrs.	If Undar 1 Months	Yaar Deys	If Under 24 Hrs Hours Min		th by, Year) 18,19	9. Bird 35 Ten	thplece (Si puntry) nesse	tete or Foreign	
and w		Usuel Residence of Decedant  10a. Stete 10b. County		10c, City	, Town or Loc	ation						10d, Insi	de City Limits	
Manyle f eho	5	Maryland Prince Geo	orge's		apitol		hts						Yas 2□No	
fer death with the Marylan ferrs 23s or 28s-f show fret mart be notified at	al Director	10e. Street and Number 510 Millwheel St				10f. Zip C		}		10g. Citiz	en of Whet Co	ountry?		
o20	by Funeral	11. Meritel Stetus  1 Never Merried 2 Merried  3 W Widowed 4 Divorced	12. Was Decedent Armed Forces? 1 Yes 2 XI If Yes, Give Year or Detes:			es Decede Yes, specif			Specify Yes or No to Rican, etc.)		14. Race - Ama Bleck, Whit Specify: B		an,	
5-0 72 hc	Completed	15. Decedent's Edi (Specify only highest gred			16a. Decede	ent's Usuel ind of work	Occup	ation during most of wo	rking	16b. Klr	nd of Business	Industry		
within then	du	Elementery/Secondery (0-12)	College (1-4or 5	i+)				))		0.0				
o filed within the Went, the W	ပိ	17. Fethar's Neme (First, Middle, Last)	5+			Teach	er	18. Mother's Na	me (First, Middle	-	vernme	nτ	- 48	
	To Be	George Outlaw							ae Whit					
'e, Maryland 1 end 2 should be file Health and Mental Hy em 27 is merked othe ther traumetic event	ř	19e. Informent's Neme/Reletionship (T	vpe. Print)		19b. Mailing	Address (	Street		ural Route Numb		Town, State,	Zip Code)		
		Valencia Beard							Forestv				20747	
0 % 5 1 2	nent of int: If it	20a. Method of Disposition  1 X Burial 2 Cremetion 3 1  4 Donation 5 Other (Specify,	20c. Lo	Oc. Location - City or Town, Stata  Landover, Maryland										
Balti permit. Departi Importa eny inju		21. Signature of Funeral Service Licens  A  23e. Part1. Enter the disease, or compshock, or heart feilure. List only of	Maryl	and 2										
Physician /Medical Examiner	Immediate Cause (Final disease or condition resulting in death)  Cardiac Arrest  Due to (or es e consequence of):													
8760	edicai Examiner	Sequentially list conditions, if eny, leading to immediate course. Enter Indicate to the course of t												
\$ 0 a	Physician/Me	Pert II. Other significant conditions co	d	ut not recu	ulting In the un	dertuina ca	uee ois	en in Port I	23h Did	tobacco	use contribut	to the cu	ausa of death?	
S, P.O. ss that the de igned by the c	by Phys	Chronic Renal		at 110t 100u	nuing in the dir	donying ou				Yes 2		Probably		
	Completed								24e. Wes	en eutop ormed?	24b.	evaileble	n of cause	
	Con								1 🗆	Yas 2	No No	1 🗆 Yes	2□ No	
VITAL INSIGNATION IN SIGNATURE CONTINUES IN PAGE INTERCTOR PAGE IN	Be	25. Was case referred to medical exeminer?					100		ath (Check only	one)				
h ki	ation: To	1 ☐ Yes 2 🔯 No  27. Manner of Deeth 1 ☒ Neturel 5 ☐ Pending 2 ☐ Accident Investigation	Hospital: 1 ☐ Inpation 28e. Dete of Inju (Month, De		ER/Outpatient 28b. Time of Injury		Bc. Injur Wor	4 LI Nursing	Home 5 A Res 28d. Describe			ocify)		
DIVISION pital or Attending ours efter death. erel Director: Aftei filled in by the fune	Certification:	3 Suicida 6 Could not be determined	28e. Plece of Inj building, et	ury - At ho c. (Specify	me, farm, stre	et, factory,	office		28f. Location City or To	(Street en wn, Stete	d Number or R	lurel Route	Number,	
Hospi 24 hou Funer itely fill	edical		sicien: To the best Iner: On the basis of and manner st	exeminet						date end	pleca, end du	e to the ca		
of the pomple	2	29b. Signature and title of pertitier	Bolo	16	2_	Z		0752	MD		le signed (Mon			
(10)		30. Neme end address of person who con Daniel S. Nash,	Jr., 619	6 0x	on Hill		d, (	)xon Hil	l, Maryl	and				
Stat Registra	e	FEB 2 2 1999	32 Registr	er's Signet	ture	1		r						

Registrar DHMH 16 Rav 6/95

BRUCE DAETHANIEL	Please Type or Print In Black Indelible Ink. Assure All Cople	es i
99-1162-033	State of Maryland / Department of Health and Mental F	lyg
ITEMS: #23 PART I, 2	7 PER MEO G770 4-7-99 WR. Certificate of Death	P

Are Legible.

ITEM	S: #	23 PART I, 27 PER MEC	) G770 4-7-99 W	IR.	Certifica	te of	Death		Reg	ı. No.	0 /	O I has		
		1. Decedent's Name (First, Middle,	Last)					2. Date of Death	B	Maria	3. Time of Death			
Physic		Daethaniel	Mykel Brud	ce				. 1	Month FEBRUARY	Day 28,	Year 1999	942 AM		
/Med Exami		4a Facility Name (If not institution, g					4b. City, Tox		ation of Death	4c. County				
LAGIIII		PRINCE GEORGES I	HOSPITAL CEN	ITER			CHEVE	ERLY		PRIN	CE GE	ORGES		
Francis				(In yrs. last bir	thday) If Und	er 1 Yea	r If Under a		B. Date of Birth					
Funeral Director		219-53-0307 Usual Residence of Decedent	104 M 2□ F		Yrs. Months	Days	Hours	Min.	B. Date of Birth (Month, Day, ) Oct. 13,	1998		place (State or Foreigntry)  Cyland		
be filed within 72 hours eiter deeth with the Maryland lai Hyglene. I dother than "natural, or items 23s or 28s-f show event, it a Madical Examinat must be notified at	or	10a. State 10b. County		10c. City, Tow							1	10d. Inside City Limits		
the A	Director	Maryland Prince	George's	M	ount Ra	ip Code	er		100	. Citizen of	Mhet Cour	otov2		
th with	ral Dir	4007 37th Str	eet		101. 2	2071	.2			U.S.A		my r		
dee m	Funeral	11. Marital Stetus	12. Wes Decedent E- Armed Forces?	ver in U,S.	13. Was Dec	edent of	Hispanic Original Hispanic Original	gin? (Spec	ity Yes or No- ican, etc.)		e - Americ			
urs elte	by	1 Married 2 Married 3 Widowed 4 Divorced	1 ☐ Yes 2 🕅 No If Yes, Give Year or Dates:	)	1 ☐ Yes					Specif				
d within 72 hours elf	Completed	15. Decedent's (Specify only highest of	Education grade completed)	16a.	Decedent's Us (Give kind of w life. DO NOT	ork don	e during most	t of working	7 16	6b. Kind of B				
withi ene.	E D	Elementary/Secondary (0-12)	College (1-4or 5+		N/A (In					N/A				
nt her	ပိ	17. Fether's Name (First, Middle, La	et)		N/H (III	Lanc	1	r's Name	ne l					
d 2 should be file th and Mental Hy 7 is marked othe traumatic event,	To Be	Robert	Edmonds					Mya Bruce						
should and Mer marke		19a. tnformant's Name/Reletionship	(Type, Print)	19b	. Meiling Addre	ss (Stree	et and Numbe	er or Rural	Route Number, (	City or Town	State, Zip	Code)		
end 2 selth a n 27 is		Mya Bruce - Moth	ner	40	07 37th	Str	eet. M	It. Ra	ainier,	Maryla	and	20712		
S E E		20a. Method of Disposition	Lu-	20h Place of	f Disposition (N ry, crematory or	ame of				C. Location				
mit. Peges 1 er pertment of Hee portant: if Item; y Injury or other		1 ☑ Burial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spe			Lincoln			03	/06/99 B	rentwo	od. N	Maryland		
permit. Depentrimports ony Inju		21. Signature of Funeral Service Lig	ensee				ress of Facility		, 00, 33		04, 1	iar y rand		
SOF SO		Gasch's Funeral Home, P.A. 4739 Baltimore Avenue, Hyattsville, 1												
		4739 Baltimore Avenue, Hyattsville, M												
		23a. Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.												
Physician /Medical		Immediate Ceuse (Finel	//								1	Onset and Death		
Examiner		disease or condition resulting to death)	SUDDEN	INFANT	DEATH SYN	IDROM	E				ŧ			
	<u></u>	1030king at doutry		Due to (or es a	consequence of	):					1			
bed is	edical Examiner		b											
ertificete be executed ling physicien end ie as the burial-transit	хап	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	D	ue to (or as a	consequence of	):								
cien cien buria	E	Cause (Disease or injury	c								t			
ficete be ex physicien as the burial	dica	that initiated events resulting in death) Last	D	ue to (or as e	consequence of	):					1			
eeth certificete be executed attending physicien end I for use as the burial-transit	2		d								ì			
deeth e atten	Physician	Part II. Other significant conditions	contributing to death but	not resulting in	n the underlying	CAUSA C	iven in Part I.		23b. Did tob	acco usa co	ntribute te	o the cause of death		
requires that the deeth ce	Phys						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					bably 4 Unknow		
9 55	by										T			
	Completed								24a. Was an performe		ev	ere autopsy findings vailable prior to empletion of cause death?		
The law ate hes b page 2 s	m								M	a □ Nie	, le	1		
	Ö	25 Was soon referred to medical	T					4.5	Yes		1	Yes 2□ No		
centi	o Be	25. Was case referred to medical examiner?	Hospital:	- X		. 0	ther:		(Check only one)					
Phys this ral di	-	Yes 2□ No 27. Menner of Death	1 ☐ Inpatien 28a. Dete of Injury		itpatlent 3□ [ Time of	NA	4 L Nu		e 5 🗆 Residen 3d. Describe how			y)		
Attending Physician: or death. ector: After this certific by the funeral director,	lo	1 ØNeturat 5 ☐ Pending	(Month, Day		njury M	28c. Inj W	ork? ☐Yes 2☐!		od. Describe now	r injury occur	160			
or Attending after death. Director: After In by the fune	Ical	2 Accident Investigat 3 Sulcide 6 Could not	be no Discontinu	n. At home 40					of Location /Stee	not and Alumi	har or Pum	al Route Number,		
f or Attending after death.  Director: After ain by the fune	Certification:	4 ☐ Homicide determine	28e. Place of tnjur building, etc.	(Specify)	irm, street, racto	iry, onici	9	20	City or Town,	State)	or or nure	ir noute runiber,		
pital ours a arai filled		20a Cortifica III Cortificant	Physiology Tarks have of		death account	4 - 4 - 4 - 1	data data an	4-1	A discharge					
To the Hospital or Attending Physician: within 24 hours after death.  To the Funeral Director: After this certific completely filled in by the funeral director,	edical	29a. Certifii Certifying I	Phyaician: To the best of aminer: On the basis of e and menner state	xamination an	d/or Investigation	n, in my	opinion, deal	d place, er	d et the time, dat	e and place,	end due to	the couse(s)		
Nithir To th	ž	29b. Signature and title of certifier	1 0	^	2	9c. Lice	nse number		290	d. Date signe	d (Month,	Day, Year)		
		¥ / (1	Lala MA			C	CME		MA	RCH 1	, 199	9		
(2)	ł	30. Name and edimess of person who completed cause of deeth (Item 23a) (Type, Print)												
(4)		J LAKON IN	WE IM			eet-	Bal+i	imore	, Maryla	and 21	201			
Sta	ite	31. Date filed (Month, Day, Yeer)		's Signature	ani ou		EAST. C.J	LIOLC	, indy it	are 21	- V -			
Regist		MAR 0 5 199	9	a A	1		•							

State Registrar

DHMH 16 Rev 6/95

See a gabe

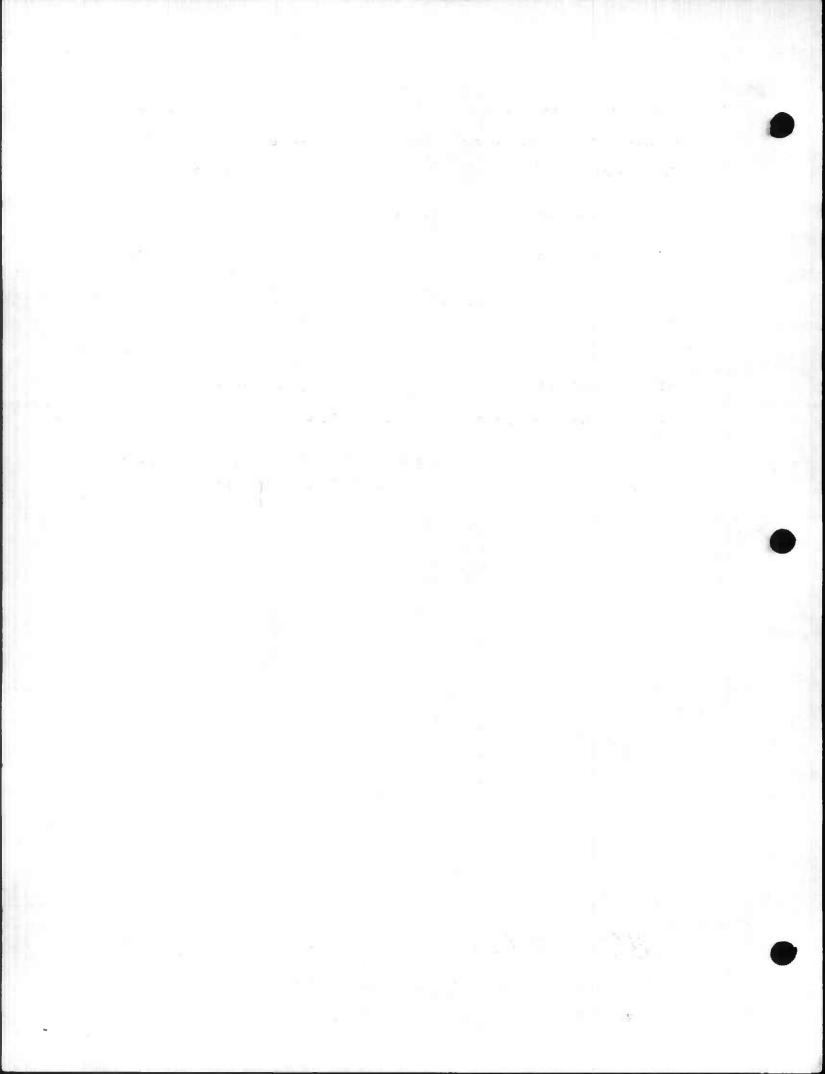
1. Decedent's Nema (First, Middla, Last) 2. Data of Death 3. Tima of Death Month Dav **Physician** 24, Yuell C. Coleman, Sr. 1999 02:20 AM Feb. /Medical 4e. Facility Nama (If not institution, give street and number) 4b. City. Town, or Location of Daeth 4c. County of Deeth Examiner VA Maryland Health Care System BALTIMORE n/a if Undar 1 Yaer If Under 24 Hrs. Birthplace (State or Foreign Country) 5. Social Security Number 7. Aga (In yrs. last birthday) **Funeral** Days Months Hours 12 M 2□ F 229-18-3548 Director Virginia Jan. 21, 1925 Usual Rasidance of Decedent with the Maryland 10a. Stata 10b. County 10c. City. Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23s or 28s-f show other treumstic avent, the Medical Examiner must be notified at Marvland Caroline Goldsboro MYYas 2 No Director 10e. Street and Number 10f. Zip Coda 10a. Citizan of What Country? 513 Old Town Rd. Box 57 21636 USA daath Funeral 12. Wes Decedant Evar in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puerto Ricen, etc.) 14. Race - Amaricen Indian, Black, White, atc. permit. Pagas 1 and 2 should be filed within 72 hours after Department of Health and Mertal Hygiana. Important: if item 27 is marked other than "natural", or ita any finlury or other theumatic avent, the Medical Exerting 1 ⊠Yas 2 □ No If Yas, Giva 44-46 Yaer or Datas: 47-50 1 Navar Merried 2 Married 66-69 <sub>1□ Yas 25 No</sub> Maryland 21215-0020 Specify: White þ 3 ₩idowed 4 Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Dacedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) Collaga (1-4or 5+) 8 Mason Self-employed 17. Fathar's Nema (First, Middla, Last) 18. Mothar's Nema (First, Middla, Maidan Sumama) Be William Joseph Coleman Alma Frances Roach Coleman 19e. informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Steta, Zip Coda) Kathie J. Coleman/daughter P.O. Box 57, Goldsboro, MD Baltimore, 20b. Place of Disposition (Nema of cematary, cramatory or other place) 20a. Mathod of Disposition Date 20c. Location - City or Town, Stata 1 ☐ Burlal 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) 2/27/99 Greensboro, MD Greensboro Cemetery 22. Nama and Addrass of Facility
Fleegle & Helfenbein Funeral Home, P.A. 21. Signetura of Funaral Sarvice Licensee 23a. Part1. Entar the disaasa, or complications that caused tha daath. Do not enter the moda of dying, such as cerdiac or raspiratory arrest, shock, or haart failure. List only one cause on each line. 106 W. Sunset Ave., Greensboro, MD Approximete Intarval Batween Onsat and Death Physician Immediata Causa (Final disaasa or condition rasulting in daath) /Medical Pneumonia Examiner Due to (or as a consequence of): Examiner Mantle Cell Lymphoma ettanding physician and for usa es tha burial-transit Sequentially list conditions, if eny, leeding to immediate cause. Entar Underlying Cause (Diseese or injury that initiated avents Dua to (or as a consequance of): Division of Vital Records, P.O. Box 68760, tha death certificeta be Physician/Medical Dua to (or es e consequence of) rasulting in death) Last Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. ed by the e 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Ulinknown Chronic Obstructive Pulmonary Disease à 2 been signated 24b. Wara autopsy findings aveilable prior to completion of ceuse of death? 24a. Was en eutopsy performed? Completed Hypertension 1 ☐ Yas 2 ☑ No 1 ☐ Yas 2 ☐ No 25. Was cesa rafarred to medical examinar? Be 26. Placa of Daath (Chack only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No Hospital: 10 1 npatient 2 ER/Outpetient 3 DOA this funerel To the Hospital or Attending Pt within 24 hours effer death.
To the Funeral Director: Aftar th completely filled in by the funeral 27. Mannar of Death 28e. Data of Injury (Month, Day Yaar) 28b. Time of Injury 28d. Describe how injury occurred 28c. Injury at Work? Certification: 1 Naturel 5 Panding invastigation 1 ☐ Yes 2 ☐ No 2 Accidant 6 Could not be detarmined 3 ☐ Suicida 28f. Location (Street end Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At home, farm, streat, factory, office building, atc. (Specify) 4 Homicida Medical 29e. Certifian 11 Cartifying Phyaician: To the best of my knowledge, deeth occurred at the time, date and plece, and due to the cause(s) and manner as stated. 2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date and place, and due to the ceuse(s) and manner stated. (Check only onel 29d. Data signed (Month, Day, Year) 29b. Signatury and title 29c. License number www P09758 30. Name and addrass of person who complated ceusa of daath (Item 23a) (Type, Print) Emily Cootauco, M.D., 10 North Greene Street, Baltimore, MD

11. Date filed (Month, Dey, Year) 32. Ragistrar's Signetura 31. Date filad (Month, Dey, Year)

DHMH 16 Ray 6/95

State Registrar

MAR 0 2 1555



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

tal Hygiene 99 07514

tate	OT	maryland /	Department	ot h	realth	and	Ment
			0 - 1:6: - 1	- 0	D		

JOSEPH MELVIN CARROLL 1. Decedent's Nama (First, Middla, Last)

Certificate of Death

Months Days

20743

2. Data of Death 3. Time of Death Month 20, 1999

Physician /Medical Examiner	

JOSEPH MELVIN CARROLL, JR. 4a Fecility Nama (If not institution, giva street and number)

120 M 2□ F

FEB. 4b. City, Town, or Location of Deeth 10:00AM

5 Social Sacurity Number 578-96-5590

PRINCE GEORGES HOSPITAL CENTER ICU If Undar 1 Yeer If Under 24 Hrs. 7. Aga (In yrs. last birthdey)

37

CHEVERLY

4c. County of Death PRINCE GEORGES

**Funeral** Director

"natural", or items 23s or 28s-f show

permit. Pages 1 and 2 should be filed within 72 hours after death v Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a and hijury or other treumatic event, the Medical Examiner must page.

Directo

Funeral

g

Completed

with the Maryland

Usual Residence of Dacedent 10a State 10b County Maryland Prince George's

10c. City. Town or Location

Yrs

8. Data of Birth (Month, Day, Year) Hours Min July 9, 1961

 Birthplaca (Stata or Foreign Country) Maryland

10d. Inside City Limits

10e. Street and Number

11. Marital Status

Capitol Heights 10f. Zip Code

1 X Yes 2 □ No 10g. Citizen of What Country?

920 Brooke Road

12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Datas:

 Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 X No Specify:

14. Raca - American Indien, Black, White, atc. Black Specify:

1 ☐ Naver Married 2 🛛 Married 3 ☐ Widowed 4 ☐ Divorced

15. Decedant's Education (Spacify only highast grada complated) Coliaga (1-4or 5+)

16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa retired) 16h Kind of Business/Industry

Elementery/Secondary (0-12) 12th

Construction Worker

Private

U.S.A.

17. Fathar's Neme (First, Middla, Last)

Joseph Melvin Carroll, Sr.

18. Mothar's Nama (First, Middla, Meiden Surnema) Evelyn Harper

19a. Informant's Name/Ralationship (Type, Print)

19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda)

Evelyn Carroll/Mother

920 Brooke Road, Capitol Heights, Maryland 20743 20b. Pleca of Disposition (Nema of camatary, cramatory or other place) 20c. Location - City or Town, State Date

20a. Mathod of Disposition

1 N Burial 2 □ Cramation 3 □ Ramovel from State 4 ☐ Donation 5 ☐ Othar (Specify)

Harmony Memorial Park 22. Name and Address of Facility 02/27 Landover, Maryland 1999

21. Signature of Funaral Sarvice Licensea

23a. Part1. Entar tha discommon or complications that caused tha daath. Do not antar the mode of dying, such as cardiac or respiratory arrest,

Approximeta shock, or heart failure. List only one cause on each line. Pen

J. B.JENKINS FUNERAL HOME

Approximeta Intarvai Batween Onsat and Death

Physician Immediata Causa (Final disaasa or condition rasulting in daath) /Medical Examiner

Examiner

Physician/Medical

by

Completed

Be

10

Certification:

edical

physician end s the buriel-trensit

SS - BSI for

s certificate has b director, page 2 s

this funeral

After

after death. Director: Af

To the Hospital within 24 hours a To the Funerel Compietely filled

6

filled

The law requires that the death certificate be executed

Attending Physician:

6

Hospital

Division of Vital Records, P.O. Box 68760,

Sequantially list conditions, if any, leading to immadiata causa. Entar Undarlying Causa (Disaasa or injury that initiated avants resulting in deeth) Lest

Wound Due to (or as a consequence of):

Due to (or as e consequança of) Dua to (or es e consequenca of)

Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death?

1 ☐ Yes 20 No 3 ☐ Probably 4 ☐ Unknown

24a. Was en eutopsy performed'

24b. Wera autopsy findings availebla prior to completion of cause of daath?

DS Yes 2□ No 26. Placa of Daath (Check only ona)

1/Yas 2□ No

25. Was casa referred to medical examinar?

27. Mannar of Death 5 Panding Invastigation

6 Could not be datarmined

Hospitel: 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year)

28b. Time of Injury

Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 28c. Injury at Work? 1 Yas 2 No

28d. Dascribe how injury occurred Subject Cut

2 18/99 403 pM 1 28a. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Specify)

281. Location (Street and Number or Rural Route Number City or Town, Stela) 700 Walker MWK Rd

29a. Certifier (Check only one)

1 Naturel

2 Accident

3 ☐ Suicide

4 Milliomicida

home

Curved Hote, WW R

Curved Hote, Ho

29b. Signatura and titla of cartifian

29c. License number O.C.M.E 29d. Data signad (Month, Day, Year) FEB. 22, 1999

30. Nama and addrass of person hite no

ono completed causa of daath (Item 23e) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

State Registrar Jennis J. C. 31. Dete filed (Month, Day, Year) FEB 2 5 1999

32. Pegistrer's Signatura agagna.

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

		State of Ma					Death			Reg. No.		
Physician /Medical	Decedant's Nama (First, Middla,	Charles V	W. Cla	rk					2. Data of Da Month Februa	ry 22,	1999	3. Time of Death 2:35PM
Examiner	4a Facility Nama (If not institution,		0						cation of Deat			
	Southern Marylan			L'at a	If Undar		linto		a Data of Bir	Prince		
Funeral Director	5. Social Security Number 421-12-8001 Usual Rasidance of Dacedant	4044 005	(In yrs. last i	Yrs.	Months	Days	Hours	Min.	8. Data of Bir (Month, Da March	8,1921	Alaba	aca (Stata or Foreign try) ama
72 hours after death with the Meryland natural; or Items 23s or 28s4 show pres Examiner must be neutred at each of by Funeral Director	10a. Stata 10b. County  Maryland Prince		10c. City, To	own or Loc ple H							10	0d. Insida City Limits 1 ☐ Yas 2 🖺 No
3a or 28a-1s libe northed	10e. Street and Number 6205 Harley La	ne			10f. Zip	Coda 0748	3			10g. Citizen of 1		try?
urs arrer death with the weigher eli, or items 23a or 28a-1 show Examiner must be notified at by Funeral Director	11. Marital Status  1 Navar Marriad 2 Marria 3 Widowed 4 Divorced	12. Was Decedant E			/as Deced Yas, spec		ispanic Ori n, Maxican Specify:	gin? (Spo , Puarto	ecify Yas or No Rican, atc.)	Bla	ce - Amarica ck, Whita, a y:White	atc.
	15. Dacadant' (Specify only highast	grada complatad)		a. Decede (Giva k lifa. D	ent's Usua aind of wor O NOT us	l Occupi k dona d	ation during most	of work	in <i>g</i>	16b. Kind of B	usinass/Ind	lustry
officer than	Elamantary/Secondary (0-12)	Collega (1-4or 5-	+)		stic		,			Census	Burea	au
工专员 由	17. Fether's Name (First, Middle, L	est)					18. Motha	r's Name	a (First, Middla	, Maiden Sumar	na)	
i marked o	George E. Clar	k					Ma	ıud	Owen			
Pue E	19e. Informant's Nama/Reletionsh	p (Type, Print)	1	9b. Mailing	g Address	(Streat	an <i>d Nu</i> m <i>b</i> e	or or Rur	al Route Numb	er, City or Town	, State, Zip	Code)
nent of Health nt: If Item 27 I	Patricia A. Cla  20a. Mathod of Disposition  1 ☑ Burial 2 ☐ Cramation  4 ☐ Donation 5 ☐ Other (Sp.	B □Ramoval from State	20b. Place cama	of Dispos tary, cram	Harle sition (Name atory or of	na of thar plac	a)		Data	1s, MD 2 20c Location Clinton	City or To	
Department of important: If it eny injury or out.	21. Signature of Funaral Sarvice L	censee / ulas		Ge 61	Nama and eorge	d Addras	Kalas Hill	Fun Rd.	neral H Oxon H	ome, P.	A. . 207	45
ysician Medical caminer	23a. Part1. Entar tha disaase, or o shock, or heart failure. List o Immediate Cause (Final disaase or condition resulting in death)	ми	Q1, pla	n	Vele		g, such as	cardiac	or raspiratory a	arrast,		Approximata Intarval Batween Onset and Death
iner in the same		S.	Due to (or as	Sec.	uenca of):							New
physician and the buriel-transit	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that Initiated avants											Ne_
e attending physician and od for use as the buriel-transit sician/Medical Exami	that initiated avants rasulting in daath) Last	d	Dua to (or es	a consequ	ence of):							
e atter	Pert II. Other significant condition	a contributing to death bu	it not resulting	in the un	derivino c	ausa olv	en in Part I		23b. Did	tobacco use co	ontribute to	the cause of death
ed by th detech	or in other significant contains	a contributing to doubt ou	it not rasuling	, 111 1110 011	danying or	uoou giv	arrier arc					pebly 4 ☐ Unknow
2 should										s an autopsy ormad?	ava	ara autopsy findings ailabla prior to mplation of causa death?
pege 2 s									10	Yas 2 No	10	Yas 2□ No
certifica rector, p	25. Wes case rafarred to medical axaminar?					-		of Deat	h (Check only	ona)		
T di di	1 ☐ Yas A No 27. Mannar of Death	Hospital: 1 Inpatier		Outpetient			4 LI NE			how injury occu		y)
as ener deam.  al Director: After t led in by the funera  Certification:	1 Natural 5 Panding 2 Accident invastigs 3 Sulcida 6 Could no		Year) 280	. Time of Injury	M	8c. Injur Wor	k? Yas 2□	No				
s efter death. If Director: Afte of in by the func									28f. Location ( City or To	(Street and Num own, State)	ber or Rura	i Routa Number,
24 hour Funer stehy fill stehy fill dicai	29a. Cartifiar 1 ☐ Certifying (Check only one) 2 ☐ Medical E	Physician: To the best of kaminer: On the basis of and mannar stat	axaminetion :	ga, daath and/or inv	occurred a astigation,	at tha tin	na, data an pinlon, dea	d place, th occur	and dua to the red at tha tima,	ne cause(s) end mannar as stated. a, data and place, and dua to tha ceusa(s)		
within To the comple	29b. Signatura and titla of certifiar				290	. Licans	a number			29d. Data signo	ed (Month,	Day, Year)
		Due	-mo		T	E	251-	41		2.26	3.9	9
20/	30. Nama and addrass of parson who completed cause of death (Item 23a) (Type, Print)											

DHMH 16 Rev 6/95

State Registrar

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

			State of Maryla		epartment Certificate				gieneg g	07516
		1. Decedent's Name (First, Middle, Last	)					2. Date of De	ath	3. Time of Death
Physic /Med		Louise Madel	ine Corbe	tt				FEBRLIA	Dey 22	1999 8:10 AM
Exami		4a. Facility Neme (If not Institution, give	street end number)				4b. City, Town, or Lo	cation of Deeth	4c. County	of Death
		Doctors Hospit 5. Social Security Number 6. Sec	al ,	on to a filtrati	fav) If Under		Lanham If Under 24 Hrs.			ce George
Funeral Director			M ONE	rs. iast birtho 86 Yr	Months	Days	Hours Min.	8. Date of Birt (Month, De	y, Year)	Birthpiace (State or Foreign Country)
		Usual Residence of Decedent		30				Sept.	15,191	2 Mass.
ehow	_	10a. State 10b. County	10c.	City, Town o	or Location					10d. Inside City Limits
the Maryiar r 28a-f ehow	Director	Md. Prince (	George Ne	ew Ca	rrollt					17□Yes 2□ No
三 0 別		10e. Street end Number			10f. Zip (	Code			10g. Citizen of V	Vhat Country?
ns 23a	Funeral	6410 85th Avenu	I C 12. Was Decedent Ever In	US		070	) 6 Ilspanic Origin? (Spe	ocify Vas or No	U.S.A.	e - American Indian.
after dea		1 Never Merried 2 Married	Armed Forces? 1 ☐ Yes 2 🛣 No	, 0,0.	If Yes, speci	fy Cuba	an, Mexican, Puerto	Rican, etc.)	Blec	k, White, etc.
0002 ours :	d by	3 ☑ Widowed 4 □ Divorced	If Yes, Give Year or Dates:		1 □ Yes 2	<b>K</b> J No	Specify:		Specity	White
d 21215-0020 filed within 72 hours after then "naturel", or the mut, the Madrical Examples	Be Completed	15. Decedent's Edu (Specify only highest grade	cation e com <i>pleted)</i>	16a. D	ecedent's Usual live kind of work	Occupa done	ation during most of work!	ng	16b. Kind of Bu	siness/Industry
212. 212. d within	dmc	Elementery/Secondary (0-12)	College (1-4or 5+)				3)		0.10	
and She filed other overt, 1	Ö	17. Fether's Name (First, Middle, Last)		HO	usewif	e	18. Mother's Name	(First, Middle,	Selt Malden Sumam	Employed
aryland should be file and Mental Hy merked other	To B	Ralph Bridgfor	d				Hannah	Horl:	h w	
17 - 01 00 00 =		19a. Informent's Neme/Relationship (Ty	pe, Print)	19b. N	lailing Address	(Street	and Number or Rura	I Route Numbe	er, City or Town,	State, Zip Code)
CHNF		Bernard Corbett	(Son)	63	12 Bar	ris	ter Cour	t Ale	xandri	a Va. 22307
Baltimore, permit. Pages 1 a Important: If Item any Injury or other once.		20e. Method of Disposition 1	emovai from State	cemetery,	isposition (Namcremetory or oti	her plac		Date		City or Town, State
altin mit. Pa partme portant y Injury		4 ☐ Donetion 5 ☐ Other (Specify)  21. Signature of Funeral Service License		ate d	of Hear		2 of Facility	2/25/9	9 Silve	er Spring Md.
Bal Bal Department on the property in the prop		at 1 c 1		1			•			20704
al		23a. Pert1. Enter the disease, or complishock, or heart failure. List only or	cations that caused to de	eath. Do not			Hale F.I			. 20706 Approximate
Physician		shock, or heart failure. List only or	ne cause on eech			,		, ,		Intervel Between Onset and Death
/Medical Examiner	ı	Immediate Cause (Finel disease or condition	Pu	Lin	ovenv	1	13 m Bu	1.108		240
Lamine	7	resulting in death)	Due to	(or as a cor	nsequence of):					
uled Insit	Examiner	_ t	).	,	1					
8760, cata be executed physician and the burial-transit	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury			nsequence of):	. 11			- 140	24 hr
68760, filicata be ex g physician as the burial	dical	Cause (Disease or Injury that Initiated events resulting in deeth) Last	Due to	(or as a con	sequence of):	ow	in E	XIOU	2.17	- 1 Mi
		Tooland in door, East								
P.O. Box 6 that the death certiful of ed by the attending is detected for use as	Physician/Me									
P.O. nat the de d by the electhed	ysk	Pert II. Other significant conditions con	tributing to death but not re	esulting in th	e underlying ca	use giv	en in Part I.			tribute to the causa of death?
Vision of Vital Records, P.O. Box Extending Physician: The law requires that the death certific cate has been signed by the attending by the funeral director, page 2 should be detached for use as	by Pt	GISTA	Fe OUTL	131	035,	th	UCTION	10	Yes 2□ No	3 □ Probably 4 ☑ Unknown
Division of Vital Records, or Attending Physician: The law requires the after cleath.  Director: After this certificate has been signed in by the funeral director, page 2 should be								24a. Wes	en eutopsy med?	24b. Were autopsy findings aveilable prior to
Recc a law re has be	Completed							perio	1111601	completion of cause of death?
Tha Tha page	Corr							101	es 20 No	1 ☐ Yes 2 ☐ No
f Vital Reystelen: The last certificate he director, page	Be	25. Was case referred to medical examiner?	cenitel.			011	26. Place of Death	(Check only o	ne)	
Physical direction	. To	1 ☐ Yes 2 ◯ No	ospital: 1 Inpatient 2 28a. Date of Injury	ER/Outpe			4 Li Nursing Hor		lence 6 Othe	
ding F	tlon	1 Natural 5 Pending 2 Accident Investigation	(Month, Day Year)	Inju	ry M	c. Injun Work	k? Yes 2 □ No	.og. Describe r	iow injury occurr	<del>6</del> 0
Division of Attendiate death.	Certification:	3 Suicide 6 Could not be determined	28e. Piace of Injury - At	home, farm	street, factory,	office	2	28f. Location (S	Street and Number	er or Rurel Route Number,
Div	Cer	- C TOMOGO	building, etc. (Spec	ciry)				City or Tow	m, Siele)	
Division or To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completaly filled in by the funeral	edical	(Crieck Villy 2) Medical Examin	Iclan: To the best of my keer: On the basis of examin	nowledge, d	eath occurred et r investigetion, i	the tim	ne, date and place, e	and due to the o	cause(s) and me	nner as steted. and due to the cause(s)
thin 2 o the	Med	one)  29b. Signature and title of certifier	and manner steted.				e number			I (Month, Day, Year)
E358		Dosh	1 6	1. 2	, 1	101	5001	1		2 - 20
F10)		30. Name and eddress of person who co	mpleted cause of death (Its	em 23e) (Tu	pe, Print)		2011		7-7	20727
		KOGER B. INGHAN	7, MD 65	NO KE	nium	RTI	A AVE #	2400.	RIVERE	PALE, MD
Sta Registr		31. Date filed (Month, Day, Year)	22. Registrer's Sig	nature	1					

DHMH 16 Rav 6/95

4 9 2

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No 1. Decedent's Name (First, Middla, Last) 2. Data of Deeth 3. Time of Death Month **Physician** FEBRUARY 17 1999 cation of Death 4c. County of Death 10:25am MARY FRANCES CLARK /Medical 4a Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death Examiner Takoma Park Washington Adventist Hospital Prince Georges' If Under 1 Yaar 7. Age (In vrs. last birthday) Birthplece (State or Foreign Country) **Funeral** Days Hours Min. Months 1□M 20 F 65 Director 579-46-990-01 Usual Rasidance of Deceda Aug. 05,1933 Wash., D.C. the Maryland 10a. Stata 10b. County 10c. City. Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at XXYas 2 No Director Washington, D.C. 10e Street and Number 10f. Zip Coda 10g. Citizan of What Country? 6 1516 12th Street, items 23s N.W. 20001 USA Race - American indian, Black, White, atc. 12. Was Decedant Ever in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status filed within 72 hours after 1 Yas XXNo If Yas, Giva Yaar or Datas: 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yas 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced BLACK Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7. Department of Health and Mental Hyglene. important: if item 27 is marked other than "na any injury or other traumatic event, the Medic once. Elamantary/Secondery (0-12) College (1-4or 5+) 12th Secretary Church 17 Father's Nama (First Middle Last) 18. Mother's Neme (First, Middle, Maiden Sumama) Be William E. Clark Mary E. Clark 19e. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, State, Zip Code) Tyrone Clark/son 1805 Maryland Ave, N.E. Wash., DC 20002 20a. Mathod of Disposition 20b. Plece of Disposition (Nama of cematary, cramatory or other place) Data 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Other (Specify) 02/24/99 Brentwood, Md. Fort Lincoln Cemetery 22. Nama and Address of Facility
Frazier's Funeral Home, Inc. 21. Signatura of Funaral Sarvice Licensee 23a. Part 1. Entar the disease of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heer fullure. University on a cause on each line. 20001 Wash., D.C. Approximate Interval Between Onset and Death **Physician** CARDIOPULMORARY ARRES /Medical Immediate Causa (Final diseasa or condition resulting in deeth) Examiner Examiner MYOCARDIAL INF physician and the burial-transit that the death certificate be axecuted Sequantially list conditions, if any, leeding to immadiata causa. Entar Underlying Ceuse (Disaase or injury that initiated avants rasulting in death) Last EVERE PERIPHERAL VASCULAR DISCASE Box 68760, Physician/Medical 980 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yee 2 ☑ No 3 ☐ Probably 4 ☐ Unknown Records, þ 24b. Were eutopsy findings available prior to completion of causa of death? Completed 24a. Was an autopsy performed? 1 TYas 2 No 1 ☐ Yas 250 No Division of Vital Attending Physician: Be 25. Was casa refarred to medical examinar? 26. Placa of Death (Check only ona) Hospitel: 1 ☐ Inpatiant 2 M ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 1 Yas 2 No Certification: To this 28a. Dete of Injury (Month, Dey Year) 27. Mannar of Deeth 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred After 5 Panding invastigation 1 Natural 1 Yas 2 No death. 2 Accident after death Director: n 24 hours after des ne Funeral Director nietaly litted in by th 6 Could not be detarmined 28e. Place of injury - At homa, farm, street, factory, office building, atc. (Specify) 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida ò Hospital 1 Medical Examiner: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and mannar as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. 29a. Cartifier edical To the Hosp within 24 hos To the Fune completely li (Check only one) 29b. Signature and Mila of certifian 30. Name and eddrass of person who complated causa of death (Item 23a) (Type, Print) OTHEJIAKA 7325 A HAMOVER PARKUMY GREGORGET MARYLAND 31. Data filed (Month, Day, Year) 32. Registrer's Signatura FEB 2 3 1999

**DHMH 16 Rev 6/95** 

Registrar

43 333

# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

20785

State of Maryland / Department of Health and Mental Hygiene

3. Time of Death

2240 PM

Birthplace (State or Foreign Country)

10d. toslde City Limits

1 X Yes 2 □ No

10g. Citizen of Whet Country?

16b. Kind of Business/Industry

20c. Location - City or Town, State

Lurin, Lima, Peru

Private

14. Race - American Indian,

Hispanic

Bleck, White, etc.

Peru

18. Mother's Name (First, Middle, Maiden Sumeme)

Gladys E. Canales

UNK	99-036 ITEMS	#23 PART I PER	MEO G770 4-14	-99 WR. <i>Cei</i>	rtificate of	Death	Re	g. No.	
•	Physician · /Medical Examiner	1. Decedent's Neme (First, I	Middle, Last)  CAST I itution, give street and n	[LLO umber)		4b. City, Town, or L CHEVERLY		Dey	
	Funeral Director	5. Social Security Number 219-39-3947 Usual Residence of Decede	6. Sex 18∑ M 2□ F	7. Age (In yrs. last birthday) 33 Yrs.	If Under 1 Yea Months Days	s Hours Min.	8. Dete of Birth (Month, Dey, August 1	Yeer)	9. Birthplace (St Country) Lima, Per

7 is marked other than "natural", or items 23a or 28a-f ahow traumatic event, the Medical Examiner must be notified at the Maryla death with

filed within 72 hours after Hygiene. permit. Pagas 1 and 2 should be t Department of Health and Mental I Important: If Item 27 Is marked of injury or

Baltimore, Maryland 21215-0020

**Physician** /Medical **Examiner** 

physician and tha buriel-tran SE usa Sign P cartificata has this funeral daeth. aftar daeti Director:

Division of Vital Records, P.O. Box 68760,

6

Hospital 24 hours a Funeral

within 2 To the

plately

Funeral þ Completed Examiner Physician/Medicai by Completed Be 2 Certification: Medical

Director 29a, Certifier

10e. Stete 10c. City. Town or Location 10b. County Maryland Prince George's Landover 10e. Street and Number 10f. Zip Code 6523 Landover Road Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No 1 ☐ Never Married 2 X Married 1 🛮 Yes 2 □ No Specify: Peruvian 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondery (0-12) College (1-4or 5+) 12th Deliveryman 17. Father's Neme (First, Middle, Last) Claudio J. Castillo 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Martha Torres 2241-1st Avenue, New York, New York 10029 20b. Placa of Disposition (Neme of cemetery, cremetory or other pleca) 20a. Method of Disposition 1 □ Burial 2 □ Cremation 3 💆 Removal from Stete 4 □ Donetion 5 □ Other (Specify) Cementerio Parque Del Recuerdo 1999 21. Signature of Funeral Service Licensee Perc GUNSHOT WOUNDS (2) OF Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last 25. Wes case referred to medical examiner? Yes 2□ No 27. Manner of Death

J. B. JENKINS FUNERAL HOME 7474 Landover Road, Landover, Maryland 20785 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset end Deeth LEFT RING FINGER (1) AND LEFT SIDE OF CHEST(1) Due to (or as e consequence of) Due to (or es e consequence of) Due to (or es e consequenca of) Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No 24b. Were autopsy findings available prior to 24a. Wes en eutopsy performed? completion of cause of death? 2□ No 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient ※ ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dey Year) 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred 1 Naturel 5 Pending subje 4 Stal 1 ☐ Yes 2 No 2 Accident investigation 2117199 2214 HA 6 Could not be determined 3 Sulcide Annopoly 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) Location (Street end Number or Rurel Route Number City or Town, State) 4 Homicide 404 word Vehicl

(Check only one) 29b. Signeture end title of cartifier

29c. License number

1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the ceuse(s) and menner as stated. Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date end place, end due to the cause(s) and manner stated. 29d. Dete signed (Month, Day, Year)

FEBRUARY 18, 1999

an 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

THE MORE M.+1~9

111 Penn Street, Baltimore, Maryland 21201

OCME

State Registrar 31. Dete filed (Month, Day, Yeer) FEB 2 2 1999

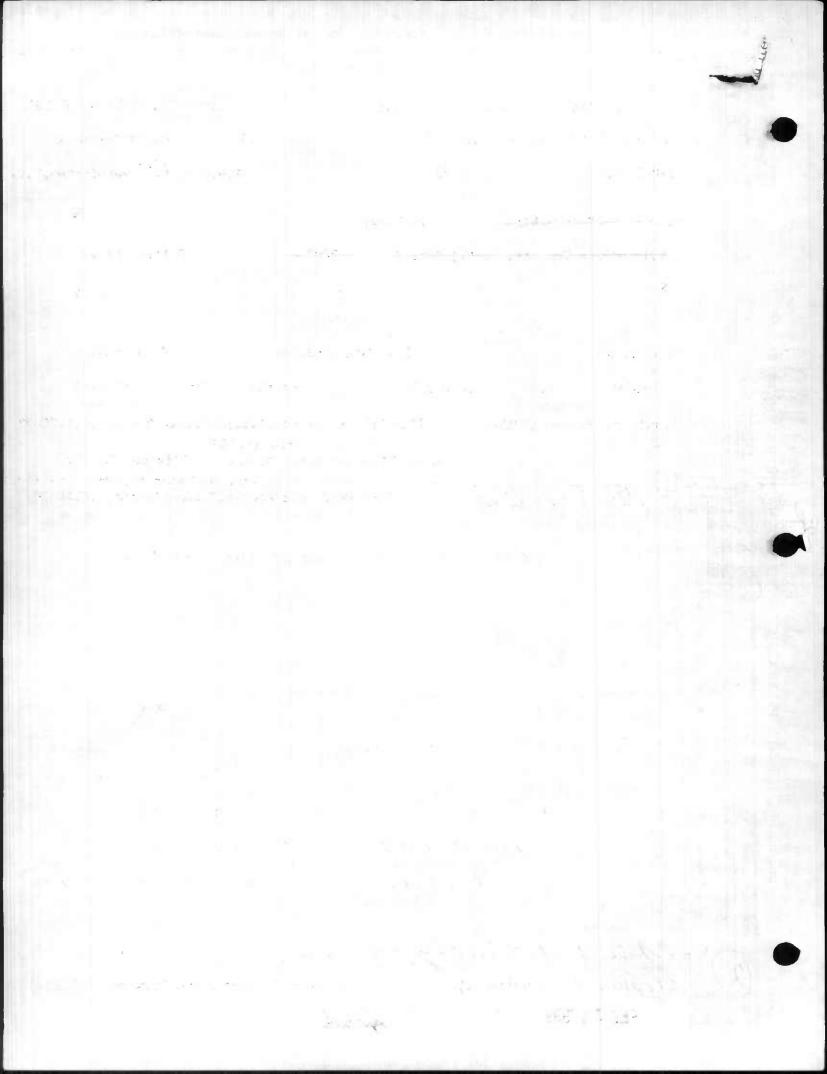


and the second

# Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

Reginald Cald	State of Maryland / Department of Health and Me		2 2	07519
Amer # Physician		. Date of Deat	Day	3. Time of Death
/Medical		'ebruar		999 4:56 A.M.
Examiner	4a Fecility Name (If not institution, give street and number) 4b. City, Town, or Loca		4c. County	
	6305 Hil Mar Drive, Apartment 10 Forestvill  5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Yeer If Under 24 Hrs. 8			e George's
Funeral Director	Months Days Hours Min.	Month, Day, Februar	Year 1974 y 4,	Birthplace (State or Foreign Country)     Washington, D. C
the Maryland 28s-f show notified at	10a. State 10b. County Md Prince George District of Columbia  10c. City, Town or Location Forestville Washington			10d. fnslde City Limits 1 X Yes 2 □ No
vith the Ma t or 28a-f s be notified	10e Street and Number 10f 7in Code	10	0g. Citizen of V	Vhat Country?
h with	6305 Hil-Mar Drive Apt. 10 20747 20032		United	States
5-0020 72 hours after death with the Manyland natural", or Itema 23a or 28a-f show deal Examinat be notified at eted by Funeral Director	11. Maritel Status  1	ty Yes or No- cen, etc.)		e - American Indien, k, White, etc. :: <b>Black</b>
	15. Decedent's Education (Specify only highest grade completed)  Elamantary/Secondary (0-12)  Collaga (1-4or 5+)  16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa retired)		16b. Kind of Bu	siness/Industry
id 212. filed within Hygiene. Ather than ent, me in e	11th grade Dry Wall Finisher			truction
Maryland : d 2 should be filed th and Mental Hyg 7 is marked other traumatic event, To Be C	17. Fether's Name (First, Middle, Last)  Freddie Lee Caldwell Martha	First, Middle, N		McDaniel
Baltimore, Maryland 212's permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If tem 27 is marked order than any injury or other traumatic event, the Mone.  To Be Comp	Martha M. Boomer (MOther)  20a. Method of Disposition  1 Ma Burial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)  20b. Place of Disposition (Name of cemetary, cramatory or other place)  Forest Hills Memorial Garde  21. Signature of Experic Sarvice Licensee  22. Name and Address of Facility Rober	ns rt G. N	Clinton Mason Fi	City or Town, State  , Maryland  uneral Home, Inc
M 405 # 4	23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or shock, or heart failure. List only one ceuse on each line.		_	ton, D.C. 20020
The law requires that the death cartificate be executed the has been signed by the ettending physician end page 2 should be deteched for use as the burial-transit completed by Physician/Medical Examiner	Immediate Cause (Final disease or condition rasulting In death)  a. Centact gunshet wound of the Due to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):	ne ho	ead	
Box eath cert ettendin for use	Double Character and the Control of	ant Dida		
S, P.O. Box 6 ss that the death certific greed by the ettending p be detected for use as by Physician/Me	Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.	1 🗆 Y		ntribute to the cause of death?  3 Probably 4 Unknown
of Vital Records, Physician: The law requires the certificate has been signed real director, page 2 should be consisted by the completed by th		24a. Was a perform	n autopsy med?	24b. Wara autopsy findings available prior to completion of ceuse of death?
		1 🗷 Ye	es 2 No	1. Yes 2□ No
f Vital I yalclan: The scentificate director, par	25. Was cese referred to medical examiner?	Check only on	10)	
Division or Attending of actor: After death. Director: After in by the fune artification	1 Natural 5 Pending (Month, Day Year) Injury Work? 2 Accident 3 Suicide 4 Homicide 6 Could not be datarmined 28a. Place of Injury - At home, farm, street, factory, office building, afc. (Specify)	d. Describe ho ubject if. Location (St City or Town	Shot treet and Numb n, Stata) 630	red
Director the Hospital or within 24 hours after To the Funeral Director Completely filled in Medical Cert	29a. Certifier (Check only one)  1 Certifying Physician: To tha best of my knowledga, daath occurred at tha time, date and place, an 2 Medicaf Examiner: On the basis of examination and/or investigation, in my opinion, death occurred and manner stated.	d due to the ca	ause(s) and ma	nnár as stated.
To the compound of the compoun	29b. Signatura and titla of certifier 29c. License number	2	9d. Date signe	d (Month, Day, Year)
	Atust & Mades, Mp O.C.M.E.	F	ebruarv	12, 1999
(2)	30. Name and address of person who completed cause of death (Itam 23a) (Type, Print)  Stephen S. Radentz, 111 Penn Street, Ba			
State	31. Date filed (Month, Day, Year)  32. Registrar's Signature			
Registrar	FEB 2 6 1999 19. 19.			

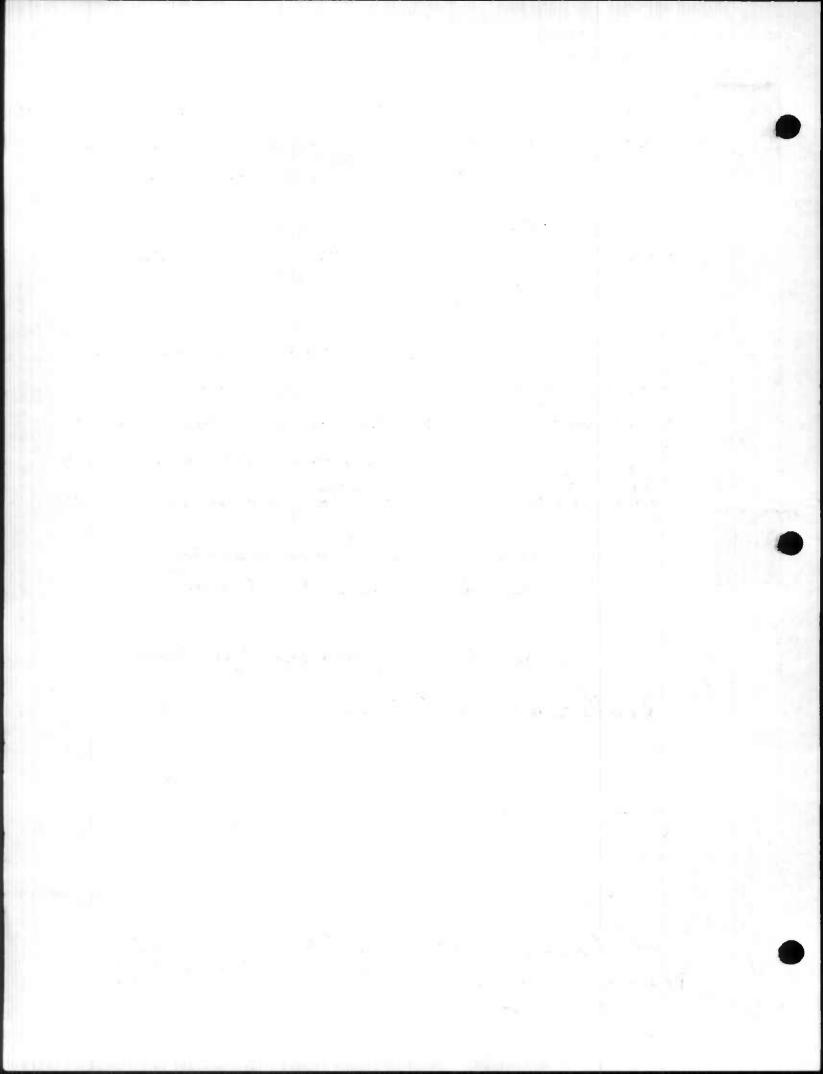
Registrar DHMH 16 Rav 6/95



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

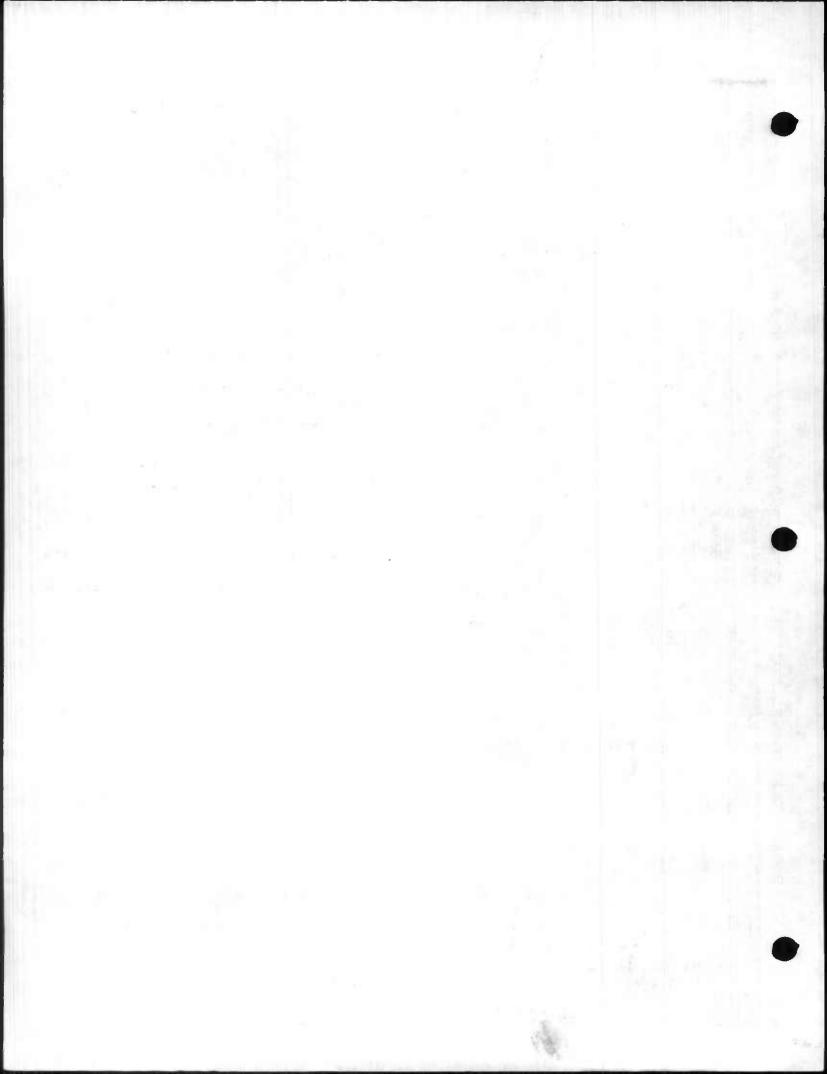
				Certificate	o or bour		Re	g. No.		- 60 V
Physician	Decedent's Neme (First, Middle, L.	Last)					2. Date of Death	h Day	Year	Time of Death
/Medical	Gilbert	Louis	Compt	on, Sr.			FEBRUA	24/23	1999	2.55
Examiner	4a. Facility Neme (If not institution, g	rive street and number)			4b. City,	Town, or Lo	cation of Death	4c. County	of Death	
	Doctor's Comm	unity Hospit	al .		La	nham		Princ	e Georg	e's
Funeral	Social Security Number 6.	Sex 7. Age (	In yrs. last birt	thdey) If Under Months	1 Year if Under Days Hours	er 24 Hrs. Min.	8. Date of Birth (Month, Dey,		9. Birthplace ( Country)	
Director	217-42-2018	189 M 2L F 5	8	Yrs.	Dayo		Nov. 16	, 1940	Washing	ton, D
>	Usual Residence of Decedent  10e, State 10b, County		O- Oh T-							
d and	10e. State 10b. County	'	0c. City, Town	or Location						side City Lim
or 28a-f s be notified Director	Maryland Prince	George's	N	lew Carro	ollton				1	XIYes 2□
or 2	10e. Street and Number			10f. Zip	Code		10	g. Citizen of \	Whet Country?	
23a	6406 85th Place			2	20784			U.S.	Α.	
natural, or items 23a or 28a-f show coloral Examiner must be notified at leted by Funeral Director	11. Marital Status	12. Was Decedent Eve Armed Forces?	er in U,S.	13. Was Deced	lent of Hispenic C city Cuban, Mexic	Origin? (Spe	cify Yes or No-		ce - American inc	tien,
T.	1 ☐ Never Married 2 🕅 Married	1 XYes 2 No If Yes, Give			2⊠ No Specif		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Essar d by	3 ☐ Widowed 4 ☐ Divorced	Year or Detes: V I	ETNAM	12100	LLETTO OPOUN	<b>7</b> .		Specify	Whit	е
r, fre Medical	15. Decedent's I (Specify only highest g	Education rede completed)	16a.	Decedent's Usua (Give kind of wor	I Occupation	ost of worki	na i	6b. Kind of B	usiness/Industry	
than the man	Elementery/Secondary (0-12)	Coilege (1-4or 5+)			rk done during mo se retired)					
Cor the		5+	C	ertified	l Public	Acco	intant	Salva	tion Ar	my
2 5 a	17. Fether's Name (First, Middle, Las	st)			18. Mot	her's Name	(First, Middle, M	faiden Suman	ne)	
	Howard Henry	Compton			S	elma	Johnsto	n		
T is marke traumatic	19a. Informant's Name/Relationship	(Type, Print)	19b.	Mailing Address	(Street end Num	ber or Rura	l Route Number,	City or Town,	Stete, Zip Code	)
	Sandra Lynn Comp	ton - Wife	64	06 85th	Place, 1	New Ca	arrollto	n, Mar	yland :	20784
r other	20a. Method of Disposition		20b. Place of	Disposition (Nan y, cremetory or o	ne of		Date 2	Oc. Location -	City or Town, S	tate
	1 ☑ Buriai 2 ☐ Cremation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Spec	Hemover from State		Lincoln		7 03	2/27/99	Brantu	ood, Mar	errland
inju	21. Signature of Funeral Service Oct		1016 1		d Address of Fac		121133	Dientw	oou, mar	утапо
important: I eny injury o		+ 1		Gasch's	Funeral	1 Home	P.A.			
	Henry t.	June		4739 Ba	ltimore	Avenu	ie, Hyat	tsvill		20781
	23a. Peri 1. Enter the disease, or cor shock, or heart failure. List on	mplications that caused the y one cause on each line.	e death. Do n	not enter the mode	e of dying, such a	as cardiec o	r respiratory arre	st,	Inter	oximete vai Between
ysician Medical	(manufacture Colors (Class)		1 ~			0	2	0	Onse	et and Death
aminer	immediate Cause (Final disease or condition resulting in death)	ano	rec.	ence	sper	lan	ball	ay	1	
- T	Tooling in douin,	D.			1					
sit sit		-	e to (or as e o	consequenca of):	-0		40.	10		
		. Cord	le to (or as e o	consequenca of):	est	- (a	patt	2)		
and I-tran	Sequentially list conditions,	· Cord	lioc	consequence of):	est	- (at	+ aon	e)		
cian and purial-transit	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury	· Cord	lioc	an	est	- (at	+ am	e)		
he bur	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	b. Cord	le to (or as a c	an						
ing physicia e as the bur Medical	that initiated events	b. Cord	le to (or as a c	consequence of):			t am			
ing physicia e as the bur Medical	that initiated events	b. Cord	le to (or as a c	consequence of):						
ing physicia e as the bur Medical	that initiated events	b. Cond Du c. Du	e to (or as a co	consequence of):	orde	alu	lfore	clin	ntribute to the c	ause of de
by the ettending physicia tached for use as the bur tached for use as the burn	resulting in death) Last	b. Cond Du c. Du	e to (or as a co	consequence of):	orde	alu	lfore	pacco use co	ntribute to the c	
by the ettending physicia tached for use as the bur tached for use as the burn	resulting in death) Last	b. Cond Du c. Du	e to (or as a co	consequence of):	orde	alu	lfare 23b. Did tol	pacco use co		
igned by the ettending physicial be detached for use as the burn be detached for use as the burn by Physician/Medical	resulting in death) Last	b. Cond Du c. Du	e to (or as a co	consequence of):	orde	alu	23b. Did tol	Dacco use college 27 No	3 ☐ Probably	4 Unki
igned by the ettending physicial be detached for use as the bur by Physician/Medical	resulting in death) Last	b. Cond Du c. Du	e to (or as a co	consequence of):	orde	alu	lfare 23b. Did tol 1 ye	Dacco use college 27 No	3 Probably  24b. Were au evelleble completi	4 Unki
has been signed by the ettending physicia ga 2 should be detached for use as the bur mpleted by Physician/Medical	resulting in death) Last	b. Cond Du c. Du	e to (or as a co	consequence of):	orde	alu	23b. Did tol 1 Tye  24e. Wes er	Decco use consecutive 2/2/No	3 Probably  24b. Were au evelleble completi of death	4 Unki
has been signed by the attending physicia ga 2 should be detached for use as the bur mpleted by Physician/Medical	Part il. Other significent conditions	b. Cond Du c. Du	e to (or as a co	consequence of):	ause given in Per	alu	23b. Did tol 1  Ye 24e. Wes er perform	Decco use con 2 No n sutopsy led?	3 Probably  24b. Were au evelleble completi of death	4 Unkr
certificate has been signed by the estanding physicial rector, page 2 should be detached for use as the bur Be Completed by Physician/Medical	Part il. Other significent conditions  25. Was case referred to medical examiner?	b. Condition of the contributing to death but in	e to (or as a c	consequence of):  onsequence of):  When the consequence of):  when the consequence of):  when the consequence of):	ause given in Per	æl u	23b. Did tol 1  Ye  24e. Wes er perform 1  Ye  (Check only one	Decco use conse 2/4/No n sutopsy ned? s 2/4/No	3 Probably  24b. Were au evelleble completi of death  1 Yes	4 Unki
is certificate has been signed by the ettanding physicial director, page 2 should be detached for use as the burn director, page 2 should be detached for use as the burn of Be Completed by Physician/Medical	Part il. Other significent conditions  25. Was case referred to medical examiner?  1 □ Yes 25 No	b. Condition of the contributing to death but in the contributing to death but in the contribution of the	e to (or as a c	consequence of):  onsequence of):  onsequence of):  ship and	ause given in Per	ce of Deeth	23b. Did tol 1	Decco use consecutive 2/2 No	3 Probably  24b. Were au evelleble completi of death  1 Yes	4 Unki
is certificate has been signed by the ettanding physicial director, page 2 should be detached for use as the burn director, page 2 should be detached for use as the burn of Be Completed by Physician/Medical	Part II. Other significent conditions  25. Was case referred to medical examiner?  1   Yes 2   No  27. Menner of Death 1   Natural 5   Pending	b. Du  c. Du  d. Contributing to death but in  Contributing to death but in  28e. Dete of injury (Month, Dey Y.	e to (or as a c	consequence of):  consequence	ause given in Per  26. Pla  A Other: 4 N	alu.	23b. Did tol 1  Ye  24e. Wes er perform 1  Ye  (Check only one	Decco use consecutive 2/2 No	3 Probably  24b. Were au evelleble completi of death  1 Yes	4 Unki
is certificate has been signed by the ettanding physicial director, page 2 should be detached for use as the burn director, page 2 should be detached for use as the burn of Be Completed by Physician/Medical	25. Was case referred to medical examiner?  1 Yes 25 No  27. Menner of Death 1 Natural 5 Pending investigations Suicide 6 Could not	b. Condition on the contribution of the contri	e to (or as a control of the total of the to	consequence of):  onsequenca of):  the underlying calculation of the consequence of the c	26. Pla  A Other: 4 N  8c. injury at Work? 1 Yes 2	ce of Deeth	23b. Did tol 1	Decco use con e 2/No e sutopsy ed?  s 2/No e sutopsy ed?	3 Probably  24b. Were au evelleble complete of death  1 Yes  er (Specify)	4 ☐ Unkr topsy findin prior to on of cause? 2 ☐ No
is certificate has been signed by the ettending physicial director, page 2 should be detached for use as the bur of Decompleted by Physician/Medical	Part II. Other eignificent conditions  25. Was case referred to medical examiner?  1 Yes 2 No  27. Menner of Death 1 Natural 5 Pending investigation	b. Condition on the contribution of the contri	e to (or as a control of the control	consequence of):  onsequenca of):  the underlying calculation of the consequence of the c	26. Pla  A Other: 4 N  8c. injury at Work? 1 Yes 2	ce of Deeth	23b. Did tol 1	bacco use col 20 No 1 sutopsy 1ed?  s 20 No 20 N	3 Probably  24b. Were au evelleble complete of death  1 Yes  er (Specify)	4 ☐ Unkr topsy findin; prior to on of cause? 2 ☐ No
is certificate has been signed by the ettending physicial director, page 2 should be detached for use as the bur of Decompleted by Physician/Medical	Part II. Other eignificent conditions  25. Was case referred to medical examiner?  1 Yes 25 Vo  27. Menner of Death 1 Natural 5 Pending investigations investigations and suicide 4 Homlcide	b. Du  c. Du  d. Contributing to death but in  Contributing to death but in  28e. Dete of injury  (Month, Dey You  28e. Placa of Injury	e to (or as a control of the control	consequence of):  onsequenca of):  the underlying calculation of the consequence of the c	26. Pla  A Other: 4 N  8c. injury at Work? 1 Yes 2	ce of Deeth	23b. Did tol 1	bacco use col 20 No 1 sutopsy 1ed?  s 20 No 20 N	3 Probably  24b. Were au evelleble complete of death  1 Yes  er (Specify)	4 ☐ Unkr topsy findin; prior to on of cause? 2 ☐ No
is certificate has been signed by the ettending physicial director, page 2 should be detached for use as the bur of Decompleted by Physician/Medical	Part II. Other significent conditions  25. Was case referred to medical examiner? 1	Hospital:  28e. Dete of injury (Month, Dey Young)  28e. Placa of injury building, etc. (strays)	e to (or as a c e to (or as a	consequence of):  consequence	ause given in Per  26. Pla  A Other: 4   N  8c. injury at Work? 1   Yes 2    7, office	ce of Deeth	23b. Did told 1	Decco use consider 2 No in sutopsy led?  s 2 No in sutopsy led?	3 Probably  24b. Were au evelleble completi of death  1 Yes  er (Specify) red	4 Unkr
Function of the tractions After this certificate has been signed by the estanding physicial tay filled in by the funeral director, page 2 should be detached for use as the burtical Certification: To Be Completed by Physician/Medical	25. Was case referred to medical examiner?  1 Yes 25 Vo  27. Menner of Death 1 Natural investigation investigation determined  2 Accident 3 Suicide 6 Could not determined  29a. Certifier (Check only one)	b. Du  c. Du  d. Contributing to death but n  Contributing to death but n  28e. Dete of injury (Month, Dey Y.)  on  be 28e. Placa of Injury building, etc. (3)	e to (or as a ce of the control of t	consequence of):  consequence	26. Pla  26. Pla  A Other: Work? 1 Yes 2 C  To office  at the time, date a in my opinion, de	ce of Deeth Nursing Hor	23b. Did told 1	Decco use consider 2 No in sutopsy led?  s 2 No in sutopsy led?	3 Probably  24b. Were au evelleble completi of death  1 Yes  er (Specify) red	4 Unkr
of prectors filter this certificate has been signed by the ettanding physicial breated or the funeral director, page 2 should be detached for use as the burded in by the funeral director, page 2 should be detached for use as the burded in by the funeral director. To Be Completed by Physician/Medical	Part II. Other eignificent conditions  25. Was case referred to medical examiner?  1 Yes 25 No  27. Menner of Death 1 Natural 5 Pending investigations investigation of the condition of the cond	Hospital:  28e. Dete of injury (Month, Dey Young)  28e. Placa of Injury building, etc. (straightful of the best of minimer: On the basis of examination.	e to (or as a ce of the control of t	consequence of):  consequence	ause given in Per  26. Pla  A Other:  Work?  1 Yes 2 C  office  at the time, date a in my opinion, de  License number	ce of Deeth Nursing Hor	23b. Did tol  1	Decco use consider 2 No a sutopsy led?  s 2 No a sutopsy led?  use (s) and mate and pleca, and materials and ple	3 Probably  24b. Were au evelleble completi of death  1 Yes  er (Specify) red	4 ☐ Unkr  topsy findini prior to on of cause  2 ☐ No
Function of the tractions After this certificate has been signed by the estanding physicial tay filled in by the funeral director, page 2 should be detached for use as the burtical Certification: To Be Completed by Physician/Medical	25. Was case referred to medical examiner?  1 Yes 25 Vo  27. Menner of Death 1 Natural investigation investigation determined  2 Accident 3 Suicide 6 Could not determined  29a. Certifier (Check only one)	Hospital:  28e. Dete of injury (Month, Dey Young)  28e. Placa of Injury building, etc. (straightful of the best of minimer: On the basis of examination.	e to (or as a ce of the control of t	consequence of):  consequence	26. Pla  26. Pla  A Other: Work? 1 Yes 2 C  To office  at the time, date a in my opinion, de	ce of Deeth Nursing Hor	23b. Did tol  1	Decco use consider 2 No a sutopsy led?  s 2 No a sutopsy led?  use (s) and mate and pleca, and materials and ple	3 Probably  24b. Were au evelleble complete of death  1 Yes  ver (Specify)  red  anner as stated, end due to the c	4 ☐ Unkr  topsy findin prior to on of cause  2 ☐ No
Funerel Director: After this certificate has been signed by the ettending physicial taly filled in by the funeral director, page 2 should be detached for use as the bur lical Certification: To Be Completed by Physician/Medical	25. Was case referred to medical examiner?  1 Yes 25 Vo  27. Menner of Death 1 Natural investigation investigation determined  2 Accident 3 Suicide 6 Could not determined  29a. Certifier (Check only one)	Hospital:  28e. Dete of injury (Month, Dey Yound)  28e. Placa of injury building, etc. (Shippilan: On the basis of example manner stated)	e to (or as a ce of the control of t	tpatient 3 DO ime of njury M m, street, factory death occurred a tyror investigation,	ause given in Per  26. Pla  A Other:  Work?  1 Yes 2 C  office  at the time, date a in my opinion, de  License number	ce of Deeth Nursing Hor	23b. Did tol  1	Decco use consider 2 No a sutopsy led?  s 2 No a sutopsy led?  use (s) and mate and pleca, and materials and ple	3 Probably  24b. Were au evelleble complete of death  1 Yes  ver (Specify)  red  anner as stated, end due to the c	4 ☐ Unking topsy findiring prior to pr



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 9 7 5

		1	Ce	rtificate of	Death		Reg	. No.	0/521	
Division	1. Decedent's Name (First, Middle, Li	ist)				2.	Data of Death Month	Day Y	3. Time of Death	
Physician /Medical		eona A. Dingle	е			]	Februar			
Examiner	4a Facility Name (If not institution, gi						lion of Death	4c. County of		
	5681 D Harpers Fa	arm Road				olumb:		Howa	ard	
Funeral Director	101 03 1782	Sex 7. Age (In yrs. 10 M 224 84	last birthdey, Yrs.	Months Days	If Under	Min	Month, Dey, Y	<sup>9</sup> 1914 Li	Birthplace (Stete or Foreign Country) IXEMBOURG	
2	Usual Residence of Decedent  10a, Stata  10b, County	10c Ci	ity, Town or L	ocation					10d. Inside City Limits	
faryt at an	Maryland Howard								1 Yes 2 No	
or 28s-f	10e. Street and Number		Colu	10f. Zip Code	-		100	. Citizen of Wha	at Country?	
10 and 10	5681 D Harpers Fa	arm Road		2104	11		10%	United		
or death with the Maryla mere 23a or 28a-f show ner must be notified at uneral Director	11. Marital Status	12. Was Decedent Evar In U	J.S. 13.				American Indian,			
Mid y latin Z 12.13-00.20 3.2 should be filed within 72 hours after dea th and Merial Hydren. T is marked other than "natural", or items traumatic event, the Medical Examiner. To Be Completed by Funer	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:		Was Decedent of It Yes, specify Cub 1 ☐ Yes 2 ☑ No		, Puerto Rio	án, etc.)	Specify:	White, etc. White	
Tz ho	15. Decedent's E		16a. Dece	dent's Usual Occu	pation		16	b. Kind of Busin	ess/Industry	
within 7 than 'n the Med	(Specify only highest gr	College (1-4or 5+)	life.	kind of work done DO NOT use retire	during most d)	t of working				
ad within ygiene.		2	Home	emaker				Own Hom	ne	
Be sent	17. Father's Name (First, Middle, Las.	)			18. Mothe	r's Name (F	First, Middle, Ma	iden Sumeme)		
Ment Ment Ment Ment Ment Ment Ment Ment	Jules G. Conter				Louis	se Bau	sterl			
2 sh and and and	19a. Informant's Name/Relationship			ing Addrass (Stree						
CENE	William E. Dingle			Oakland						
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	20a. Mathod of Disposition  **DBurial 2 Cremation 3 [	Removal from State	Place of Disp cematary, cra	osition (Neme of metory or other ple	ce)		Data 20	lc. Location - Cit	y or Town, State	
mil. Pages 1 a partment of He portent: If them r injury or othe	4 Donation 5 Other (Special		. Augus	stine Cem	etery	2-2	22-99 E	Elkridge	, Maryland	
mil. mail. spart	21. Signature of Funeral Service Lice	peral Ho	me, Inc.							
86228	Thema G	ott Cit	y, MD 21043							
	23a. Part1. Enfer the disease, or conshock, or heart failure. List only	Approximata Interval Between								
Physician									Onsaf and Daath	
/Medical	Immediate Cause (Final disease or condition	· Cardiore	mias	tou Fai	lure.				Iwerk	
Examiner	resulting in death)	Due to (	or as a conse	quence of):						
D in S		1 StratoM.	ric ad	inocarci	noma	· of	Unkn	known 3months		
tificate be executed g physician and as the bunal-transit	Sequentially fist conditions,	Due to (	or as a conse							
ficate be expensed by the purial Edical E	Sequentially fist conditions, if any, teading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	Primar	4							
ficate be physicials the bu	that initiated events resulting in death) Last	Due to (d	or as a conse	quenca of):						
2 0 d		d								
at the death certification of the properties of			1							
the de sched sched	Part ff. Other eignificant conditions	contributing to death but not ras	sulting in the I	underlying cause gi	ven in Part I.		23b. Dld tob	ecco uee contri	bute to the cause of death?	
	Chruse anem	ia. Foundi	CE. A	scitr.			1 🗆 Yee	2 □ No 3	Probably Wunknow	
The law requires that the death certain has been signed by the attendir page 2 should be detached for use Completed by Physician/A				10.			240 1410	autano	24b. Wera autopsy findings	
Physician: The law requires the training certificate has been signeral director, page 2 should be considered by	COLD						24a. Was an performe		available prior to completion of causa	
law has the second of the seco									of death?	
							1 🗆 Yes	211 No	1 ☐ Yes 2 ☐ No	
Physician: The law this certificate has b ral director, page 2 s. TO Be Comple:	25. Was casa raferred to medical examiner?	Hoenital:			hor		Check only ona			
this of the office of the offi	1 Yes 2 No		ER/Outpatie	HIL SEL DON				ca 6 Other	(Specify)	
tal or Attending P is after death.  al Director: After led in by the funant Certification:	27. Manner of Death  1		28b. Time of Injury	Wo	ry at rk? ]Yas 2 □ 1		d. Describe how	injury occurred		
bal or Attend as after death at Director. ded in by the I Certificat	3 SuicIde 6 Could not t 4 Homicide detarmined	28e. Place of Injury - At h building, etc. (Speci		treef, factory, office		281	Location (Stre City or Town,	et and Number Stata)	or Rural Route Number,	
n 24 hospi n 24 hour ne Funer pletsly fill	29a. Certifier 1 Certifying Pl (Check only one) 1 Medical Example 1	me, data an opinion, deal	d place, and th occurred	dua to tha cau at the time, date	sa(s) and mann e and placa, end	er as stated. If due to the ceuse(s)				
withir To the	29b. Signatura and title of certifier	0 0		29c. Licen	se number		290	d. Date signed (	Month, Day, Year)	
	Jan W. M	hull	NU	D3	057	3	F	ebruary	19, 1999	
	30. Name and address of person who	complated cause of death (Item			1 FAX	Parku			MD 21044.	
State Registrar	31. Date filed (Month, Day, Year)	32. Registrar's Signa 2 2 1998		B. ,						
.105.01141	ILD	~ D IJJB	-	N. 11	HOOLE	2/				

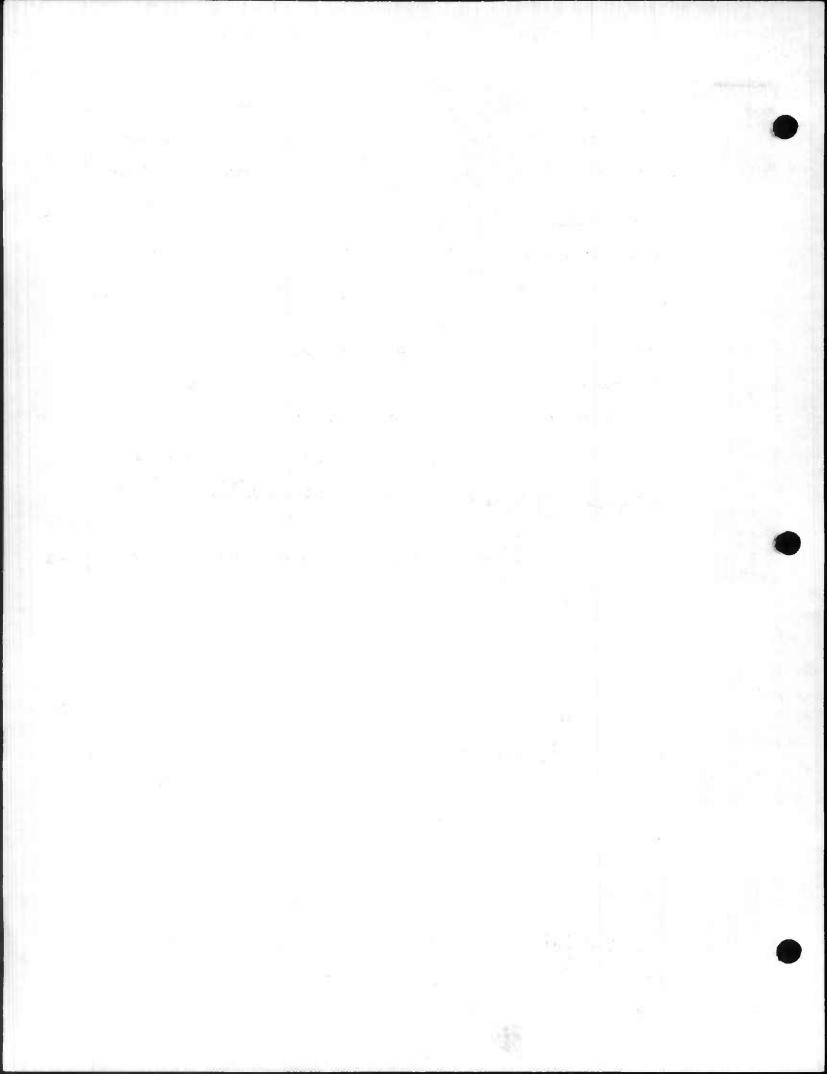


# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 7 5 2 2

Certificate of Death 1. Decedent's Name (First Middle Last) 2. Dete of Death 3. Time of Death **Physician** Month March Kerry Lonny Sr. 12:05 am /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Memorial Hospital @ Easton Easton Talbot | If Under 1 Yaar | If Under 24 Hrs. | 8. Data of Birth (Month, Day Year) | 9. Birthplece (State or Foraign North) | New Jersey | New Jersey 6. Sex 1 M 2 □ F 5. Sociel Security Number 7. Age (In yrs. lest birthday) **Funeral** Monfhs 214-30-4245 63 Vrs Director Usuel Residence of Decedent death with the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits permit. Pages 1 and 2 should be filed within 72 hours efter death with the Marylai Department of Health and Mentel Hygiene.
Important: If time 27 is marked other than "natural; or fleme 23a or 28a-f show any injury or other traumatic event, in a social Examines must be narrial at 1 ☐ Yes 2 No Director Caroline Maryland Henderson 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 16840 Henderson Rd., Lot 142 21640 USA Funerai 12. Was Decedent Ever in U,S. Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, 11. Marital Status Black White etc 1 In Yas 2 No If Yas, Give Yeer or Detes: 1 □ Never Married 2 □ Married Baltimore, Maryland 21215-0020 White 1 ☐ Yes 2 ☒ No Spacify: þ 3 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grada completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Disabled Veteran 17. Fathar's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumema) Andrew Bayne Sr. Willimena Davis 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Kerry L. Davis Jr./son 16840 Henderson Rd. Lot 142, Henderson, MD 21640 20e. Mathod of Disposition 20b. Pleca of Disposition (Neme of cemetery, cremetory or other pleca) 20c. Location - City or Town, State 1 ☐ Burlel 2 ☑ Cremation 3 ☐ Removel from Stete 4 □ Donetion 5 □ Other (Specify) Chesapeake Cremation Ctr 3/3/99 Chester, MD 22. Name and Address of Facility Box 160, Greensboro, MD 21. Signature of Funerel Servica Licensee Fleegle & Helfenbeib Funeral Home, P.A. 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart fellure. List only one cause on each line. **Physician** /Medical Immediate Ceuse (Finel obstructive pulmonary disease diseese or condition resulting in death) rears Examiner Examiner The law requires that the death certificate be executed attanding physician end for usa as the bunel-transit Sequentielly list conditions, if eny, leading to immadiate cause. Enter Underlying Ceuse (Diseese or injury that initieted evants resulting In deeth) Last Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequanca of): Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? ate nas been signed by page 2 should be detact 1 Yee 2 No 3 Probably 4 Unknown dementia by 24b. Were autopsy findings avellable prior to completion of cause of death? Completed 24e. Wes en eutopsy performed? Expertension certificate 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physicien: within 24 hours after death.

To the Funeral Director: After this certification property filled in by the funeral director; p. Be 25. Wes case referred to medical examinar? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Rasidenca 6 Other (Specify) 10 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) Medical Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending 1 Natural investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 3 Sulcide Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homlcide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) and menner es steted.

2 Medical Examinar: On the basis of exemination end/or investigation, in my opinion, deeth occurred et the time, date end pleca, end due to the cause(s) end manner steted. 29a. Certifier 29b. Signeture end title of certifier 29d. Data signed (Month, Dey, Year) 29c. License number D47534 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)
920 Market St Denton MD Registrar's Signeture 31. Dete filed (Month, Day, Year) State MAR 0 2 1999 Registrar



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Month **Physician** Lawrence Jr 2 99 1021 PM /Medical 4e Facility Neme (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner View Nursing Home Mt. Airy MD easant Carroll If Under 24 Hrs. If Under 1 Yeer 8. Date of Birth (Month, Day, Year) 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months Days 1⊠M 2□ F Yrs 225-10-1598 Director May 14 1917 Virginia Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits show ¥M Yes 2 No Directo 289-7 Maryland Howard Ellicott City 10e Street and Number 10f. Zip Code 10o. Citizen of What Country? 'natural', or flams 23a or 5431 Autumn Field Court 21043 United States Funeral 14. Raca - American Indian, Black, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☑ Yes 2 ☐ No
If Yes, Give
Year or Dates: 1942-1944 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes K No Specify: Specify: White à X⊠ Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiens. Elementary/Secondary (0-12) College (1-4or 5+) Sales Automotive permit. Pages 1 and 2 should be fits.
Department of Health and Mental Hy, important: if Nem 27 is menticed offits, any Injury or other 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Willard Payne Davies Annie Harrell 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Linda Nowak 5431 Autumn Field Ct. Ellicott City, Md. 21043 20b. Place of Disposition (Neme of 20e. Method of Disposition 20c. Location - City or Town, State cemetery, cremetory or other place) 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State Ft. Lincoln Crematory 2/13/99 Brentwood, Md. 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of FacilityFt. Lincoln F.H. 21. Signeture of Funeral Service Licenses 3401 Bladensburg Rd. Brentwood, Md. 20722 our 23 Part. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediete Cause (Final ACCIDENT CEREBRO VASCULAR 2 Moulli disease or condition resulting in death) Examiner Due to (or as a consequence of): HYPERTENSION that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last pue Due to (or as a consequence of): Box 68760. Physician/Medical Due to (or as e consequence of): P.O. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yea 2 No 3 Probably 4 Unknown Records, þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed 1 ☐ Yes 2 ☐ No certificate of Vital or Attending Physician: Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospitel: 1 Inpatient Other: Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 2 ER/Outpatient 3 DOA this 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28c. Injury at Work? 28d. Describe how Injury occurred 28b. Time of After Division 1 Natural 2 Accident 5 Pending 1 Yes 2 No ne Hospital or Attandi n 24 hours after death. Ne Funeral Director: A bletaly filled in by the fo death. investigation 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 281. Location (Street end Number or Rurel Route Number, City or Town, State) 4 Homicide 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and menner stated. Medical To the Hosp within 24 ho To the Fune completely f (Check only one) 29c. License number 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year)

(5) Va

Registrar

31. Date filed (Month, Dey, Year) FEB 2 3 1999

SARKED

39. Registrar's Signature

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Spark

TOLL HOUSE DUE, FREDER

1981 8 3 833

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 2 Date of Death 3 Time of Death 1. Decedent's Name (First, Middle, Last) Month Feb. 1 Gay 1999 Dodgen 5:40PM Charles Johnny 4b. City, Town, or Location of Death 4a Facility Name (If not Institution, give street and number) 4c. County of Deeth 22300 Aquasco Road Prince George's Aquasco Months Days Hours Min. Aug 10, 1944 5. Social Security Number 9. Birthplace (State or Foreign 7. Age (In yrs. last birthday) 1 M 2□ F 409-70-4991 54 Yrs. Tennessee Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Maryland Prince George's Aquasco 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 22300 Aquasco Road 20608 United States 12. Was Decedent Ever in U,S. Armed Forces? 1 ∰ Yes 2 □ No If Yes, Give Year or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 Never Married 2 Married White 1 ☐ Yes 2 ☐ No Specify: 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16h Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) Animal Breeder Private 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Fether's Name (First, Middle, Last) Ulvs J. Dodgen Mabel Roundtree 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Eric J. Gangloff - Friend 22300 Aquasco Road, Aquasco, MD 20608 20b. Place of Disposition (Neme of cametery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Burial 2 ICremation 3 ☐ Removal from State Lee's Crematory 2/24/99 Clinton, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 22. Name and Address of Fecility Stewart Funeral Home 4001 Benning Rd., N.E. Wash., D.C. 20019 nter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, of heart failure. List only one cause on each line. Approximate Interval Between Onset end Deeth Immediate Cause (Final disease or condition resulting in deeth) ACRWILED IMMUNODEFICIENCY SYNUNDE Due to (or es a consequence of): INFFLTION 15 / RACS Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or as a consequence of) Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown CHRONIC 14EPATITIS INFFICTION

**Physician /Medical** Examiner

any injury or

**Physician** 

/Medical

Examiner

Directo

Funeral

þ

OI

**Funeral** 

Director

Item 27 is marked other than "natural", or items 23s or 28s-f show other traumetic event, the Medical Examiner must be notified at

permit. Peges 1 and 2 should be filed within 72 hours efter death Department of Health and Mentel Hygiene. Important: If Item 27 is marked other than "natural", or Items 23.

altimore, Maryland 21215-0020

with the Maryland

Examiner Physician/Medical by Completed Be 10

edical

To the Hospital or Attending Physician: within 24 hours after death.
To the Funeral Director: After this certifics completely filled in by the funeral director,

physician and s the burial-trens Division of Vital Records, P.O. Box 68760, 93 use Certification:

> 10 State

> > Registrar

29b. Signature and title of certifief

25. Was case referred to medical examiner?

5 Pending

Investigation

6 Could not be determined

1 Yes 2 No

27. Menner of Deeth

1 Natural

2 Accident 3 Suicide

4 - Homlcide

29e. Certifier

32 Registrar's Signature cours

1+AW81-1 MD SWITE 503 HEATTASE MADPY

24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy performed? 1 Yes 2 No 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Presidence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 1 Yes 2 No 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end placa, and due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(s) and menner stated.

29d. Date signed (Month, Dey, Year) 29c. License number

30. Neme and address of person who completed cause of death (Item 23a) (Type, Print)

Hospital:

28e. Dete of Injury (Month, Dev Yeer)

PATRICK

The state of the s

# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. 7 5 2 5

							rtmout	0 0.	Death		0.5		. No.			15	
2	Decedant's Nama										2. Dete of Month		Day	Year		e of Death	
ا ا	Jane L.	Evar			-61				4b. City, To	um or Lo			16, 1		10:	30 am	
100	Fecility Neme (If							_   '			Cation of De	seur!			~~~	1.0	
_	Prince Goodal Sacurity Nu		6. Sax	-		. last birthday)	) If Undar	r 1 Year	Cheve		8. Data of	Birth	Princ				
	79-07-1			/ 2∏ F	82	Yrs.	Months	Deys	Hours	Min.	Nov.	12,	1916	Wash	ingt	on, Do	
	ual Residenca of																
	a. Stete	10b. Count				ity, Town or Lo								1		a City Limits	
	aryland		e Geo	rge's	Ch	everly							1 ∑ Yes 2 □ No				
	s. Street and Num						10f. Zip					10g. Citizen of What Country?					
_	3002 Cre	st Ave		Was Door	dant Evar in l	10 12	207 Was Dece		Hanania Ori	ain? /Sne	oihi Vac or		.S.A.	e - Amaric	an India	0	
	Marital Status  1 □ Nevar Marrie  3 ☒ Widowad		rrled	Armed For	rcas? 2⊠No a	5,3.	If Yes, spec	cify Cub	Specify:	, Puarto	Rican, atc.)	140		ck, White,	atc.	•	
		15. Deceda				16a. Dace	dant's Usua	al Occup	ation		-	16	b. Kind of Bu	usinass/Inc	dustry		
62	(Special Special Speci	ify only high	est grada c	complated) College (1	-4or 5±1	(Giva	DO NOT u	ork dona	during mas	t of worki	ng		efense			gence	
C	12	, Jaily (0-12)		country (1	701 3 <del>1</del> )	Rese	earch	Libi	rarian	1		A	gency				
17.	Father's Neme (	First, Middle	, Last)						18. Moths	r's Nema	(First, Mid	dle, Ma	idan Sumam	na)			
Hugh Lawlor Ida																	
	e. Informant's Na			, Print)									City or Town,				
_	George W		ns		201				enue,	Che		-	arylar				
18.	a. Method of Disp 1 ☑ Burial 2 ☐	Cremetion		noval from	Stata	Pleca of Disponantery, cre	metory or o	othar pla			Date / O.	1	c. Location -			a	
_	4 Donation	5 Othar (	Specify)		Ro	ck Cre			-		/22/99	Wa	shing	ton,	DC		
21.	21. Signatura of Funeral Sarvica Licensee  22. Nama and Addrass of Facility Gasch's Funeral Home, P.A.																
(ma dun de la schaffen 4739 Baltimore Avenue, Hyattsville, MD 20781																	
	23a. Part1. Entar tha disease, or complications that caused the death/ Do not antar the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.  Approximate the mode of dying, such as cardiac or respiratory errest, interval Batweet interv													le, M			
Imr	ia. Part 1. Entar th shock, or hear mediata Causa (f seesa or condition sulting In daath)	rinal	or complica st only ona	causa on a	ach lina.	Ath Do not an	1739 E	Balt: da of dyir	imore ng, such as	Aver	nue, F	lyat y erres	t,		Approx	mate	
Imr dis ras Sec if a cau	mediata Causa (F	Final n nditions, madiata rlying injury	e c d	causa on a	Dua to (	11. 4	Thompster tha modern that mode	Balt:  Ada of dyir  Ada  Sh	imore ng, such as	Aver	nue, F	lyat y erres	t,		Approx	lmate Batwean	
Imr dis ras Sec if a cau cau tha ras	mediata Causa (f seesa or condition sulting In daath) quantially list con iny, laeding to im, usa. Entar Undar usa (Diseasa or i ti infilated evants	Final n nditions, madiata rlying injury ast	6 6 d	Richard Co.	Dua to (	(or as a conse	that the modern that the moder	Balt: da of dyin 906 8h Eo	imore ng, such as  Cir d CK  Len	Aver cardiac of	nue, For raspirator	que erres	eusy	Sm	Approx Intarval Onsat	lmate Batwean	
Sec if a cau	mediata Causa (I seesa or condition sulting in daath) quantially list con my, laeding to im, usa. Entar Undar jusa (Diseassa ti, initiated evants sulting in daath) L	Final n nditions, madiata rlying injury ast	6 6 d	Richard Co.	Dua to (	(or as a conse	that the modern that the moder	Balt: da of dyin 906 8h Eo	imore ng, such as  Cir d CK  Len	Aver cardiac of	aue, For raspirator	Que de la companya de	eusy	Sm	Approx Interval Onsat o	mate Batwean and Death	
Imr dis ras Sec if a cau Ce tha	mediata Causa (I seesa or condition sulting in daath) quantially list con my, laeding to im, usa. Entar Undar jusa (Diseassa ti, initiated evants sulting in daath) L	Final n nditions, madiata rlying injury ast	6 6 d	Richard Co.	Dua to (	(or as a conse	that the modern that the moder	Balt: da of dyin 906 8h Eo	imore ng, such as  Cir d CK  Len	Aver cardiac of	23b. E	Quatresion of the second of th	acco use co	ontribute to	Approxintarval Onsat (  o the cat bably  ara auto ailabla p	mate Batwean and Death  Juse of death  Unknow	
Sec if a cau	mediata Causa (I seesa or condition sulting in daath) quantially list con my, laeding to im, usa. Entar Undar jusa (Diseassa ti, initiated evants sulting in daath) L	Final n nditions, madiata rlying injury ast	6 6 d	Richard Co.	Dua to (	(or as a conse	that the modern that the moder	Balt: da of dyin 906 8h Eo	imore ng, such as  Cir d CK  Len	Aver cardiac of	23b. I	Iyat y erresi Old tobu	acco use co	ontribute to 3 Proi	Approxintarval Onsat of the car bably ara auto ailabla pmplatior death?	mate Batwean and Death  Lise of death  Unknown psy findings rior to a of causa	
Imr dis ras	mediata Causa (fisess or condition sulting in death)  equantially list control in the sulting in death)  equantially list control in the sulting in death in the sulting in death) L  et al. Other signification.	Final nditions, madiata thying injury sast	e c d	Richard Co.	Dua to (	(or as a conse	that the modern that the moder	Balt: da of dyin 906 8h Eo	imore ng, such as  Circle d CK  Len  Len  ven in Part	Aver	23b. E  24a. V	Old tobe	acco use co 2 No autopsy	ontribute to 3 Proi	Approxintarval Onsat of the car bably ara auto ailabla pmplatior death?	mate Batwean and Death  Lise of death  Unknown	
Imridis ras	mediata Causa (I sessa or condition sulting in daath)  quantially list con iny, laeding to im usa. Entar Undar usa (Diseasa or in it initiated evants sulting in daath) L  It initiated evants which is the sulting in daath in It. Other eignifications  Was casa referr axaminar?	Final nditions, madiata rlying injury .ast	e b c d d dal	Rouse on a	Dua to (  Dua to (  Dua to (   Care and    Dua to (	or as a consecutive of the conse	and the modern of the control of the	Balt: da of dyin  Pac  Sh  Cousa giv	imore ng, such as  2 (2)  2 (2)  2 (4)  2 (4)  2 (5)  2 (6)  2 (6)  2 (7	Aver cardiac of	23b. E  24a. V  1  1  1  1  1  1  1  1  1  1  1  1  1	Old tobe  Yes Provided an income of the provided and income of the provided	acco use co allopsy allopsy allopsy	ontribute to 3 Proi	Approxintarval Onsat (  o the cat bably  ara auto ailabla p mplatior death?   Yas	mate Batwean and Death  Lise of death  Unknown psy findings rior to a of causa	
Secretarian Secre	mediata Causa (I seesa or condition sulting in daath)  quantially list con my, laeding to im usa. Entar Undar usa (Diseasa or i at initiated evants sulting in daath) L  It II. Other algnific	Final nditions, madiata rying injury .ast	e b c d Hos	Duting to despital:	Dua to (  Dua to (  Dua to (   Dua to (	for as a consecutive of the cons	and and an analysis of the second sec	Balt: da of dyin  Pac  Sh  Cousa giv	imore ng, such as  2 C C C  Leven in Part i	Aver cardiac of Aver a of Daati	23b. E  24a. V  1  1  1  1  1  1  1  1  1  1  1  1  1	Old tobe  Yes  Yes  Yes  Yes  A  Yes  A  A  A  A  A  A  A  A  A  A  A  A  A	acco use co 2 No autopsy	ontribute to 3 Proi	Approxintarval Onsat (  o the cat bably  ara auto ailabla p mplatior death?   Yas	mate Batwean and Death  Lise of death  Unknown psy findings rior to a of causa	
Secretarian Secre	mediata Causa (I seesa or condition sulting in daath)  quantially list con my, laeding to im usa. Entar Undar usa (Diseasa or i at initiated evants sulting in daath) L  Till. Other signific  Was casa referr axaminar?  I   yas 2	Final nditions, madiata rying injury .ast	e c d d Hos	Duting to despital:	Dua to (  Dua to (  Dua to (   Cena  Dua to (	or as a consecutive of the conse	and and an analysis of the second sec	Balt: da of dyin  Sh  Eo  Ceusa gin  OA Ott	imore ng, such as  2 C C C  Leven in Part i	Aver cardiac of Aver a of Death	23b. E  24a. V  1  1  1  1  1  1  1  1  1  1  1  1  1	Old tobe  Yes  Yes  Yes  Yes  A  Yes  A  A  A  A  A  A  A  A  A  A  A  A  A	acco use co autopsy ad?  20 No autopsy ca 6 0th	ontribute to 3 Proi	Approxintarval Onsat (  o the cat bably  ara auto ailabla p mplatior death?   Yas	mate Batwean and Death  Lise of death  Unknown psy findings rior to a of causa	
Serif a cau cau ras	mediata Causa (feess or condition sulting in death)  quantially list control in the control in t	Final nditions, madiata rlying injury tast dicant conditions of the conditions of th	e c d tiona contril  Hos	buting to despital: 128e. Data (Mont) 28a. Placa	Dua to (  Dua to (  Dua to (   Dua to (	or as a consecutive of the conse	and an analysis of the second	Salt: da of dyir  Sh  Ea  Jun  ceusa gin  28c. Inju  Wo  1	imore ng, such as  2 ( )  2 ( )  Leven in Part I  26. Place rer: 4   Nt	Aver cardiac of Aver a of Death ursing Ho	23b. E  24a. V  1  1  1  1  1  1  1  1  1  1  1  1  1	Old tobu	acco use co allopsy ad?  No ca 6 Other injury occur	antribute to 3 Prolonger (Specification of the control of the cont	Approxintarval Onsat (  onsat	mate Batwean and Death  Lee of death  White White Walls of Causa  2 No	
Imidis rass	mediata Causa (I seesa or condition sulting in daath)  quantially list coning, laeding to imuse. Entar Undar usa (Diseasa or at initiated evants sulting in daath) Let it. Other eignification of the condition of	Final nditions, madiata rlying injury last ast ast ast according to the following injury last ast according to the following following the following following the following following the following following following the following follo	e d tlona contril Hos ling Physici	buting to despital: 128e. Data (Mont) 28a. Placa building to the bar crown to the bar crown to the bar. To the	Dua to (  Dua to (  Dua to (   Dua to (	or as a consecutive of the conse	and and an analysis of the control of the courred the occurred the occ	Salt: da of dyir  Sh  Ec  OA Ott  28c. Injur  Wo  Ty, offica	imore ng, such as  2 C C C  Lew  yen in Part i  26. Place ner: 4 Nu ny at nk? 1 Yes 2 D	Aver cardiac of Cardiac of Death ursing Ho	23b. L 24a. W P 1 n (Check or ma 5 🗆 R 28d. Descri	Old tobe  Yese  Yese  Yese  As an indicate of the call to the call	acco use co acco use co acco use co autopsy d?  2 No ca 6 Oth Injury occur stetend Numb Stete)	annar as s	Approxintarval Onsat (  or the can be by  ara auto ailable proplation death?  Yas  Yy)	mate Batwean and Death  Lee of death  Unknown psy findings rior to a of causa  2 No	
Imm dis ras Serif a cau car cer tha ras 25.	mediata Causa (I seesa or condition sulting in daath)  quantially list coning, laeding to imusa. Entar Undar usa (Diseasa or it initiated evants sulting in daath) Let it. Other algniffs.  Was casa referraxaminar?    Was casa referraxaminar?    Yas   2   1	Final nditions, madiata riving injury .ast icant condit	e	buting to despital: 128e. Data (Mont) 28a. Placa building to the bar crown to the bar crown to the bar. To the	Dua to (  Dua to (  Dua to (   Dua to (	or as a consector or es e consector	and and a large an	Balt: da of dyin  Sh  Eo  OA Ott  Ott  OA, Injury  ory, offica	imore ng, such as  2 C C C  Lew  yen in Part i  26. Place ner: 4 Nu ny at nk? 1 Yes 2 D	Aver cardiac of Cardiac of Death ursing Ho	23b. L 24a. W P 1 n (Check or ma 5 🗆 R 28d. Descri	Old tobu	acco use co acco use co acco use co autopsy d?  2 No ca 6 Oth Injury occur stetend Numb Stete)	24b. W. av co of 1[	Approxintarval Onsat of the cat bably ara auto aliable pmplation death?  Yas  Yas	mate Batwean and Death  Lise of death  Unknow  Day findings rior to a for causa  2 No  Number,	
Imidis ras Serif a cau cau cau cau cau cau cau cau cau c	mediata Causa (I seesa or condition sulting in daath)  quantially list coniny, laeding to imusa. Entar Undar usa (Diseasa or it initiated evants sulting in daath) L  Till. Other algniffication of the control of the c	Final nditions, madiata riving injury .ast icant condit	e	buting to despital: 128e. Data (Mont) 28a. Placa building to the bar crown to the bar crown to the bar. To the	Dua to (  Dua to (  Dua to (   Dua to (	or as a consector or es e consector	and and a large an	Balt: da of dyin  Sh  Eo  OA Ott  Ott  OA, Injury  ory, offica	imore ng, such as  2 ( )  2 ( )  Leven in Part I  26. Place her: 4   Nu  ry at rk? lyes 2	Aver cardiac of Cardiac of Death ursing Ho	23b. L 24a. W P 1 n (Check or ma 5 🗆 R 28d. Descri	Old tobu	acco use co  acco use co  autopsy  ca 6 Oth  Injury occur  set end Numb  Stete)	24b. W. av co of 1[	Approxintarval Onsat of the cat bably ara auto aliable pmplation death?  Yas  Yas	mate Batwean and Death  Lise of death  Unknow  Day findings rior to a for causa  2 No  Number,	
Imidis ras Serif a cau cau cau cau cau cau cau cau cau c	mediata Causa (I seesa or condition sulting in daath)  quantially list coniny, laeding to imusa. Entar Undar usa (Diseasa or it initiated evants sulting in daath) L  Till. Other algniffication of the control of the c	red to medic No  To Pand Invas  6 Could deten	e	buting to despital: 128e. Data (Mont) 28a. Placa building to the bar crown to the bar crown to the bar. To the	Dua to (  Dua to (  Dua to (   Dua to (	or as a consector or es e consector	and an analysis of the contract of the contrac	Balt: da of dyin  Sh  Eo  OA Ott  Ott  OA, Injury  ory, offica	imore ng, such as  2 ( )  3 ( )  4 (	Aver cardiac of Cardiac of Cardiac of Daati	23b. L 24a. W P 1 n (Check or ma 5 🗆 R 28d. Descri	Jyat y errest  Old tobo  Yes  Vas an in Yes  A sidenow  (Streen, date)	acco use co  acco use co  autopsy  ca 6 Oth  Injury occur  set end Numb  Stete)	24b. W. av co of 1[	Approxintarval Onsat of the cat bably ara auto aliable pmplation death?  Yas  Yas	mate Batwean and Death  Lise of death  Unknow  Day findings rior to a for causa  2 No  Number,	

17 6 8 8 3 °

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 7 5 2 6

Certificate of Death Amend item # 4a. Per Phys. PGC 2-23-99 cr 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Dey 22 **Physician** Month 6:05 AM Evans urnice Feb /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Prince Georges' PINEVIEW NURSING HOME Clinton 8508 Perth Lane If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Dete of Birth 9. Birthplece (Stete or Foreign **Funeral** 1 M 2 F Deys Hours April 9,1912 Milton, N.C. 86 237-14-2747 **Director** Usuei Residence of Decedent the Maryland 10e. State 10b. County 10c. City, Town or Locetion ral", or items 23a or 28a-f show Examiner avait be notified at 10d. Inside City Limits Yes 2 No Directo Maryland PG Clinton 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 20735 USA 8508 Perth Lane Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 2 should be filed within 72 hours after on the Mental Hygiene. Is marked other than "natural", or ite 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 XNo Specify. Specify:BLACK by 3 Widowed 4 Divorced Completed traumatic event, the Medical 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elementery/Secondery (0-12) College (1-4 or 5+) 08th Self-employed Farmer 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Henry Evans Annie Moore 19e. informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 s Department of Health er Important: if item 27 is any injury or other trau 8508 Perth Lane Clinton, Md. 20735 Theresa Rogers/daughter 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 

Burial 2 □ Cremetion 3 □ Removal from State New Zion Bapt. Church Cem 02/27/99 North Carolina 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service 22. Name and Address of Fecility Frazier's Funeral Home, Inc. lion finet caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrast cause on each line. Wash., DC 20001 23a. Part1. Enter the Intervel Between Onset end Deeth Physician /Medicai Immediate Ceuse (Final chronic Obstructive Pulmonand3 Years diseese or condition resulting in deeth) Examiner Examiner and I-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting In deeth) Lest Due to (or es e consequence of): physician a s the buriel-Box 68760. Physician/Medical Due to (or es e consequence of) Pert il. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? P.O. 1 Ves 2□ No 3 Probably 4 Unknown Cardiac arrythmias by Records, been sir 24b. Were eutopsy findings aveileble prior to completion of cause of deeth? Be Completed 24a. Wes en eutopsy performed? Demanha page 2 1 Yes 2 No 1 ☐ Yes 2 ☐ No this certificate Division of Vital To the Hospital or Attending Physician: within 24 hours efter deeth.

To the Funeral Director: After this certifica completely filled in by the funeral director; to 25. Wes cese referred to medical examiner? 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 27. Manner of Deeth 28a. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred Certification: 5 Pending Investigation 1 Neturel 1 ☐ Yes 2 Accident 6 Could not be determined 3 Suicide Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homleide 29e. Certifier (Check only one) Medicai 1 🕍 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted. 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end place, and due to the ceuse(s) end menner steted. 29d. Date signed (Month, Day, Year) 29b. Signeture end title of certifier 29c. License number D46478 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) 750/Surratts Rd, 307, Clinton, MD 20735 Suresh A. Patelmo 32. Registrer's Signeture State Registrar

1 July 14 1 1 5

DHMH-16 Rev 1/89

68760
×
Õ
8
P.0
9
- en
S
E
ECORI
O
ш
œ
_
A
>
14
OF
-
5
$\leq$
S
5
=
-

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the atter be filed within 72 hours after death with the State Dept. of Health and Mental	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or	

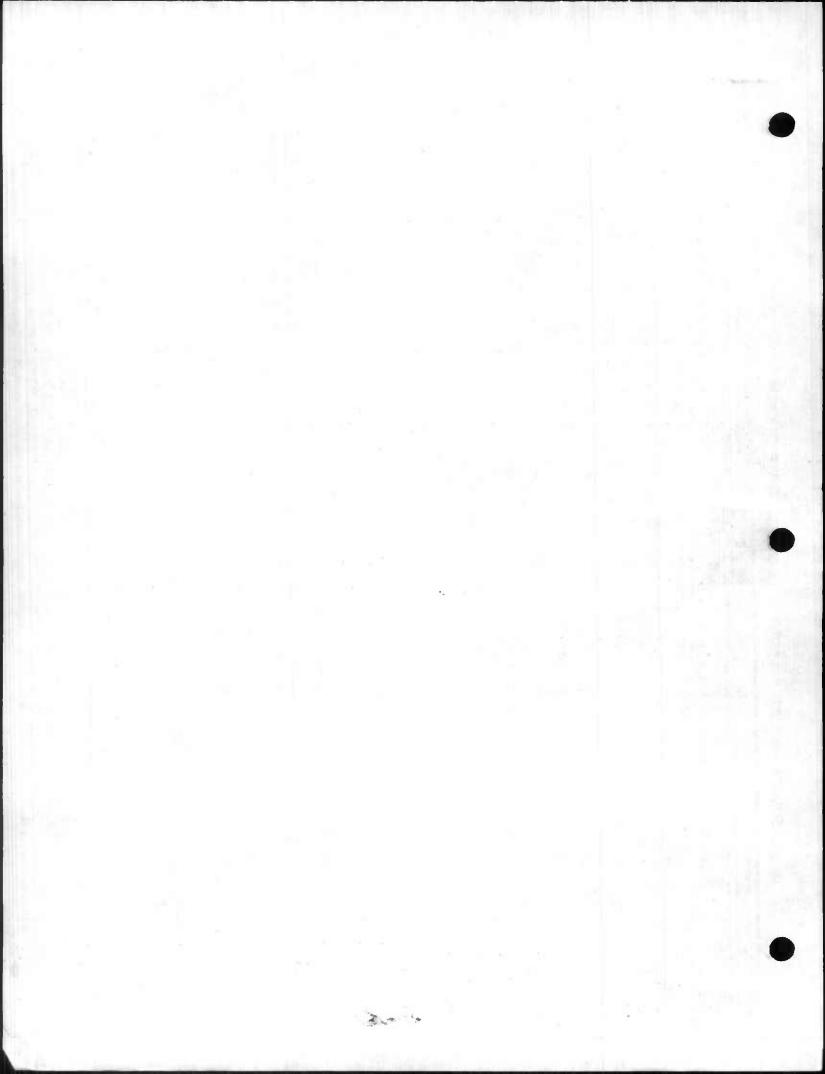
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		BEG NO

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.		
	1. DECEOENT'S NAME (First, Middle, Last)  GEORGE M. FOSTER	2. DATE OF DEATH DAY	YEAR 99	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.	2 22 7. DATE OF BIRTH		ACE (State or Foreign
	577-74-3702 1 🛛 M 2 🗆 F 42 YRS. MONTHS DAYS HOURS MIN.	Sept. 17, 1956	Country)	ington,D.C.
	Do FACULTY MANE (II and Late II)		COUNTY OF DEA	
DIRECTOR	Millennium Health & Rehabilitation Baltimore			
JE (	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION		1	Od. INSIDE CITY
0	Maryland Prince George's Mitchellville		1	LIMITS?
FUNERAL	10e. STREET AND NUMBER 10f. ZIP CODE	10g.	CITIZEN OF WH	
E E	3609 Burleigh Drive 20721		U.S.A.	
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPAN	IC ORIGIN? (Specify Yes or No	- 14. RACE -	- American Indian,
	1 Never Merried 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben, Mexical	n, Puerto Rican, etc.)		White, etc.
ВУ	3 Wildowed 4 Divorced TES 2 XI NO Specify		эрвспу.	Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b, KIND OF BUSINESS	S/INDUSTRY	
<u></u>	Elementary/Secondary (0-12) College (1-4 or 5+) Iffe. Do NOT use retired.)			
MP.	12th Receptionist	Private		
Ö	17. FATHER'S NAME (First, Middle, Last)  16. MOTHER'S NAI	ME (First, Middle, Meiden Surnan	ne)	
BE	Frank A. Foster Marjor	ie Gross		
	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural F	loute Number, City or Town, State	. Zip Code)	
2	Donna Maria Butler/Sister 3609 Burleigh Drive,			land 20721
	20a. METHOD OF DISPOSITION 20b PLACE AND DATE OF DISPOSITION (Name of		Y — City or Town	
	1 Burlei 2 Cremation 3 Removal from State cemetery, crematory or other place)	0/100	andover	
			andover	, ווע
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Nancy A. Percente  22. NAME AND ADDRESS OF FAI  J. B. JENKINS F  7474 Landover		ver MD	20785
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such	as cardiac or respiratory	arrest	Approximate
- 1	anock, or neert fellure. List only one cause on each line.	A		interval Batween
	IMMEDIATE CAUSE (Final disease or condition	· t		Onset and Death
	disease or condition	resi		19
_	ATIS 1 1 the			110000
5	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):			192015
₹	If any, leading to immediate cause. Enter UNDERLYING			1
=	CAUSE (Disease or Injury that Initiated events OUE TO (OR AS A CONSEQUENCE OF):			-
RTIFICATION	resulting in death) LAST			j l
E	d			
AL.	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in		SY 24b. W	ERE AUTOPSY FINDINGS
EDIC	dementis, seenere disorde.	PERFORMED?		MILABLE PRIOR TO OMPLETION OF CAUSE
		T YES 2 DENO	, , ,	F DEATH?
Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN		1	☐ YES 2 NO
CIAN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN  25. WAS CASE REFERRED TO MEDICAL  26. PLACE OF DEATH (Check only one)	ш		
2	EXAMINER? HOSPITAL: QTHER:			
HYS	1   YES 2 NO 1   Input lent 2   ER/Output lent 3   DOA 4 Nursing Home 5   Recidence 27, MANNER OF DEATH 28s, DATE OF INJURY 28h, TIME OF 28s, INJURY 27			
<u>a</u>	1 Meternal 5 Position (Month, Day, Year) INJURY WORK?	28d. DESCRIBE HOW INJURY	OCCURED	
6	2 Accident Investigation M 1 YES 2 NO			
3	3 Suicide 6 Could not be determined determined	281. LOCATION (Street and Nun City or Town, State)	mber or Rural Rou	te Number,
		-		
MPLE	29e. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due	to the cause(a) and manner as	stated.	
3	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the t	ime, data and place, and due t	to the cause(e) a	nd manner se stated.
	296. SIGNATURE AND TITLE OF CERTURIER 29c. LICENSE NUM			
N N	Dadw K Muyer MD D 200	977	DATE SIGNED (M	7-100
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	. / /	7	-/ 61
	Androw R. Mayrer, MD, 2435 W. Belver	leve Ave.	Balte	more m
	31. DATE ELED (Month, Day, Your)  132 REGISTRAR'S SIGNATURE  132 REGISTRAR'S SIGNATURE	1	7	12.15
	FED Z 3 1999 Seems B. Look			

12 Th

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygienen Certificate of Death 2. Date of Deeth nt's Name (First, Middle, Last) 3. Time of Death Month Physician 6:45 ONSUE 22 D.M. /Medical 4b. City, Town, or Location of Death 4c. County of Deeth 4e Fecility Neme, (If not institution, give street and number), Examiner 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 8. Deta of Birth (Month, Day, 9. Birthplace (State or Foreign Funeral 218-49-48 Days Months 1 M 2 F 28 Salvador Director Usual Rasidence of Decedant the Meryland 10c. City, Town or Location 10a Stete 10b. Counts 10d. Inside City Limits permit. Pages 1 and 2 should be filed within 72 hours after death with the Merylan Department of Heelih and Mental hygiens. Important: If team 27 is marked other than "natural; or items 23a or 28a-f show eny injury or other traumatic award, the leades file writer must be notified as MD Mon 1 Yes 2 No Director tgomer 10f. Zip Code 10e. Street and Number 10g. Citizen of What Country Salvadok 209 # 33 0 12313 DOINE 000 01) Funeral 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U.S. 14. Race - American Indian, 11. Meritel Stetus Armed Forces?
1 ☐ Yes 2 ☑ No Bleck, White, etc. 1 Never Merried 2 ☐ Married Baitimore, Maryland 21215-0020 1 Ves 2 No Specify HISDANIC If Yes, Give Year or Dates: P 3 ☐ Widowed 4 ☐ Divorced Salvadorian Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working lifa, DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) tritionis 18. Mother's Neme (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) 8 -ventes HERNANDEZ MariA INA 19e. Informent's Neme/Ralationship (Type, Print) SISTER 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Coda) SANDIA TOD Drive #33 12313 FUENTES ree INA 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other) 20c. Logation - City or Town Stete 1 Burial 2 ☐ Cremetion 3 ☐ Removel from State 54 vador 4 ☐ Donetion 5 ☐ Other (Specify) ente ter 21. Signeture of Funerel Service Licensee 22. Name end Address of Fecility landa BACON . 6. 20010 VIKra 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feiture. List only one cause on each line. Approximate Intervel Between Onset end Death **Physician** /Medical Immediafa Causa (Finel disease or condition resulting in deeth) Examiner Due to (or as e consequance of): Examiner tra cerebra physician and s the buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es a consequence of): signed by the et id be detached for Pert II. Other signiffcant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior fo Completed 24e. Wes en eutopsy performed? completion of cause of death? Pass and 2 No 1 ☐ Yes 2 No 25. Wes case referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1□ Yes 2☑ No 1 Inpatient 2 ER/Outpatient 3 DOA the state funaral To the Hospital or Attending Phentin 24 hours effer deeth.
To the Funeral Director: After the completely filled in by the funeral 27. Manner of Death 28d. Describe how injury occurred Certification: 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 1 Natural 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 6 Could not be detarmined 281. Location (Street and Number or Rurel Route Number, City or Town, Stata) 3 ☐ Suicide Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 | Homicida 29a. Certifier (Check only one) 12 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

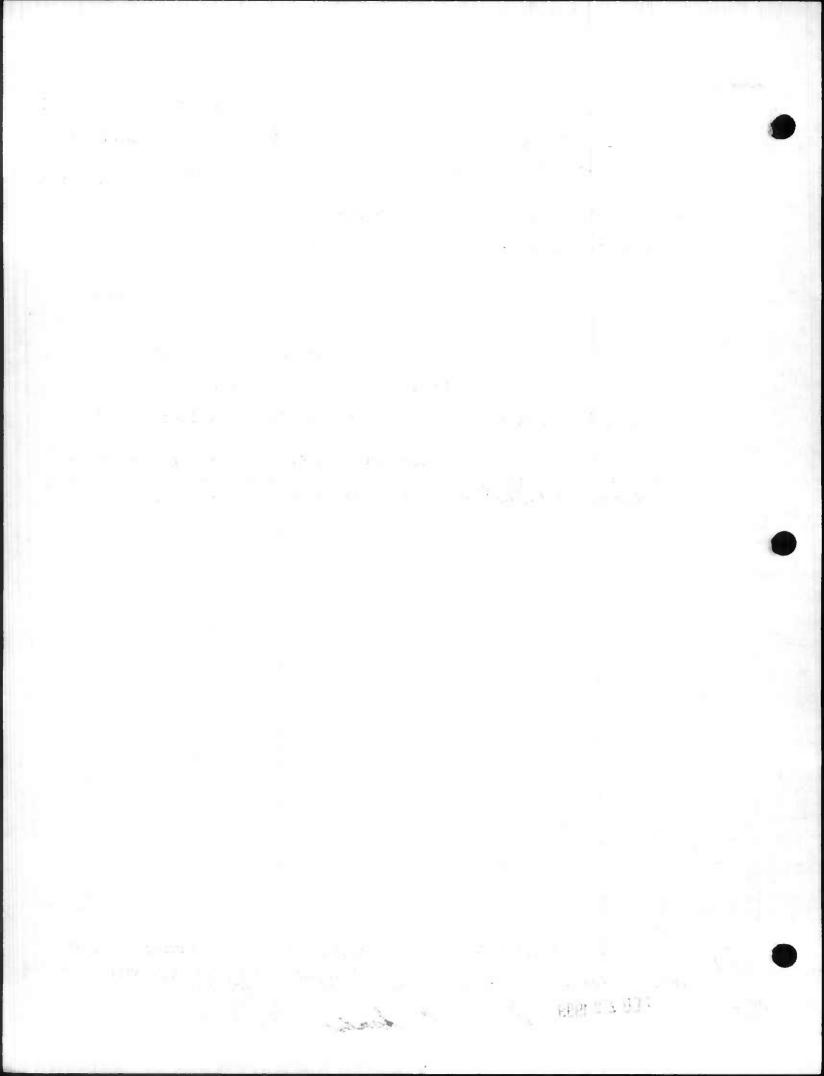
2 Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner steted. edical 29b. Signature, and fitte of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 38262 30. Neme and address of person who completed cause of death (Item 23a) (Type, Print) Princip Dr. O(ney MD 25832 Mendhirata 18111 Prunce OM, 31. Dete filed (Month, Day, Year) FEB 2 3 1999 32. Registrer's Signeture State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

. /				3.4.4.			
State of Maryland /	Department of He	alth and Mental	Hygien	9 0	75	2	9

				,	Ce	rtificate	of Death		Reg. No.	0 7 0	1 4 2
ı	Dhuoin		1. Decedent's Nema (First, Middle, Last	0				2. Dete of Dec	eth	Yeer 3	3. Tima of Deeth
J	Physici /Medi		Wallace	France J	r			Month Feb	20 <sup>Pey</sup> 199	9	11:48am
3	Examir		4a. Facility Neme (If not institution, give				4b. City, Town, or I	ocation of Deeth			
			3001 Antler Ct			Mills do a b	Bowie		Prince		
ı	Funeral Director			7. Age (In yrs M 2□F 46	. lest birthdey) Yrs.	If Under 1 Y Months D	eys Hours Min.	8. Date of Birth Month, Day 4 - I I	7, Year) -52		e (Stete or Foreign
	bue *		Usuei Residence of Decedent  10a. Stata 10b. County	10c. C	ity, Town or Lo	ocation					Insida City Limits
	Sa-f sho	ector	MD Prince (			Bowie					1 ☐ Yas 2 No
	23a or 2	Funeral Director	10e. Street end Number 3001 Antler Ct	North		10f. Zip Co	20716		10g. Citizan of Wi	-	1
21215-0020	swithin 72 hours efter death with the Maryland jiene. I then "natural", or items 23s or 28s-f show the Woojcel Examiner must be notified at	by	11. Meritai Stetus  1 □ Navar Married 2 ☑ Married  3 □ Widowed 4 □ Divorced	12. Wes Decedent Ever in I Armed Forces? 1 □X as 2 □ No If Yes, Give Yeer or Detes:		Wes Decedent If Yes, specify 1 ☐ Yes 2 ☑	of Hispenic Origin? (S Cuban, Mexican, Puert (No Specify:	pecify Yes or No- o Rican, atc.)	14. Rece Bleck Specify:	- American i , White, atc. Blac	
5	72 h	Completed	15. Decedent's Edu (Specify only highest grad	ucetion (a completed)	16e. Dece	dent's Usuei O	ccupation one during most of wor	kina	16b. Kind of Bus	iness/Indust	iry
121	within ene.	Jdm	Elementery/Secondery (0-12)	College (1-4or 5+)			one during most of wor etired)	_	0		
7	filed within Hygiene. ort, the Me		17 Esthada Nama /First Middle ( act)	4yrs	Env	ıromer	tal Cont		Gov't		
and	d la b	Be	17. Fether's Nema (First, Middle, Last)	Wallace F	rance	Sr	18. Mother's Nen	ne (First, Middle, Mable	Meiden Sumama Lee	)	
Z	d 2 should be filed th and Mental Hygi 7 is marked other traumatic event, it	70	19e. Informent's Neme/Relationship (7)								
, Maryland	nd 2 stilb ar 27 is v trau		Hazel France	e(Wife)	3	001 Ar	ntler Ct	North 1	Bowie M	ID 20	716
Baltimore,	2 2 2 2		20e. Method of Disposition  1			psition (Neme of metory or other Memor i	rplece) Lal Garde	ns 2-26	20c. Location - 0		
Balt	permit. Pag Department Important: I any Injury o snos.		21. Signature of Funeral Service License	Major	16	2. Neme and A	ddrass of Facility St	erling Ave NE	Funera Wash D	1 Sen	rvice 019
			23a. Part1. Enter the disease, of compleshock, or hourt failure. Ust only of	lications that ceused the das ne ceuse on each line.	th. Do not ant	ter the mode of	dylng, such es cerdied	or respiretory en	rest,	Ap	proximate ervel Between
	Physician /Medical		Immediate Cause (Finel disease or condition	LUNG CANO						Or	nset end Deeth
	Examiner	Jer	resulting in deeth)	θ	or as e consec	quence of):				1	
ó	deeth certificate be executed e attending physician and of for use es the buriel-transit	Examiner	Sequentielly list conditions, if eny, leeding to immediate ceusa. Enter Underlying Ceuse (Diseasa or injury	b. Due to (	or as e consec	quence of):					
68760,	ficate be physicle the bu	Physician/Medical	Ceuse (Diseasa or injury that initiated events resulting in deeth) Last	C. Due to (	or es e conseq	juence of):					
Box	attending for use e	M		d							
	deeth e atte	icia	Part II. Other significant conditions cor	ntributing to death but not re-	sulting in the u	nderlying cause	a sheet in Part I	23h Did t	nhacco use conf	elbute to the	e cause of death?
P.0				mounty to abain bat not 16.	suring in the di	nderlying cous	o gwen air an i.				ly 4 Unknown
of Vital Records,	e lew requires that the has been signed by th je 2 should be detach	Completed by						24a. Wes a perfor	an autopsy med?	evellal	autopsy findings bla prior to etion of cause th?
Œ	0 - 0	E O						1 U Y	es 2 No	1 □ Ye	es 25 No
ita		Be (	25. Wes cese referred to medical examiner?				26. Place of Dea	ith (Check only or	ne)		
	Phys this ral di	2	1 Yes 2X No Pending	dospitel: 1 Inpatiant 2 Inpati	ER/Outpatien 28b. Time of Injury		Other: 4 Nursing H Injury at Work?	oma 5 Rasid 28d. Describe h	ence 6 Other		
Division	or Attending effer death. Director: After In by the fune	Certification:	2 Accident Investigation 3 Sulcide 6 Could not be determined	28e. Piece of Injury - At h building, etc. (Speci	oma, farm, str		1 Yes 2 No	28f. Location (S	treet and Number	r or Rural Ro	oute Number,
Ö	To the Hospital or Attending within 24 hours effer death.  To the Funeral Director: After completely filled in by the fune			sician: To the best of my known				City or Tow		nor os stato	
	To the Hospital of within 24 hours e To the Funeral D completely filled	edical	(Check only 2 Medical Examinations)	ner: On the basis of examine end mennar steted.	etion end/or inv	vestigetion, in	ny opinion, deeth occu	rred et the time, o	lete and plece, ar	nd dua to the	i cause(s)
	To the To the Comp	ž	29b. Signeture and title of certifier			29c. Li	cense number	2	9d. Dete signed	(Month, Day	Year)
3	15		Managed additional of the second additional of	Ellas	- 026) (T	(Dalast)	20459		EBRUARY		999
-	(3)		30. Name end eddréss of person who co	I.D. 50 IRVII	NG STRE	VE	TERANS AFFA WASHINGTON	AIRS MED 1,DC 204	ICAL CEN 22	TER	
	Sta Registr	te ar	31. Date file of Britis Day, Year)	2. Registrer's Sign	eture	1	**				

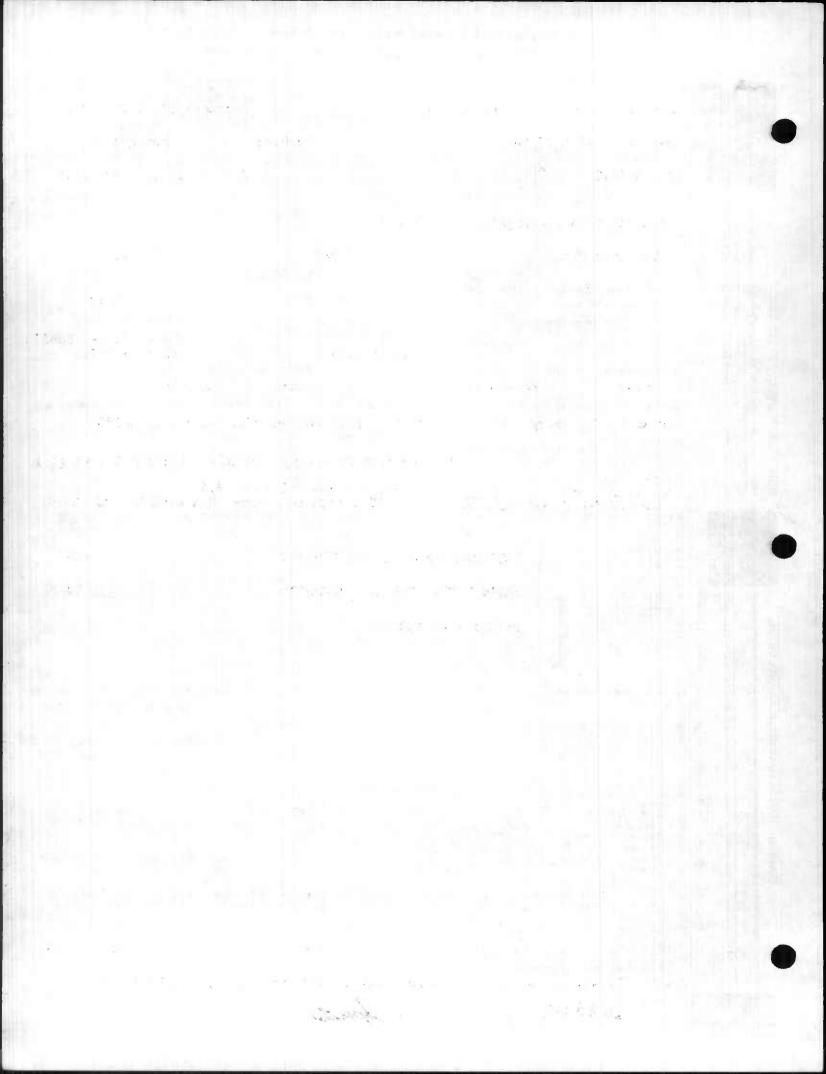


#### Please Type or Print in Black Indelibie Ink. Assure Ail Copies Are Legibie.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Dete of Deeth 1. Decedent's Name (First, Middle, Last) 3 Time of Death Month Physician February 23, 1999 Robert R. Fuchsberg 7:10 am /Medical 4b. City, Town, or Location of Daeth 4c. County of Death 4a Fecility Name (If not institution, giva street and number) Examiner Mariner Health Of Bethesda Bethesda Montgomery If Under 1 Year if Under 24 Hrs. 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 MM 2□ F Months Days Hours Min Vrs **Director** 073-18-6049 75 New York Usual Residance of Decedent with the Merylenc r 28a-f ahow 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yas 2 No Director Maryland Prince George's Adelphi 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code itam 27 is marked other than "naturel", or items 23a or other traumstic event, the Medical Examiner must be re 8301 26th Place 20783 U.S.A. Funeral deeth 12. Was Dacedant Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Giva Yeer or Dates: Was Decedant of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puarto Rican, atc.) Race - Amarican Indian, Bleck, White, etc. 11. Maritai Status permit. Pages 1 and 2 should be filed within 72 hours after a Department of Health and Mental Hygiene. Important: If item 27 is merked other than "naturel", or he any Injury or other traumetic event, the Medical Examine bace. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: White by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grada completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry United States Public Elementery/Secondery (0-12) College (1-4or 5+) Statistician Health Service 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Pincus Fuchsberg Anna Laefsky 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Miriam C. Fuchsberg - Wife 8301 26th Place, Adelphi, Maryland 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Mathod of Disposition 1 ☐ Burial 2 【Cremation 3 ☐ Removal from Stata 4 ☐ Donetion 5 ☐ Other (Specify) Metropolitan Crematory 02/24/99 Alexandria, Virginia 22. Name and Address of Facility Gasch's Funeral Home, P.A. 23a. Part1. Enter the state of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heer failure) List only one cause on each line) oroll 4739 Baltimore Avenue, Hyattsville, MD 20781 Approximete Interval Between Onset and Deeth **Physician** Immediate Cause (Finel disease or condition resulting in death) /Medical CARDIOPULMONARY ARTERY DISEASE SUDDEN Examiner Due to (or es a consequence of): Examiner ALZHEIMER'S DISEASE - ADVANCED 10 YEARS physicien end the burief-transit certificate be executed Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Lest Due to (or as a consequence of): Box 68760. Physician/Medical Due to (or as e consequenca of) 98 980 P.O. ed by the e 23b. Did tobacco use contribute to the cause of death? Pert Ii. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 ☑ Unknown signed b Division of Vital Records, by 24b. Were autopsy tindings available prior to Completed 24a. Wes en autopsy performed? complation of causa of death? pege 2 s certificate hes 1 Yes 2 No 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Wes case referred to medical examiner? funeral director, Be 26. Plece of Death (Check only one) Hospitel: Other: 4X Nursing Home 5 Residence 6 Other (Specify) To 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA After this 27. Menner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 28a. Dete of Injury (Month, Day Year) Certification: 5 Pending 1 Naturel 1 Yes 2 No death. investigation 2 Accident 24 hours efter deat Funeral Director: 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) filled in by 4 ☐ Homicide Hospital 29a, Certifier ሼ Cartifying Physician: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(s) and manner as stated. edicai pietely (Check only one) 2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, death occurred at the time, dete end placa, end due to the cause(s) and mention stated. within 2 To the To the 29c. Licensa number 29d. Dete signed (Month, Day, Year) 29b. Signature and title of certifier D20065 February 24, 1999 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) Eva Morell, M.D., 6000 Executive Boulevard, #300, Rockville, Maryland 31. Dete filed (Month, Day, Year) FEB 2 5 1999 32. Registrer's Signature

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death #23a Part 1 Per Phys. PGC 2-24-99 cr Reg. No. ent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death Month Year **Physician** HARRY A GREEN FEBRUARY 18,1999 10:45 AM /Medical 4a Facility Nama (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner MONTGOMERY WASHINGTON ADVENTIST TAKOMA H Under 24 Hrs. HOSPITAL PARK If Under 1 Ye 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) **Funeral** Days Min. Hours Months 1☑ M 2□ F 68 Director MAY 16, 1930 578-38-8901 WASHINGTON D.C. The Maryland 10a. Stata 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 Yas 2 No Director 28a-f MARYLAND PRINCE GEORGES HYATTSVILLE 10e Street and Number 10f. Zip Code 10g, Citizen of What Country? must be r Funeral 5043 COLBURN TERRACE UNITED STATES 20782 14. Race - Amarican Indian, Black, Whita, atc. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 11 Marital Status 72 hours after 1 Yes 2X No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Ves 2 No Specify: Specify: BLACK p 3 ☑ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Hygiene. filed within Elementary/Secondary (0-12) College (1-4or 5+) 12 GARDENER FEDERAL GOVERNMENT 18. Mother's Name (First, Middle, Maiden Surnama) 17. Father's Nama /First, Middle, Last) Pages 1 and 2 should be fit ment of Health and Mental H ant: if them 27 is marked oth lury or other traumatic even 86 THOMAS L GREEN PAULINE L STUART 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) BARBARA M. MARSHALL (daughter) 5043 COLBURN TERRACE, HYATTSVILLE MARYLAND 20782 20b. Place of Disposition (Name of cemetery, crematory or other place) Data 20c. Location - City or Town, State 20a. Mathod of Disposition 1 ☐ Buriat 2 ☐ Cremation 3 ☐ Removal from State Department of important: If any injury or 4 ☐ Donation 5 ☐ Other (Specify) FORT LINCOLN CREMATORY 2-25-99 BRENTWOOD, MARYLAND 21. Signature of Funeral Service-Licenses 22. Nama and Address of Facility FORT LINCOLN FUNERAL HOME INC. 3401 BLADENSBURG RD, BRENTWOOD MARYLAND 20782 alsa weren M00907 23a. Part 1. Enter the disease, or complications will alwayed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause or each line. Approximata Interval Batween Onset and Death **Physician** Immediata Causa (Final diseasa or condition resulting in death) /Medical Kespiratory Faliume days Examiner Examiner Diabetes Mellitus The law requires that the death certificate be executed ician and burial-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): physician the burla Box 68760. Cerebrovascular Accident Physician/Medical Due to (or as a consequence of): for use as signed by the a Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Dispetise mellitus Records, by 24b. Wara autopsy findings available prior to 24a. Was an autopsy performed? Completed volunto madent completion of cause of death? page 2 1 Yas 2 No 1 ☐ Yes 2 ☐ No of Vital Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Homa 5 Rasidence 6 Other (Specify) Certification: To 1 Yas 2 No 1 Nonpatient 2 ER/Outpatient 3 DOA this 28a. Data of Injury (Month, Day Year) funeral 27. Manner of Death 28d. Describe how injury occurred 28b Time of 28c. Injury at Work? After Division or Attanding 5 Pending investigation 1 DiNatural 24 hours after death.

Funeral Director: A 1 Yes 2 No 2 Accident the 28f. Location (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 3 ☐ Suicide 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 3 4 ☐ Homicide filled in Hospital 18 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and mannar as stated.

2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. Medical 29a. Certifier pletely (Check only one) within 2 eg fi

0

3060 Mitchellwille Rd 31. Data filed (Month, Day, Year) FEB 2 4 1999 State Registrar

29b. Signature and title of certifier

32/Registrar'a Signature

# 103

MD

has

30. Nama and address of person who completed cause of death (Item 23a) (Type, Print)

Bowie

29c. License number

D 53411

RAJAN SOOD

29d. Data signed (Month, Day, Year)

Feb 18 99

20716

. 68333

and the second

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

Amend	ite	State of Maryla m #24a & 24b. Per Phys. PGC 2-2					giene 9 9	07532
Physic	ian	Decedent's Neme (First, Middle, Last)  JOAN L. GORDON				2. Dete of Dec Month FEBRUAR	eth Dey Yes	3. Time of Deeth 5:15pm
/Med Exami		4e. Fecility Neme (If not institution, give street end number)  ANNE ARUNDEL GENERAL HOSPITAL			4b. City, Town, or L ANNAPOL	ocation of Deeth		eeth
Funeral Director		5. Social Security Number 6. Sex 162-30-1577 1□ M 2□XF 65	s. lest birthda; Yrs.	Months Deys	If Under 24 Hrs. Hours Min.	8. Date of Birt (Month, De OCTOBE	y, Year) 9.1 CR 6,1933	Birthplece (State or Foreign Country) WASHINGTON D
10 0/18 to 10 10 10 10 10 10 10 10 10 10 10 10 10	tor	10e. State 10b. County 10c. 0	City, Town or I					10d. Inside City Limits  N☐ Yes 2☐ No
ith with the M	ral Director	10e. Street end Number 1348 WASHINGTON DRIVE		10f. Zip Code 214	103		10g. Citizen of Whet UNITED ST	
5-0020 72 hours after death natural, or ferm 23	by Funeral	11. Maritel Status  1 □ Never Married 2 □ Married  3 □ Widowed 4 ₺ Divorced  12. Was Decedent Ever in Armed Forces?  1 ☑ Yes 2 □ No if Yes, Sive Yeer or Detes:	U,S. 13	. Wes Decadent of I if Yes, specify Cub 1 ☐ Yes 2 🛣 No		pecify Yes or No- Rican, etc.)	14. Race - A Bieck, W Specify: b	
2121 I within iene.	Completed	15. Decedent's Education (Specify only highest grede completed)  Elementery/Secondery (0-12)  College (1-4or 5+)	(Giv life.	edent's Usual Occup e kind of work done DO NOT use retire	during most of world)		16b. Kind of Busine	
aryland 2 should be filed and Mental Hygis is marked other urmatic event, II	To Be C	17. Fether's Name (First, Middle, Lest)  AUGUSTUS LEWIS STOCKTON			, GRACE	WEEMS	Meiden Sumeme)	
		19a. Informent's Name/Relationship (Type, Print) GREGORY GORDON / SON  20e. Method of Disposition 20b.	2120 Place of Disp	31st ST	. S.E. WA		or, City or Town, Stete N DC 20020  20c. Location - City	
Baltimore, permit. Pages 1 er Department of Hea important: If Item 2 any injury or other anges.		1 ☐ Buriei 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify)  21. Signature of Funerel Service Licensee	HESAPE	emetory or other ple CE CREMAT( 22. Name end Addre	ORY		BELTSVILL	E,MD
Physician /Medical		23a. Pert1. Enter the disease, or complications that caused the deshock, or heart fellure. List only one ceuse on each line.	eth. Do not e	2617 PENN nter the mode of dyi	.AVE S.E.	WASHIN	GTON DC 20	Approximate Intervel Between Onset and Deeth
Examiner	181	disease or condition resulting in death) e.	VMYC (or es e consi	andial equence of);	Dhy	oreflu	entoccal	7
68760, tificate be execut g physician end as the bunal-tran	ledical Examiner	if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest	(or es e conse	Mellet quence of):	les			
, P.O. Box 60 that the death certific ed by the attending p detached for use as	Physician/M	Part II. Other significant conditions contributing to death but not re	esulting in the		ven in Pert I.			l Probably 4 Unknown
ecords, aw requires t s been sign 2 should be	Completed by						en eutopsy 24 med?	b. Were eutopsy findings eveilable prior to completion of cause of deeth?
of Vital Re Physicien: The la this certificate he	o Be Corr	25. Was case referred to medical examiner?  1 🕱 Yes 2 🗆 No  Hospital: 1 💆 Inpatient 2		ott all post off	28. Place of Dee	th (Check only o		1 MY es 2□ No
sion of tending Phys leath. tor: After this	Certification: T	27. Menner of Deeth  1 Neturei   5 Pending (Month, Dey Year)    1 Neturei   1 Neturei   1 Neturei   2 Accident   1 Neturei   2	28b. Time Injury	of 28c. Inju Wo	4 Li Nursing In	28d. Describe h	denca 6 □Other (S now Injury occurred	
Division  To the Hospital or Attending F within 24 hours after death.  To the Funeral Director: After completely filled in by the funer		4 Homicide determined 28e. Pieca of Injury - At building, etc. (Special Special Specia	nowiedne, dee	th occurred et the ti	me, date end place	City or Tox	vn, Stete)	Rurel Route Number, es steted.
To the Hor within 24 P To the Fur completely	Medical	(Check only one)  2 Medical Exeminer: On the basis of examiner and manner stated.  29b. Signeture end fille of cartifier.	netion end/or I	29c. Licens	opinion, deeth occur	red et the time,	dete end pleca, end of 29d. Dete signed (Mo	due to the cause(s)
St	ate	30. Name and address of person who completed cause of death (Its Control of the C	light	all c	ennepolis	MD	21401	

produced with military to the first solution of the state of the state of 

DHMH 16 Rev 6/95

State

Registrar

TREHAN SOW

FEB 2 2 1999

31. Date filed (Month, Day, Year)

32. Registrar's Signature

ROCKVILLE

MYD 20852

FEB 2 2 1999

many to

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death Day Edith Gunn **Physician** 1999 11:12 AM February /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Prince George's Regional Laurel Hospital Laure 7. Age (In yrs. last birthday) If Under 1 Yaar If Undar 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Day, Year) 9. Birthplace (State or Foreign Funeral Months Days Hours Min. 1□M 2₩F LOTTSBURG, VA 224-14-9638 Yrs. 24, 1921 Director AUG. **Usual Residence of Decedent** the Menyland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryfan Department of Health and Mentel Hyglans.
Important: if item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other treumatic event, the Medical Example. In said be notified at page. 1♥ Yas 2 No Director MARYLAND PRINCE GEORGE'S FT. WASHINGTON 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 812 LIRA DRIVE USA 20744 Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian. 11 Marital Status Black, Whita, atc. 1 Yes 2 No
If Yes, Give A
Year or Dates: 1 Never Married 2 Married BLACK 1 Ves 2X No Specify Specify: p 3 ☑ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) PVT. OWN HOME HOUSEWIFE 5th 17. Father's Name (First Middle Last) 18 Mother's Nama (First Middle Maiden Sumame) 8 SAMUEL PAIGE UNKNOWN 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20708 LORRAINE E. DA'SILVA / DAUGHTER LAUREL, MARYLAND 14726 SHILOH CT. 20a. Method of Disposition

14 Burial 2 Cremation 3 Removal from Stata 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State ARLINGTON NATIONAL CEM. 2-23-99 ARLINGTON, VIRGINIA 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service License 22. Nama and Addrass of Facility MARSHALL'S FUNERAL HOME OF MD 4308 SUITLAND RD. SUITLAND, MD 20746 23a. Part1. Enter the disease, or complications that caused the death. Do not entar tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onset end Death Physician Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Due to (or as a consequence of) physician and the burlai-transit Due to (or as a consequence of): Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by to d be detact 20 No 3 Probably 4 Unknown 1 Yes ģ 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy performed? completion of cause of death? certificate 25. Was case referred to medical examiner? 1, 2 Be 26. Place of Death (Check only one) To Other: 4 Nursing Home 5 Plesidence 6 Other (Specify) 1 Yes 21X No 1 Inpatient 22 ER/Outpetient 3 DOA 1 or of De (Month, Day 28b. Time of 26d. Describe how injury occurred Certification: Attor Attending 5 ☐ Pending investiga 1 Delatural 2 Accident after death. Offector: Ah NA 1 Yes 28f. Location (Street and Number or Rural Route Number, City or Town, State). 6 Could not be 3 Suicido 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Hospital 24 hours a 29a. Certifier Continuing Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mannar as stated Medical On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) (Check only Within 2 29b. Signiqu 29c. License number 29d. Data signed (Month, Day, Year)

State Registrar

FEB 2 2 1999

**DHMH 16 Rev 6/95** 

Baltimore, Maryland 21215-0020

Box 68760.

Division of Vital Records, P.O.

Who completed cause of death (Item 23a) (Type, Print) 3

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month Day Yeer 1622 Phyllis 2 13 1999 GRAY 4e Fecility Name (If not institution, give street and humber) 4b. City, Town, or Location of Death 4c. County of Death PRINCE Georges Co. CHEVERLY Georges Hospital Conter If Under 24 Hrs. 7. Age (In yrs. last birthdey) If Under 1 Year 5. Social Security Number Birthplace (Stete or Foreign Country) 6. Sex 8. Date of Birth (Month, Dey, Year) Min. 1 M 2 DF Months Days Hours 578-84-2728 8/26/59 Maryland Usual Residence of Decedent 10d. inside City Limits 10e. Stete 10b. County 10c. City, Town or Location 1 Yes 2 No Maryland Prince George's Capitol Heights 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? U.S.A. 4217 Vine Street 20743 14. Race - American Indien, 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 🕱 No Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status Black, White, etc. 1 Never Married 2 Married Black 1 Yes 2 No Specify: If Yes, Give Year or Dates: 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest greda completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) College (1-4or 5+) Homemaker Private 12th 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) Al Gray Shirley Squirrell 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 20743 19a. Informant's Name/Reletionship (Type, Print) 6818 Central Avenue, #303, Capitol Heights, MD Lukisha Proctor/Daughter 20b. Place of Disposition (Name of cemetery crametory or other pleca Cemetery 02/20 Forest Hills Memorial 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 □ Cremation 3 □ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) 1999 Clinton, Maryland 22. Name and Address of Facility
J.B. JENKINS FUNERAL HOME 21. Signature of Funeral Servica Licensee Ken 7474 Landover Road, Landover, Maryland 20785 23a. Part1. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata interval Between Onset and Death immediate Cause (Final disease or condition resulting in death) Arrhythmia Due to (or as a consequanca of): YEARS Ardio megaly
Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury alcohol Abuse VEARS that initiated events resulting in daath) Last Due to (or es e consequence of): YEARS drug Abuse Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy 1 Yea 2 No 1 ☐ Yes 2 ☐ No 26. Placa of Death (Check only one) Hospital: 1 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 XER/Outpatient 3□ DOA 28a. Date of Injury (Month, Day Yeer) 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred 5 Pending 1 Yes 2 No Investigation

physician and the burial-transit The law requires that the death certificate be executed Box 68760. ed by the a Division of Vital Records, P.O. signed by t peen s has cartificata Attending Physician: director. this funaral Aftari ie Hospital or Attending in 24 hours aftar daath. the Funeral Director: Aftr To the Hosp within 24 ho To the Fune complately f

**Physician** 

/Medical

Examiner

Director

Funerai

þ

Completed

**Funeral** 

Director

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner mant by notified at

the Maryland

should be filed within 72 hours after death

al Hygiena.

permit. Pages 1 and 2 should be t Department of Haelth and Mental It Important: If item 27 is marked ott any injury or other traumatic even ance.

**Physician** /Medical

Examiner

Examiner

Physician/Medicai

ð

Completed

Be

2

Certification:

edical

(Check only one)

29b. Signature and little g

Baltimore, Maryland 21215-0020

25. Was casa rafarred to medica! 1 Yes 2 No 27. Manner of Death Natura! 2 Accident 6 Could not be datarmined 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Spacity) 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicida to cartifying Physician: To the best of my knowledga, daath occurred at the time, date and place, end due to the cause(s) and mannar as stated.

2 ☐ Medical Examinar: On the basis of examination and/or invastigation, in my opinion, daath occurred at the tima, data and placa, and due to the cause(s) and manner stated. 29a. Certifier



29d. Date signed (Month, Day, Year) 29c. License number

30. Name and address of person who completed causa of death (Itam 23a) (Type, Print)

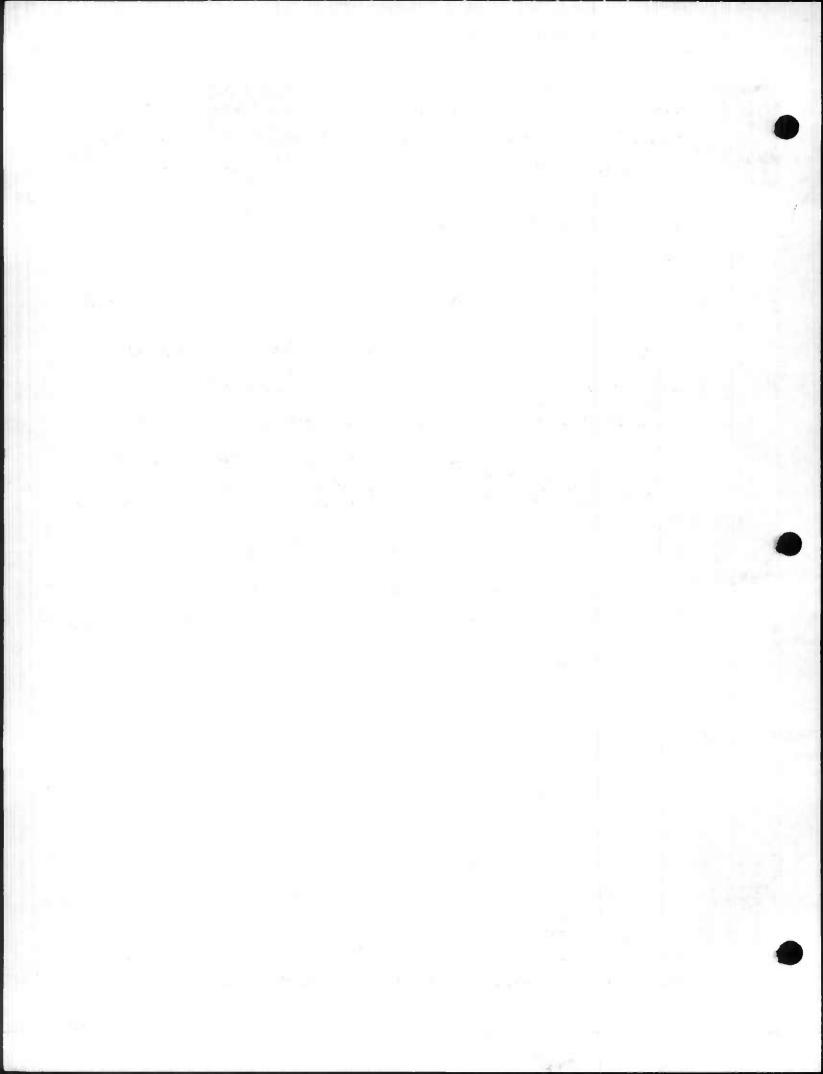
HOSPITAL DR. CHEVERLY, Md 20785 3001 . 6. HOSPITAL CENTER 31. Dete filed (Month, Dey, Year) FEB 2 2 1999

State Registrar

32. Pegistrer's Signeture

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

			State of	Marylar				lealth a Death		lental Hyg	ieneg g	0	753	36
		1. Decedant's Nama (First, Middla, L	ast)							2. Data of Deet	h		3. Tim	a of Death
Physicia: /Medica		DONALD MURI	PHY	HUR	LEY, S	R.				Month FEB. 20	Day 1999	Yaar	2:5	OPM
Examine		4a. Fecility Name (If not institution, g	ive street end num				4	b. City, To	wn, or Lo	cation of Daath	4c. County	ot Death		
		GENESIS ELDERCARE	E; MALLARD	BAY C	ENTER		(	CAMBRI	IDGE		DORC	HESTE	R	
Funeral	П			. Age (In yrs.	lest birthday)	If Undar Months	r 1 Yeer Days	If Under	24 Hrs. Min.	8. Data of Birth (Month, Day, OCT 12	Year)	9. Birthp	lace (Ste	ta or Foreign
Director		216-14-9750	1□XM 2□ F	79	Yrs.	WORKE	Days	Tiours	IVIII),	OCT. 12	,1919	MARY	LAND	
	-	Usual Residence of Decedent  10a. Steta 10b. County		10- 0	by Town and a									
eho ta bi	۲			100. 01	ty, Town or Lo	cation						11		a City Limits ∕as 2 □ No
25	Director	MARYLAND   DORCHES	STER	VIE	NNA	T. 020-01								as Z I I I I I
		10e. Street and Number				10f. Zip				10	g. Citizan of	What Coun	try?	
23, mast	ig	205 MARKET STREE					218					SA		
Hem Der.	Funerai	11. Meritel Status	12. Was Deced	002		Nas Deced f Yas, spe	dant of H cify Cuba	ispanic Orig in, Maxican	gin? (Spe n, Puarto i	cify Yas or No- Rican, atc.)		ck, Whita,		١,
	Dy F	1 Navar Marriad 2 Married 3 Widowed 4 Divorced	If Yas, Giva	□No 194 as: 194	5	1 ☐ Yas	2 XNo	Specify:			Specif	v: WH:	TTT	
		15. Decedent's E	Year or Dat	as: 194	16a. Deced	lantle I lev	al Casus	ation			Ob Kind of B			
adio	Completed	(Specify only highast g	rada complated)		(Giva	kind of wo	rk dona	durina most	t of worki	ng	6b. Kind ot B	usinass/inc	lustry	
the Maria	E	Elementery/Secondery (0-12)	College (1-4	lor 5+)	LABOR			•	IAN		MANUF	ACTUR	ING	
		17. Fathar's Nama (First, Middla, Las	it)		<u> </u>			18. Motha	r's Name	(First, Middla, N	laiden Suman	na)		
ye oi	To Be	SEWELL HURLEY						Г	ET.I.A	MURPHY				
B S	-	19a. Informant's Neme/Raletionship	(Type, Print)		19b. Meilin	ng Addrass	S (Street			l Routa Number,	City or Town	Stata Zin	Code)	
27 is m r traum		SARA L. HURLEY/WI								MARYLAN		·		
office	- i-	20a. Method of Disposition		20b. F	Ptace of Dispos	sition (Nar	na of	-	1		Oc. Location		wn, Stete	•
0 H		1 ☐ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Spec		218	emetary, cran PAUL			*	10	2/23/99				
and a	-	21. Signature of Funeral Service Lice		200									LLAN	ע
any	1		ZELLER FUNERAL HOME, P. O. BOX 207											
	4	106 MAIN STREET, EAST NEW MARKET, M 233 Part / Entar the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shops, or heert tailure. List only one cause on sech line.												
	-	shoot or heert tailura. List only	one cause on each	isad tha daat sh lina.	h. Do not ante	ar tha mod	a ot dyin	g, such as	cardiac o	r raspiratory erra	st,		Approxi Intarval	mata Batween
sician edical		Immediata Cause (Final	0	1-0-	- ' -	_		0					Onset a	nd Death
miner		disaase or condition rasulting in daath)	0.	esp	riac	or	7	an		7			tu	۸ '
à	<u>-</u>	,		Dua to (d	or es e conseq			( )						
nsit			b. Cer	mar	y a	NE	ny	915	sea	ے			7	-us
iclan and burial-transit	X	Saquentially list conditions, if any, leading to immadiata cause. Entar Undarlying Ceusa (Disaase or injury	1	Dua to (d	or as e consequ	uance ot):			13	n cuio	0		11	
Siciar buri	dical Examiner	Cause. Entar Undarlying Ceusa (Disaase or injury that Initiated avents	c. Ce	eels						luo	Lew	•	70	ws.
physician is the buria	B	rasulting In death) Last		Due to (o	ras a consequ	uence of):						1		
for use as	Pnysician/Me		d											
for for		5 44 64 6 44												
detached	lysi	Part II. Other efgnificant conditions	contributing to dea	h but not res	ulting in tha ur	nderlying c	ausa giv	an in Part I.			pacco une co	4		
										1 🗆 Ye	s 2□No	3 Prob	ably 4	Unknow
e p	d by									24a. Wes ar	autoney	24h We	re auton	sy findings
should I	Completed									perform		ava	ilabla pri	
has Je 2	E I											of c	iaath?	
r, page										1 □ Ya	s 2/INO	1 🗆	Yas :	2 DNO
s certificate director, pag	0	25. Was casa referred to medical axeminar?	Hospital:				Oth	0.00		(Check only one				
this ald		1 ☐ Yas 2 ☐ No  27. Manner of Death	1 □ Ing 28a. Data of		ER/Outpetient 28b. Tima of			4 11401		ne 5 Rasida			')	
ctor: After by the funer		1 Netural 5 ☐ Panding	(Month,	Day Year)	Injury		8c. tnjun Work			8d. Dascribe ho	w injury occur	red		
at Director: After the line by the funers	2	2 Accidant invastigation 3 Suicide 4 Homlcida invastigation 6 28a. Place of this place of the place of this place of the place of this place o								194 Leastine (Car	and and Alimah		Davida A	t and to an
or o		4 ☐ Homicida datarmine	building	, etc. (Specif	y) y)	et, tactory	у, опіса		-	28f. Location (Str City or Town	Stata)	er or Hurai	Houra N	iumber,
To the Funeral Director: After completely filled in by the funer manual Medical Certification		29a. Certifiar 1XI Certifying P	hundafam. T. th. h.											
To the Funeral Director: completely filled in by the Medical Certifical	2	(Check only one) Madical Exa	hyalofan: To tha be minar: On tha bas	s of axamina	wiadga, daath tion end/or inv	astigation,	at tha tim , in my of	ia, data and pinion, daat	d place, a th occurre	ind dua to the ce ed at tha tima, da	use(s) and ma ta and ptece,	annar as ste and dua to	eted. tha caus	9e(s)
mple Med	- 1	29b. Signatura and titla of partition	and manna	r stated.		200	. Licansa	numbar		20	d Data slane	d (Month )	Tau Van	=1
8		200. Signatura and titla to				290	. Licarist	7) ()	0		d. Date signe			'/
	_	7	//			1	)00	748	1	-	-/22	-13	3.	
	1	30. Nama and eddrass of person who					T T T T T	OF N	D 0:			1		
		AHMED NAWAZ, M.D				, CAM	RKID	GE, M	ш 21	013				
State		31. Data filed (Month, Day, Year)		istrar's Signa	/.									
Registrar		FFR 9 4 1	1444 B	aneva	17	A.	20. 4	1						



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

	1. D	ecedent's Name									2.	Dete of Death	g. No. 🧷 🗇	0 /	3. Time of Death
ysician Medical		MARIA	N Z	ELIZAB	BETH	+ HA	MIL	TON				Month ebruary	y 19,	1999	10:30PM
aminer		Facility Name (# HOLY CR			d number)					City, Town, CLVER			4c. County	of Death GOMERY	,
neral ector	5. S	ocial Security No 084-22-7	711	6. Sex 1 ☐ M 2 💢		e (In yrs. las	st birthday) Yrs.	If Under 1 Ye Months Da	ar I	f Under 24 H Hours M	rs. 8.	Dete of Birth (Month, Day,	Year)	9. Birthpla Country	ce (State or Foreign y) insburg, M
	-	el Residenca of State	Decedant 10b. County			10c. City,	Town or Loc	cation						100	d. Inside City Limits
tor oto	Ма	ryland	MONTG	OMERY		SILV	ER SP	RING							1 Yes 2 No
instruent be notified at Funeral Director	10e.	Street and Num 9401 B		E DRIVE				10f. Zip Cod	209	001		10	g. Citizen of V USA	What Country	y?
by		Marital Status 1 ☐ Never Marrie 3 ☑ Widowed		ed 1 Y	Decedent I d Forces? 'es 2 1 h i, Give or Detes:			Vas Decedent i Yes, specify C □ Yes 2\(\text{\text{\$\lambda}}\) !		anlc Origin? Mexican, Pu Specify:	(Specify erto Rica	Yes or No- an, etc.)		e - Americar ck, White, et	
dmo	E	(Special Special Special (Special Special Spec	ndary (0-12)	grade complet	led) ga (1-4or 5		(Give )	ent's Usual Oc kind of work do ONOT use re EWIFE	ne dur		vorking	1	6b. Kind of Bu		stry
To Be C	17.1	Father's Name (i unkn	own						18			irst, Middle, M M. Th		10)	
ner traum		Charle	es E.	hip (Type, Print) Hamilt			4606	g Address (Str. Bircht	ree		Te	mple H	ills, l	Md 20	748
ury or oth		Method of Disposition Buriel 2 Donation	Cremetion		rom State	Cen	netery, crem	sition (Name of natory or other on Nati	place)	al Cem			Suitla		n, Stete faryland
any in	21.	Signature/of Fur	neral Service L	Licensee	Bra	Non		Name end Ad				shall' uitlan		eral F 207	Home of MD 746
cian	238	. Part1. Enter th shock, or hear	e diseese, or t failure. List	complications the	nat caused on each lin	the death.	Do not ente	er the mode of	dying,	such es card	iac or re	spiratory arres	st,	1 (	Approximata nterval Between
				0					Ä		/			"	Onset and Death
lical iner	rest	nediete Cause (Fease or condition ulting in death)	Finel n	a. Ru			ABDOR	INAL	Ä		/				Groves
se the burial-transit edical Examiner	Seq if ar cau that	ease or condition	nditions, mediate rlying injury	A. A.	BOOM	ED /	ABDOM as a consequence A O as a consequence 510 N	uence of):  RTIC uence of):	A		A				Onset and Death
ached for use as the burial-transit  Disciplination of the second of the	Seq if ar Caus that rest	passe or condition ulting in death)  quentially list con ty, leading to import the control of th	nditions, mediate nying njury ast	b. Ac	300M	Due to (or a Due to (or a Due to (or e ut not resulting	ABDOM as a consequence a conse	uence of):  RTI C uence of):	An	ORTIC SEURIS	A	NEURIS 23b. Did tob	SM		Conset and Death Conformation C
be detached for use as the burial-transit  by Physician/Medical Examiner	Seq if ar cau that resu	pase or condition ulting in death)  quentially list con  y, leading to im;  se. Enter Under  ise (Disease or is  initiated events  ulting in death) L	nditions, mediate nying njury ast	b. Ac	300M	Due to (or a Due to (or a Due to (or e ut not resulting	ABDOM as a consequence a conse	uence of):  RTI C uence of):	An	ORTIC SEURIS	A	NEURIS 23b. Did tob	pacco use con a 2 □ No is eutopsy ied?	ntribute to t 3 Probe  24b. Wen evail	the cause of death?  the cause of death?  ably 4 Unknown  e autopsy findings lable prior to pletion of cause eath?
page 2 should be detached for use as the burial-transit  Completed by Physician/Medical Examiner	Sequitarian Part	quentially list con by, leading to import the light of th	nditions, mediate rhying injury ast	b. Ac	300M	Due to (or a Due to (or a Due to (or e ut not resulting	ABDOM as a consequence a conse	uence of):  RTI C uence of):	An An	ORTIC SEURIS in Part I.	A	23b. Did tob 1   Ye 24a. Was an perform	Decco use come 2 No	ntribute to t 3 Probe  24b. Wen evail	the cause of death?  A Province of death?  A Province of death?  A Province of death?  A Province of death?
octor, page 2 should be detached for use as the burial-transit  Be Completed by Physician/Medical Examiner	Sequif ar cause that rest	passe or condition ulting in death)  quentially list con y, leading to import of the control of	nditions, mediate thring injury ast	d.  Hospital:	300M IPER to death bu	Due to (or a I N AZ Due to (or a TENS) Due to (or e ut not resulting	ABDOM as a consequence of the co	uence of):  RTI C uence of):  uence of):	An An	ORTIC SEURIS in Part I.	A Seeth (C	23b. Did tob 1 Ve	Decco use come 2 No en utopsy led?  s 2 DrNo	ntribute to t 3 Probe  24b. Wern available common of de	the cause of death?  the cause of death?  ably 4 Unknown  e autopsy findings lable prior to pletion of cause eath?  Yes 2 No
al director, page 2 should be detached for use as the burial-transit.  To Be Completed by Physician/Medical Examiner	Sequification of the sequipole of the se	uuentially list con y, leading to impose. Enter Under ise (Disease or is initiated events ulting In death) L	nditions, mediate thying injury asst	d.  Hospital:  288. D	300M	Due to (or a I N AZ Due to (or a Due to (or e ut not resulting the contract of	ABDOM as a consequence a conse	uence of):  PCTI C  uence of):  uence of):  uence of):  uence of):  28c. (	And	in Part I.	Deeth (C	23b. Did tob 1   Ye  24a. Was an perform 1   Yes	Decco use come 2 No en eutopsy led?  s 2 DrNo e)	ntribute to t 3 Probe  24b. Wern available common of de term (Specify)	the cause of death?  the cause of death?  ably 4 Unknown  e autopsy findings lable prior to pletion of cause eath?  Yes 2 No
the funeral director, page 2 should be detached for use as the burial-transit and catlon: To Be Completed by Physician/Medical Examiner	Sequifiar cause that rest	Juentially list control list co	nditions, mediate rhying right in the condition ast	d.  Hospital:  28a. D  atton ot be 28e. P	TPER to death but ENCL RITI:	Due to (or a TENS Due to (or e ut not resulting y Year)	ABDOM as a consequence of the co	uence of):  PCTI C  uence of):  uence of):  uence of):  uence of):  28c. (	And	in Part I.	Deeth (C) Home	23b. Did tob 1	Decco use come 2 No e eutopsy led?  s 2 PNo noce 6 Oth w injury occur	ntribute to t 3 Probe  24b. Wern avail com of de 1 □	the cause of death?  the cause of death?  ably 4 Unknown  e autopsy findings lable prior to pletion of cause eath?  Yes 2 No
al director, page 2 should be detached for use as the burial-transit.  To Be Completed by Physician/Medical Examiner	Sequiliar rest	Juentially list conty, leading to my, leading to impose. Entar Underse Disease or initiated events withing in death) L.  II. Other elgnifle  CHEUMA  Was case referred as a case referre	nditions, mediate ryving nipury last cant condition ast condition to the condition of the c	d.  d.  Hospital:  ARTH  Hospital:  28a. D  g. Physician: To  caminer: On the	TPER  to death be  ENCY  I I Inpatie late of Injury uniding, etc.	Due to (or a  INAL  Due to (or a  TENS  Due to (or e  ut not resulti  Y  y Year)  2  y Year)  2  y Year)	ABDOM as a consequence of the co	uence of):  PCTI C  uence of):  occurred at the	An A	in Part I.	Deeth (C) Home 28d	23b. Did tob. 1   Ye. 24a. Was an perform 1   Yes. 2heck only one 5   Resider 1. Describe how. due to the car	pacco use con a 2 No eutopsy led?  s 2 19 No home 6 Oth w injury occur eset and Numb. State)	ntribute to t 3 Probe  24b. Werr avail com of de 1	the cause of death?  the cause of death?  ably 4 Vinknown  e autopsy findings lable prior to pletion of cause eath?  Yes 2 No  Route Number,

State Registrar

31. Date filed (Month, Day, Year) FEB 2 4 1999 DHMH 16 Rav 6/95

32. Registrar's Signeture

in the state of the

State of Maryland / Department of Health and Mental Hygiene 0 07528

			C	Certificate of	Death	Re	g. No.	07550				
ı	Physician	Decedent's Name (First, Middle, Last)				2. Dete of Deeth Month		3. Time of Death				
0	/Medical	EDNA L. HUNTER			_	FEBRUARY		99 3:01 P.M.				
	Examiner	4a Fecility Name (If not institution, give street and number	)		4b. City, Town, or L	ocalion of Death	4c. County o	d Death				
V		ANNE ARUNDEL MEDICAL CENT	ER		ANNAPOLIS			RUNDEL COUNTY				
	Funeral Director	1 DN 2 DE	ge (In yrs. last birthd 84 Yrs	Months Days		8. Date of Birth (Month, Dey, JULY 30,	Year) 1914	9. Birthplece (State or Foreign Country) WASHINGTON, DC				
	nytand thow	10a. State 10b. County	10c. City, Town or	or Location				10d. Inside City Limits				
	the Ma 28e4's notified	MARYLAND ANNE ARUNDEL	ANNAPO	LIS				1 Yes 2 □ No				
	Dire	10s. Street and Number		10f. Zip Code		10	g. Citizen of W	het Country?				
		800 BESTGATE ROAD, #230		21401		U	NITED S	TATES				
21215-0020	uref, or Neme 23 LExaminer must d by Funeral	11. Marital Status  1 Never Married 2 Married  1 Never Married 4 Divorced  12. Was Decedent Armed Forces  1 Nyse 2 H Yes, Give Year or Dates:	No	13. Wes Decedent of the If Yes, specify Cub  1 ☐ Yes 2 ☒ No		ecify Yes or No- Rican, etc.)	Black	- American Indian, , White, etc. WHITE				
20	TZ ho	15. Decedent's Education	16a. De	ecedent's Usual Occup	pation	ring 1	6b. Kind of Bus	iness/Industry				
2	ed within 72 ho ygiena. rer then "netur t, the Medical. Completed	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or	- Iii	le. DO NOT use retire	d) most or work	ing						
2	on the poor	12	SEC	RETARY		F	EDERAL	GOVERNMENT				
P	Se	17. Father's Name (First, Middle, Last)			18. Mother's Nem	e (First, Middle, M	leiden Sumeme	)				
yla	Ment Ment To	GEORGE E. HUNTER			BESSIE K	ENDID						
ar	and and and	19a. Informent's Name/Relationship (Type, Print)	19b. M	feiling Address (Street	end Number or Rui	ral Route Number,	City or Town, S	MERRITT ISLANI				
2	and and a	WILLIAM E. HUNTER, SON	779	E. MERRIT	T ISLAND	CAUSEWAY	, #2412	FL 32952				
more	T off	20a. Method of Disposition  1 X Burial 2 Cremation 3 Removal from State	comoton	isposition (Name of cremetory or other ple	ce)	Date 2	Oc. Location - C	City or Town, State				
Ĕ	Pag mart any o	4 Donation 5 Other (Specify)		INCOLN CEM	ETERY 2	/20/99	BRENTWO	OD, MARYLAND				
Salt	Populti Ny Inje	21. Signature of Funeral Service Licentific		22. Neme and Addre		T HOME	-					
ш	707 8 9	Xua S. Must					WOOD, M	ARYLAND 20722				
	Physician /Medical Examiner	23a. Part Epier the disease, or completeions that cause shock of heart failure. List only one cause on each immediate Cause (Final disease or condition	d the death. Do not ine.	enter the mode of dyi	in far in far io my	or respiretory erre	st,	Approximate Intervel Between Onset and Death IESSTHAN				
	LXUIIICI	resulting in death)	Due to (or as a con	nsequence of):								
	2 # E	b. iSC	remic	card	iony	opat	hy	years				
	and and send	Sequentially list conditions, if any, leading to immediate	Due to (or es e con		/	1	1	0				
09	a die	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events					0					
68760,	phys a the	resulting in death) Last	Due to (or as a con	isequence of):								
	nding use an	d										
Box	e standi e for use sician/											
P.O.	y the day	Part II. Other significant conditions contributing to death	aut not resulting in th	ne underlying cause gi	ven in Pert I.	440.00		tribute to the cause of death?				
O.	the debt of y	peripheral vas	cula	v dis	eace	1 Ye	s ZNo	3 Probably 4 Unknown				
Records,	sen sign hould be sted by	abromic vers	,,,	+ 010		24a. Was an	eutopsy	24b. Were autopsy findings				
8		Critotic V-no	03 3	14315		perform	1907	available prior to completion of cause of death?				
æ	sician: The law certificate has a frector, page 2 a o Be Compli	asteo arthritis				1 ☐ Yes	s 2XNo	1 ☐ Yes 2 ☐ No				
Vital	# # 0 0	25. Was case referred to medicat			26 Place of Dee	th (Check only one		10100 20100				
	hysician: his certific if director. To Be	examiner? 1 Yes 2 No Hospital: 1 Input	ent 2 ER/Outpa	atient 3 DOA Ot	hor	ome 5 Resider		r (Spacifu)				
ō		27. Manner of Death 28a. Date of Inj	ury 28b. Tim	e of 28c. Inju	ry et	28d. Describe hor		***************************************				
6	the farm	1 Naturat 5 Pending (Month, D	ny Year) Inju	,	rk? ]Yes 2 ☐ No							
Division	Attending or death. sctor: Aha by the fune iffication	3 ☐ Suicide 6 ☐ Could not be determined 28e. Place of In		, street, fectory, office		28f. Location (Str.	eet and Numbe	r or Rural Route Number,				
á	하다 하다	4 Homicide determined building, e	lc. (Specify)			City or Town,	Stete)					
	<b>西京書車 士</b>	29a. Certifier  1 Certifying Physician: To the best  2 Medical Examiner: On the basis of										
		and manner stated.										
-	Me Me	Est Spanish and the spanish an										
J	(	1 / Core	1		1195	> >	2-	19-99				
	(10)	30 Name and address of person who completed cause of	death (Item 23a) (Ty	rpe, Print)	- n or	211 4	Acres 1	1d MD 21012				
		31 Date Head (Month Day Year)	rar's Signature	1424 8	+1+00	VC /	INNO	10/2/11/ DI				
	State Registrar	31. Date filed (Month, Day, Year) 12. Regist FEB 2 4 1999 12. Page 1999	wa b	1								

DHMH 16 Rev 6/95

B. Spark

white the .

State of Maryland / Department of Health and Mental Hygiene 99 07539

			Ce	rtificate	of Death	7	Re	g. No.			77
	1. Decedent's Name (First, Middle, L.	est)				1	2. Date of Deat Month	h Day	Year	3. Tima ot	Death
Physician /Medical	MAGGIE	BEATRICE H	HARRIS			I	Februar			12:15	P.M
Examiner	4a Facility Nama (If not institution, gi	va street and number)			4b. City, T	own, or Loca	ation of Death	4c. County	ot Death		
	12216 Walnut Cr	eek Court				antown	1	Montg			
Funeral Director		7. Age (In)	yrs. last birthday Yrs.	Months D	ays Hours	Min.	B. Data of Birth (Month, Day, )CT 29,	<sup>Year)</sup> 1933	9. Birthp Coun NORT	lace (State o try) H CARO	r Foreign
and mand	10a. Stata 10b. County	10c.	. City, Town or L	ocation					1	0d. Inside Cit	ty Limits
the Maryland 28e-f show notified at	Maryland Montgo	mery Ge	rmantow	n.	de		11	Da. Citizen of V	What Cour	1 XYas	2 No
offer death with the Mark terms 23s or 28s-fs	12216 Walnut Cre			20	874	1 : 0 (0		United		es	
0 0 5	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent Ever in Armed Forcas?  1 ☐ Yes 2 Armo If Yes, Give Year or Dates:	n U,S. 13.	Was Decedent If Yes, specify 1☐ Yes 2☐			icen, etc.)		ck, Whita,	atc.	
72 ho	15. Decedent's E (Specify only highest gr		(Giv	edent's Usual O	one durina ma	st of working		16b. Kind of B	usiness/Ind	dustry	
ges 1 and 2 should be filed within 72 hours it of Health end Mental Hygiene. or other traumatic event, the Medical Exa  To Be Completed by	Elementery/Secondery (0-12)	College (1-4or 5+)	life.	DO NOT use n	etired)			J.S. SE	NATE		
be filed other a vent,	17. Father's Name (First, Middle, Las		112111	IVI D I I II I		ner's Name	First, Middle, M				
y ould be Mental Mental arked a artic ev	HERBERT BARNES				LOLA	A FRED	ERICK				
d 2 should be file th end Mental Hy 7 is marked othe traumatic event	19a. Intormant's Name/Ralationship	(Type, Print)	19b. Mai	ing Address (S	reet and Num	ber or Rural	Route Number	City or Town,	State, Zip	Code)	
of Health en I tem 27 la r	RAYMOND J. HARRIS			6 Walnu		k Cour	t, Gern	nantown	, Man	yland	208
Dallimore, semil. Peges 1 ar Department of Hea mportant: if item inty injury or othe pice.	20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci	Removal from State	b. Place of Disp cemetery, cre QUANTI	osition (Name of the CO NATI	r plece)	EMETER		20c. Location - 99 TRI			
Datimo permit. Peges Department of Important: If it any injury or	21. Signature of Favoral Service Lice	Pos- On	A	22. Name and A LEXANDE 5538 Maj	ER S. P	OPE FU			100	20747	
Physician /Medicai Examiner	23a. Parl1. Enter the disease, or cor shock, or heart tailure. List only immediate Cause (Final disease or condition resulting in death)	METASTATIC	CARCIN	onter the mode o	dying, such a	s cerdiac or	respiratory arre	est,	1	Approximate Interval Bettonset and Conset an	Death
. BOX 68 / 60, death cartificate be executed e attending physician end ad for use as the buriel-trensit siclan/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last	b	to (or es a conse							IBAK	
	Part II. Other significant conditions	contributing to death but not	resulting in the	underlying ceus	e given in Par	t I.	23b. Did to	bacco use co	ntributa te	the causa o	of death'
us, r.C. box lies that the death cerl signed by the attendin d be deteched for use							1 🗆 Y	2 X No	3 Pro	bably 4	Unknow
shoul							24a. Was an autopsy performed?		av	ere autopsy t alleble prior t mpletion of c death?	O
							1 🗆 Ye	s 2 XNo	10	Yes 2	No
ysician: The last certificate hadirector, page	25. Was cese referred to medical				26. Pla	ce of Death	(Check only on	e)			
Physician: Tribis certificat	examiner? 1X Yes 2 No	Hospital:	2 ER/Outpatio	ent 3 DOA	Other: 4 1	Nursing Hom	e 5XXReside	nce 6 Oth	ner (Specif	y)	
After fune	27. Manner of Deeth  12 Natural 5 Pending  2 Accident Investigation		28b. Time Injury	of 28c.	Injury at Work? 1 Yes 2		8d. Describe ho	ow injury occur	rred		
below Attending P is ofter death.  al Director: After tied in by the funere Certification:	3 Sulcide 6 Could not determined	28e. Plece of Injury - / building, etc. (Sp	At home, term, s ecify)	treet, factory, o	ffice	2	Bt. Location (St City or Town		ber or Rure	al Route Num	ber,
Hospi 24 hour Funer stely fill	29a. Certifier 1 Certifying P (Check only one) 1 Medical Exa	hysician: To the best of my minar: On the basis of exan and manner stated.	knowledge, dea nination and/or i	th occurred at t nvestigetion, in	he time, date e my oplnion, de	end plece, ea eeth occurre	nd due to the ca d at the time, d	ause(s) and mate end place,	enner as s end dua to	tated. the cause(s	6)
To the rounding of the roundin	29b. Signature and title descrifier	ne P. La	he	D	0 9470		2	9d. Data signe FEBRUA			
(10)	30. Name and address of person who EUGENE LIBRE M.I				NSINGTO	ON,MD	20895	1			
State Registrar	31. Date filed (Month, Day, Year) FEB 2-3 199	32 Registrar's S	ignature 6.	ba	4						

Please Type or Print in Black indelible ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygien 9 7540

				Ce	ertificate o	f Death		R	eg. No.		
		1. Decedent's Name (First, Middle, La	st)				1	2. Date of Deet		Vaca	3. Time of Deeth
	Physician	Mary O. He	nderson				į	Month Feb.	Day 19	Yeer 1999	2:30AM
	/Medical Examiner	4e Facility Neme (If not institution, giv	re street and number)			4b. City, Tow		ation of Death	4c. County		Z. John
	LAdimine	2828 Iverson S	treet			Temp1	o Hi	11c	Princ	co Go	orge's
┢	Funeral	5. Sociel Security Number 6. S		rs. last birthday	If Under 1 Ye	ar If Under 2		8. Date of Birth (Month, Dey,			lace (Stete or Foreign
L	Director		I M 2 N E	9 Yrs.	Months Day	s Hours		Jan. 4	1920		h Carolina
	and man	10e. State 10b. County	10c.	City, Town or I	ocation.					10	0d. Inside City Limits
	ith the Mary or 28a-f sh be notified.	Maryland Prince G	eorge's		Temple						1 Yes 2 □ No
	or 2	10e. Street end Number			10f. Zip Code	)		1	0g. Citizen of V	√het Coun	try?
	th w	2828 Iverson S	t.,			20748			Unit	ed S	tates
	r items 23 older must	11. Marital Status	12. Was Decadent Ever in Armed Forces?	U,S. 13	Was Decedent of If Yes, specify Co	f Hispenic Origi uban, Mexican,	in? (Spec Puerto R	ity Yes or No- ican, etc.)		e - America k, White, o	
21215-0020	by	1 Never Married 2 Merried 3 Widowed 4 Divorced	1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes:		1□ Yes 2□X			25-10H	Specify	12 1211	ack
0-10	ed within 72 hours ygiene. A. Its Medical East, A. Completed by	15. Decedent's E		16e. Dec	edent's Usual Occ	upation	of working	0	16b. Kind of Bu	siness/Ind	lustry
21	iene. r than natur	(Specify only highest green Elementery/Secondary (0-12)	College (1-4or 5+)		e kind of work doi DO NOT use ret						
21	d withir giene. or then	10th		Cu	stodial	Laborer			Gove	ernme	nt
pu	be filed tal Hyginal d other svent, Be Co	17. Father's Name (First, Middle, Last	)			18. Mother	's Name (	(First, Middle, I	Meiden Sumem	e)	
Maryland		Johnny Verno	n				В	essie C	Carter		
any	d 2 should th and Men 7 is marke traumatic	19a. Informant's Name/Relationship (	Type, Print)	19b. Mei	ling Address (Stre	et end Number	or Rural	Route Number	, City or Town,	State, Zip	Code)
	T the	Claudette Legget	t	282	8 Iverso	n St.,	Temp.	le Hill	s, MD	2074	8
Baltimore,	TI S S	20a. Method of Disposition	200	. Place of Disp	position (Neme of emetory or other p	alece) C		Date	20c. Location -	City or To	wn, Stete
10		1 ☐ Buriel 2 ☐ Cremation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Special					-	26/99	C		
臣	ortan Injur	21. Signature of Funerel Servica Lical			hape1 Ba				<u>sparta</u> Tuneral		rg, S.C.
Ba	permit. Page Department of Important: If any injury or otice.	MohnTS	Terestant II	T			O L		Mash., I		20019
		23a Part Enter the disease, or com	plications thet caused the de	eath. Do not e	nter the mode of o	lying, such as c	ardiac or	respiretory arr	est,		Approximete Interval Between
	Physician	or near rande. Elst only	One cause on each mile.								Onset and Death
	. /Medical	Immediate Cause (Final disease or condition	Dobs	dration	2						
	Examiner	resulting in deeth)	8.	(or es a cons						1	
	je limite		_	ntia	squerica ory.					1	
	ansit		b	(or es a cons	aquence of):					I.	
,	n and ial-transit	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury			d Compre	ssion				1	
92	sicia bur	Ceuse (Disease or injury thet initiated events	C	(or as a conse		002011				+	
68760,	eath certificate be assecuted attending physician and for use as the burial-transit clan/Medical Examir	resulting in death) Last			alignant						
×	nding usa a		d	ioma, ii							
Bo	atter I for u	5 . n . n						L con Dista			
o.	as that the death ce igned by the attend be detached for us by Physician/	Part II. Other significant conditions of		esulting in the	underlying cause	given in Pert I.			112-12-12-12		the cause of death?
9	that deta	Hypertens	ion					1 U Y	es 2XINo	3 Pro	bably 4 Unknown
Records,	requires that the death certificate be assected seen signed by the attending physician and should be detached for use as the burial-transit eted by Physician/Medical Examire		1					24e. Was e	an autoney	24b. W	ere autopsy findings
0	v require been signaled should to	Arteriosc	lerotic - Hea	rt Dis	ease			perfor		co	ailable prior to impletion of cause
ec	has by a 2 s								37	of	deeth?
=								1 🗆 Y	es 2 No	10	Yes 2□ No
Vital	certificate rector, pag	25. Was case referred to medical examiner?				26. Plece	of Death	(Check only or	ne)		
1	Z 0 0	1 Yes 2 No	Hospital: 1 ☐ Inpetient 2	☐ ER/Outpeti	ent 3 DOA	Other: 4 Nur	rsing Hom	e 5 Resid	enca 8 🗆 Oth	er (Specif	y)
J of	g Ph erth herai	27. Manner of Death	28a. Date of Injury (Month, Dey Year	28b. Time Injury	of 28c. Ir	jury et Vork?	21	8d. Describe h	ow injury occur	red	
0	death. ctor: Atter y the funer	1 Natural 5 Pending 2 Accident investigation		,,		☐Yes 2☐N	No				
Division	tal or Attending P rs after death. al Director: After t ed in by the funer: Certification:	3 Sulcide 6 Could not be determined	28e. Plece of Injury - A building, etc. (Spe	t home, farm, s	treet, fectory, offic	ca .	2	8f. Location (S City or Tow		er or Rure	al Route Number,
Ö	after din din	Hornidae	building, etc. (Spe	эспу)				Chy or Tow	11, 31010)		
		29a. Certifier 1 Certifying Pt	nysician: To the best of my l	nowledge, dea	th occurred et the	time, date end	plece, ar	nd due to the c	ause(s) end me	enner es s	teted.
	in 24 hour in 24 hour he Funer pletaly fil edical	(Check only 2 Medical Examone)	miner: On the besis of exam end manner stated.	ination and/or i	nvestigation, in m	y opinion, death	h occurre	d at the time, d	lete end place,	end due to	the cause(s)
	M M	29b. Signature and title of certifier	Λ.		29c. Lice	ense number		2	29d. Dete signe	d (Month,	Dey, Year)
		1 allions	e Ren	en	20	MD 206	31		Feb. 2	22, 1	999
	(-)	20 Name and address of	completed course of death to	- A -	Drint'						
	(5)	30. Name end eddress of person who				N LI	Line 1	h D	2001	0	
	State	Catherine R. 31. Dete filed (Month, Day, Year)	32. Registrar's Si	gnature	rving St		was	ш., <i>D</i> .С	. 2001	.0	
	Registrar	FEB 2 3 199	9 James	Ø.	Local	61					

DHMH 16 Rev 6/95

28 4 3 13

State of Maryland / Department of Health and Mental Hygiene Q Q

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Feetbuary Pay 18, 199 William Riley Hawkins 4:13am **Physician** /Medical 4b. City, Town, or Location of Death 4a Facility Neme (If not institution, give street and number) 4c. County of Death Examiner Washington Adventist Takoma Park Hospital Montgomery: If Under 1 Year If Under 24 Hrs. 8. Date of Birth Month Day, 12-30-5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign Country) 6. Sex M 2□ F **Funeral** Months Days Hours Min 249-60-1370 61 Director Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23s or 28s-f show treumstic event, the Modical Examiner must be notified at Yes 2□No Hyattsville Md P.G. Directo 10e. Street end Number 10f. Zip Coda 10g. Citizen of What Country? 1515 Ray Road #103 20782 United States Pages 1 and 2 should be filed within 72 hours efter death vant of treath and Mental Hygiene.

It is not 27 to marked other than "naturel", or items 23s Funerai 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, atc.) 14. Race - American Indian. Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Black Specify: p 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation
(Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15 Decedent's Education (Specify only highest grade completed) Elamantary/Secondary (0-12) 12th Collaga (1-4or 5+) Pvt Carrier 18. Mother's Name (First, Middle, Maidan Surname) 17. Fether's Name (First, Middle, Last) William Riley Hawkins Sr Luevgenia Goodwin 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Coda) 19a. Informant's Name/Relationship (Type, Print) Annie Doris Hawkins 1515 Ray Road #103 Hyattsville ,Md 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Department of important: If any injury or m 8 Aikens Chapel Cemetery2-27-99 Taylor, SC. 22. Name and Address of Facility Snead Mortuary Service 21. Signatusa of Funeral Service Licensee P.O.Box 5804 Capitol Heights, Md 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset end Death **Physician** /Medical Immediate Cause (Final diseasa or conditio resulting in death) CORONARY ARTERY DISEASE Examine Dua to (or as a consequence of): Examiner requires that the death certificate be executed physician and s the burial-transit Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that Initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760 Physician/Medicai Due to (or es a consequence of): 82 use signed by the a d be deteched f 23b. Did tobacco usa contribute to the cause of death? Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 3 Probably Winknown 1 Tyes 2 No by 24b. Wera autopsy findings eveilable prior to Completed 24a. Was an autopsy performed? completion of cause of death? AR page 2 hes 1 Yas 2 No 1 ☐ Yes 2 ☐ No certificate Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certific director 25. Was case referred to medical 8 26. Placa of Daath (Check only one) examinar? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 | Inpatient 2 | ER/Outpatient 3 | DOA funeral 28c. Injury at Work? 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred Certification: 5 Panding 1 Natural 1 ☐ Yes 2 ☐ No investigation 2 Accidant 6 Could not be datermined 3 Suicide 28e. Place of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 2 4 Homicide .5 pelli 24 hours Certifying Physician: To the best of my knowledga, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Description of the passe of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) manner styled. 29a. Certifier Medical completely (Check only one) Within 2 To the F 29b. Signature and title of certifie 29c. License number 29d. Date signed (Month, Day, Year) 45203 -2-13 22, 1999 person who completed ceuse of death (Item 23a) (Type, Print) Token 11 AVE 31. Date filed (Mont 3. Registrar's Signature 3 1999

State Registrar

		1. Decedent's Name (First, Middla, La	ast)			10 07	Death	2. Date of D	Reg. No.	3	Time of Death	
Physic /Medi		MARGARET THOMAS						Feb.	Day	Yeer	OOpm	
Exami	ner	4e. Fecility Neme (If not institution, gir				4	b. City, Town, or					
	ш	CIVISTA MEDIO			M to to to	V	LAPLA			ARLES		
Funeral Director			1 □ M 2 1 F	90 (In yrs. last birt	Yrs. Months	Days	If Under 24 Hrs Hours Min	. (Month, D	irth Pay, Yeer) 21,1908	9. Birthplece Country) MARYLAI	(Stata or For	
show Md at		10a. State 10b. County		10c. City, Town	n or Location					10d. ir	nside City Lin	
1	ţō	MARYLAND CHARLE	as .	INDIAN	HEAD					1	☐ Yes 2 🖸	
or 28	Director	10e. Street and Number				ip Code		·	10g. Citlzen of What Country?			
238		5265 THEATRE ROAD	)		20640					UNITED STATES		
ral', or items 23a or 28a-f show Examiner must be notified at	by Funerai	11. Marital Status  1 □ Never Married 2 □ Married  3 ◯ Widowed 4 □ Divorced	12. Wes Decedent E Armed Forces? 1 Yes 2 N If Yes, Give Year or Dates:		13. Was Dece If Yes, spe 1 \( \text{Yes} \)	ecity Cubs	ispenic Origin? (\$ in, Mexican, Puer Specify:	Specify Yes or N rto Ricen, etc.)		ce - American Inck, White, etc.		
	Pe	15. Decedent's E		18e.	Decedent's Usu	uai Occup	ation	4.	16b. Kind of B	usiness/industry		
than	Completed	(Specify only highest gr. Elemantery/Secondary (0-12) 10TH GRADE	College (1-4or 5-	+)	(Give kind of willife. DO NOT U HOUSEWI)		during most of wo	orking	PRIVA'	ΓE		
d other event, t	Be	17. Father's Neme (First, Middla, Last	")				18. Mother's Na	me (First, Middle	a, Maldan Sumen	na)		
marked o	To	WILLIAM WASHINGTO							ER THOMAS			
6 9 5		19e. Informant's Name/Relationship	(Type, Print)						bar, City or Town,		a)	
item 27 i		JAMES R. HUNGERFC 20a. Method of Disposition	ORD, SR. /		79 THEAT  Disposition (Na		OAD, IN		AD, MARY		0640_	
5 = 5		1 XBurial 2 ☐ Cremation 3 ☐	Removel from State	cemater	y, cramatory or	othar plac	.	Date	20c. Location -	· City or Town, S	otate	
Departmen Important: any injury once.		4 □ Donation 5 □ Other (Special		ST. CH	ARLES CI			2/25/99	GLYMON	r, Mary	LAND	
Department of Important: If any injury or once.		21. Signature of Funeral Service Lice	hout to	Busan	22. Name a THORNT		NERAL H	OME, P.A	A.			
		23a. Part1. Enter the disease, or com-	ON JOHNSON						LAN HEAD		AND 20	
ysician Medicai	Н	I COMPANIE AND THE PARTY OF	40.4								et and Deet	
aminer	ner	Immediate Cause (Final disease or condition resulting in death)		CLOPIC Due to (or as e c			e Disc	order		j.	24r.	
aminer	il Examiner	disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying	b		consequenca of)	): 	e Disc	order		1.	24r.	
amine and set the buriel-transit	edicai	disease or condition resulting in death)	b	Due to (or as e c	consequenca of)	): 	e Disc	order		J.	24r.	
uning physician end or use es the buriel-transit	edicai	disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Couse, (Disease or Injury that Initiated events resulting in death) Last	b	Due to (or as a c	consequence of)	:				1.	24r.	
by the attending physician and misched for use as the buriel-fransit and	Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events	b	Due to (or as a c	consequence of)	:		23b. Dic	i tobacco use co	ntribute to the		
s been signed by the attending physician and should be deteched for use as the bunel-transit at	by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last  Pert II. Other algnificant conditions of	b	Due to (or as a c	consequence of)	:		29b. Dic 1 [	i tobacco use co	3 Probably  24b. Were au	4) Unki	
hes been signed by the attending physician and in a should be deteched for use as the bunet-transit in and in a should be deteched for use as the bunet-transit in a should be deteched for use as the bunet-transit in a should be deteched for use as the bunet-transit in a should be deteched for use as the should	by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last  Pert II. Other algnificant conditions of	b	Due to (or as a c	consequence of)	:		23b. Dic 1 [ 24a. We peri	i tobacco use co ] Yes 2 □ No s an autopsy	3 Probably  24b. Were as evellable complet of deeth	4) Unki	
ate hes been signed by the attending physician and page 2 should be deteched for use as the bunet-transit	Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last  Pert II. Other algnificant conditions of the Contemporary of the Con	b	Due to (or as a c	consequence of)	:	en in Pert I.	23b. Dic 1 [ 24a. We peri	I tobacco use co ] Yes 2 □ No s an autopsy ormed?	3 Probably  24b. Were as evellable complet of deeth	Unki utopsy findin e prior to ion of ceuse ?	
When this certificate has been signed by the attending physician and uneral director, page 2 should be deteched for use as the buriet-transit of	To Be Completed by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Disease or Injury that Initiated events resulting in death) Last  Pert II. Other algnificant conditions of the country of the conditions of the country of the	b	Due to (or as a conduction of the conduction of	consequence of)	cause give	en In Pert I.  26. Place of De er: 4□ Nursing I	23b. Dic 1	I tobacco use co ] Yes 2 □ No s an autopsy ormed?	3 Probably  24b. Were at evellable complet of deeth  1 Yes	Unker utopsy finding prior to ion of ceuse ?	
earn.  To a standard physician and constitutions are standard physician and constitutions are standard director, page 2 should be deteched for use as the buriet-transit constitutions.	To Be Completed by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last  Pert II. Other algnificant conditions of the con	b	Due to (or as a conduction of the conduction of	consequence of) consequence of) consequence of) the underlying of	cause give	en In Pert I.  26. Place of De  37: 4 \( \) Nursing I	29b. Dic 1  24a. We perl 1  ath (Check only) Home 5 Res 28d. Describe	I tobacco use co	3 Probably  24b. Were at evellable complet of deeth 1 Yes  er (Specify) red	4) Unki	
Se route and red dath.  Furner dear dearn.  Furner Director: After this certificate hes been signed by the attending physician end stell filled in by the funeral director, page 2 should be deteched for use as the burier-transit of the funeral director.	Certification: To Be Completed by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Disease or Injury that initiated events resulting in death) Last  Pert II. Other algnificant conditions of the county of the conditions of the county	d	Due to (or as a conduct to	consequence of) consequence of) consequence of) the underlying of	cause give	26. Place of De  27: 4 \sum Nursing I  28: 2 \sum No  29: 4 \sum Nursing I  20: 4 \sum N	23b. Dic 1 24a. We perf  ath (Check only Home 5  Res 28d. Describe 28f. Location City or To	I tobacco use co	3 Probably  24b. Were as evellable complet of deeth 1 Yes  er (Specify) red  per or Rural Rou	4) Unkrutopsy finding e prior to ion of ceuse? 2 No	
Director: After this certificate hes been signed by the attending physician end in by the funeral director, page 2 should be deteched for use as the bunet-transit in the page 2 should be detected for use as the bunet-transit in by the funeral director.	To Be Completed by Physician/Medical	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in death) Last  Pert II. Other algnificant conditions of the cause of the cause of the cause of the cause. Enter Underlying Investigation of the cause	d	Due to (or as a conduct to	tonsequence of) consequence of) consequence of) the underlying of	cause give	26. Place of De  ar: 4  Nursing I  r at  ?  Yes 2 No  le, date and place binlon, deeth occur	23b. Dic 1 24a. We perf  ath (Check only Home 5  Res 28d. Describe 28f. Location City or To	I tobacco use co	3 Probably  24b. Were as evellable complet of deeth 1 Yes  er (Specify) red  per or Rural Roue anner as stated, and due to the completed.	4 Unkrutopsy finding e prior to ion of ceuse? 2 No	
Se route and red dath.  Furner dear dearn.  Furner Director: After this certificate hes been signed by the attending physician end stell filled in by the funeral director, page 2 should be deteched for use as the burier-transit of the funeral director.	edical Certification: To Be Completed by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last  Pert II. Other algnificant conditions of the con	d	Due to (or as a conduct to	tonsequence of) consequence of) consequence of) the underlying of	Cause give	26. Place of De  ar: 4  Nursing I  r at  ?  Yes 2 No  le, date and place binlon, deeth occur	23b. Dic 1 24a. We perf  ath (Check only) Home 5 □ Res 28d. Describe 28f. Location City or To	i tobacco use co Yes 2 No s an autopsy ormed?  Yes 2 No ona) Idence 6 Oth how injury occur (Street and Numb wm, State) e cause(s) and ma dete and pleca,	3 Probably  24b. Were as evellable complet of deeth 1 Yes  er (Specify) red  per or Rural Roue anner as stated, and due to the completed.	4) Unker  utopsy finding e prior to ion of ceuse ? 2 No  fa Number,	
Se route and red dath.  Furner dear dearn.  Furner Director: After this certificate hes been signed by the attending physician end stell filled in by the funeral director, page 2 should be deteched for use as the burier-transit of the funeral director.	edical Certification: To Be Completed by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last  Pert II. Other algnificant conditions of the con	d	Due to (or as a conduct to	tpatient 3 Drime of njury M	Cause give	26. Place of De  26. Place of De  37: 4 \sum Nursing It  4 to 2 \sum No  4 to 2 \sum No  4 to 2 to No  4 to	23b. Dic 1 24a. We perf  ath (Check only) Home 5 □ Res 28d. Describe 28f. Location City or To	i tobacco use co Yes 2 No s an autopsy ormed?  Yes 2 No ona) Idence 6 Oth how injury occur (Street and Numb wm, State) e cause(s) and ma dete and pleca,	3 Probably  24b. Were as evellable complet of deeth 1 Yes  er (Specify) red  per or Rural Roue anner as stated, and due to the completed.	Unk  utopsy finding prior to prior to ion of ceuse?  2 □ No  fa Number, ceuse(s)	

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 

O Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** 99 MIRTHA HALL 17 12 MOON 2 /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Prince George's Hospital Center Cheverly Prince Georges If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Deys Months 10 M 20 F Hours Min. 233 06 1666 4 25 Director W Va Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Items 23a or 28a-f ahow any injury or other traumatic event, the Health Example must be notified an angel. 10a. State 10c. City. Town or Location 10d. Inside City Limits 10b. County Maryland | Prince George's 1 X Yes 2 □ No Bowie Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20716 2204 Hyde Lane U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, 11. Marital Status Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 Specify: Black 1 Yes 2 No Specify: by 3 X Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Housewife Private 12th 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Be Frank Williams Rosenell Clark 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) Rosalie Carney/Sister 2204 Hyde Lane, Bowie, Maryland 20716 20b. Plece of Disposition (Name of cemetery, crematory or other place) Park 20a. Method of Disposition 20c. Location - City or Town, State 1 Burlal 2 ☐ Cremation 3 ☐ Removal from State Maryland National Memorial 4 ☐ Donation 5 ☐ Other (Specify) Laurel, Maryland 21. Signature of Funeral Service Licensee 22. Name end Address of Facility
J. B. JENKINS FUNERAL HOME Nance 7474 Landover Road, Landover, Maryland 20785 23a. Part1. Enter the discusse, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) uremia Examiner Due to (or as e consequenca of): Examiner heart tailure congestive physicien and the buriel-transit The law requires that the death certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as e consequence of): fibrillation Division of Vital Records, P.O. Box 68760, chronic atnal Physician/Medical Due to (or as a consequence of) 88 cardionyopathy ettending p for usa as ISCHEMIC signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the causs of death? 1 Yss 2 No 3 Probably 4 Unknown chronic renal insufficiency à 24b. Were autopsy findings available prior to completion of cause of death? should 24a. Was an autopsy Completed is certificate has t 1 Tyes 2 No 1 Yes 2 No a or Attending Physician: The safter death.

I Director: After this certificated in by the funeral director, pe 25. Was case referred to medical Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No ₽ Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? Certification: 27. Manner of Death 28b. Time of 28d. Describe how Injury occurred Natural 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 ☐ Accident the Funeral Director of the Fu 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide Hospital 24 hours a 29a. Certifier Cortifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated. Medical To the Hosp within 24 ho To the Fune completely f (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month. Day, Year) 18 99 D44156 MEXION 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

State Registrar 32. Registrar's Signature

118

20715

Bowie, MO

Lane

Fox

14300 Gallant

31. Date filed (Month, Day, Year) FEB 2 2 1999

Please Type or Print in Black Indelible ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death Amend item #26. Per Phys. PGC 2-22-99 cr 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Pauline Dorothy Ihrig 1999 February 18 11:30 A.M. 4e Fecility Neme (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death 4114 Skyline Drive Prince Georges

9. Birthplace (Ste
Country) If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. lest birthdey) Dete of Birth (Month, Dev. (Stete or Foreign 1 M 2 F Deys Hours Min Pennsylvania 73 Yrs. 7/5/25 202-14-9537 Usual Residence of Decedent 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Ves 2 No Maryland Prince Georges Suitland 10a. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 4114 Skyline Drive 20746 United States 14. Race - American Indien, Black, White, etc. 11. Maritel Status 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Yes 2 No If Yes, Give Yeer or Detes: 1 Never Married 2 Married 1□ Yes 2 No Specify: Specify: White 3 Widowed 4 □ Divorced 16e. Decedent's Usuel Occupetion
(Give kind of work done during most of working
life. DO NOT use retired)

May a c 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Telephone Solicitar Manager Sales Elementery/Secondary (0-12) College (1-4or 5+) 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Fether's Neme (First, Middle, Last) Chichillo John Babiak 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) (Son) 4114 Skyline Drive. Suiltand. Md. 20756 John W. Ihrig 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place)
Cremation Center 20c. Location - City or Town, Stete 1 ☐ Burial 21 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) 2/21/99 Chantilly, Virginia M. Signature of Funefat 9 22. Name end Address of Fecility Murphy Funeral Home CF 4510 Wilson Blud., Arlington, Va. 22203 23a. Part1. Enter the disease, or compelication shock, or heart failure. List only one cau cations that caused the seath. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximete Intervel Between Onset end Death Immediate Ceuse (Finel disease or condition resulting in deeth) to pranucleon 1 years Due to (or es e consequence of): Due to (or es e consequence of) Due to (or es e consequence of): Pert II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings evallable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 1 Yes ZNo 2 No

Physician /Medical Examiner

physician end is the buriel-trans

esn

signed by ti

pege 2 s hes

director,

funeral

filled in by

Hospital or Attending Physician:
 24 hours effer death.
 Funeral Director: After this certifica

To the Vithin 2

Division of Vital Records, P.O. Box 68760,

**Physician** 

/Medical

**Examiner** 

Director

Funeral

þ

Completed

Be

2

Examiner

Physician/Medical

P

Completed

Be

To

Certification:

Medical

**Funeral** 

Director

the Marylend

permit. Peges 1 and 2 should be filed within 72 hours effer death with the Marylan Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examines must be notified as

Baltimore, Maryland 21215-0020

Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Diseese or injury that Initiated events resulting in deeth) Lest

25. Wes cese referred to medical exeminer?

1 Yes 25 No

27. Menner of Deeth

1 Naturel

2 Accident

3 ☐ Sulcide

29e. Certifier

4 Homicide

26. Place of De	eth (C	heck only one)	
r: Nursing I	Home	5 X Residence	e 6 Other (Speci

Other: 1 Inpatient 2 ER/Outpatient 3 DOA 28e. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 ☐ Yes 2 ☐ No

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end plece, end due to the ceuse(s) end menner as steted.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner steted. 29b. Signeture end fitte of certifier

FEB 2 2 1999

5 Pending investigation

6 Could not be

29c. License number D37272

Ellenory

29d. Date signed (Month, Day, Year)

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

Stephen G. Reich, M.D.,601 N. Caroline St., S-5070, Baltimore, MD 21287-0875 31. Date filed (Month, Day, Yeer)

State Registrar 32. Registrer's Signeture

318 5 3 83

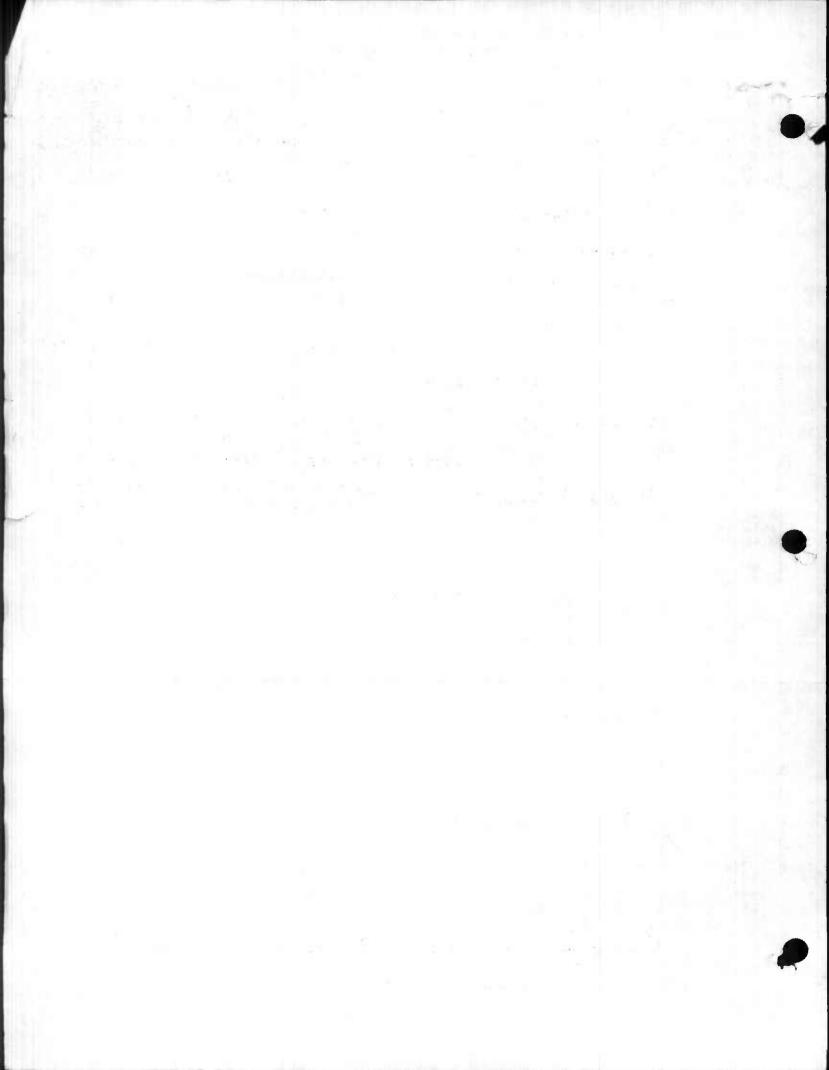
The state of the s

State of Maryland / Department of Health and Mental Hygiene 99

Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Deeth **Physician** DORA WONGUS JONES 0629 FEB 22 1999 /Medical 4c. County of Deeth 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth Examiner 5449 Sharptown Road Dorchester Rhodesdale 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) Funeral Birthplece (Stete or Foreign Country) 1 ☐ M 2 🗓 F Months Deys Hours 72 Yrs. 213-22-8512 Director 01/17/27 Maryland Usual Residence of Decedent permit. Peges 1 end 2 should be filed within 72 hours after death with the Manyland Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, it is Medical Examinal must be notified at 10e. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits Rhodes dale MD Dorchester Director 1 ☐ Yes 2ENO 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 5449 Sharptown Road 21659 United States Funerai 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 11. Maritel Stetus 14. Race - American Indian. Bleck, White, etc. 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 Tes 2√No Specify: Black. Completed by 3 Dividowed 4 □ Divorced Yeer or Detes: 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Plastics Production Machine Operator 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Willie Wongus Isabella Bowens 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 4810 Homer Ave., Baltimore, MD 21215 Joyce Bonds/Daughter 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete Muriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 2/27 Rhodesdale, MD Chester Cemetery 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility Framptom-Hawkins-Eskow Funeral Home, PA 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. MD 21632 Approximete Interval Between Onset and Deeth **Physician** /Medical Immediete Ceuse (Finel diseese or condition resulting in death) Examiner Due to (or es e consequence of): Examiner sicien and burial-transit Pie - 17 or Attending Physician: The lew requires that the death certificate be axecuted Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Lest Due to (or es e consequence of): physicien s the buria P.O. Box 68760 Physician/Medicai Due to (or es e consequence of) as usa Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? ata has been signed by page 2 should be datac 2 No 3 Probably 4 Unknown 1 Yes Records, þ Completed 24b. Were eutopsy tindings eveileble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital funeral director. 25. Wes case referred to medical exeminer? ( Be 26. Piece of Deeth (Check only one) exeminer ( Hospital: 2 ER/Outpetient 3□ DOA Other: 4 Nursing Home 5 Residenca 8 Other (Specify) Certification: To 1 Inpatient this 27. Manner of Death 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred After 5 Pending investigation Neturel 2 Accident 24 hours after death.

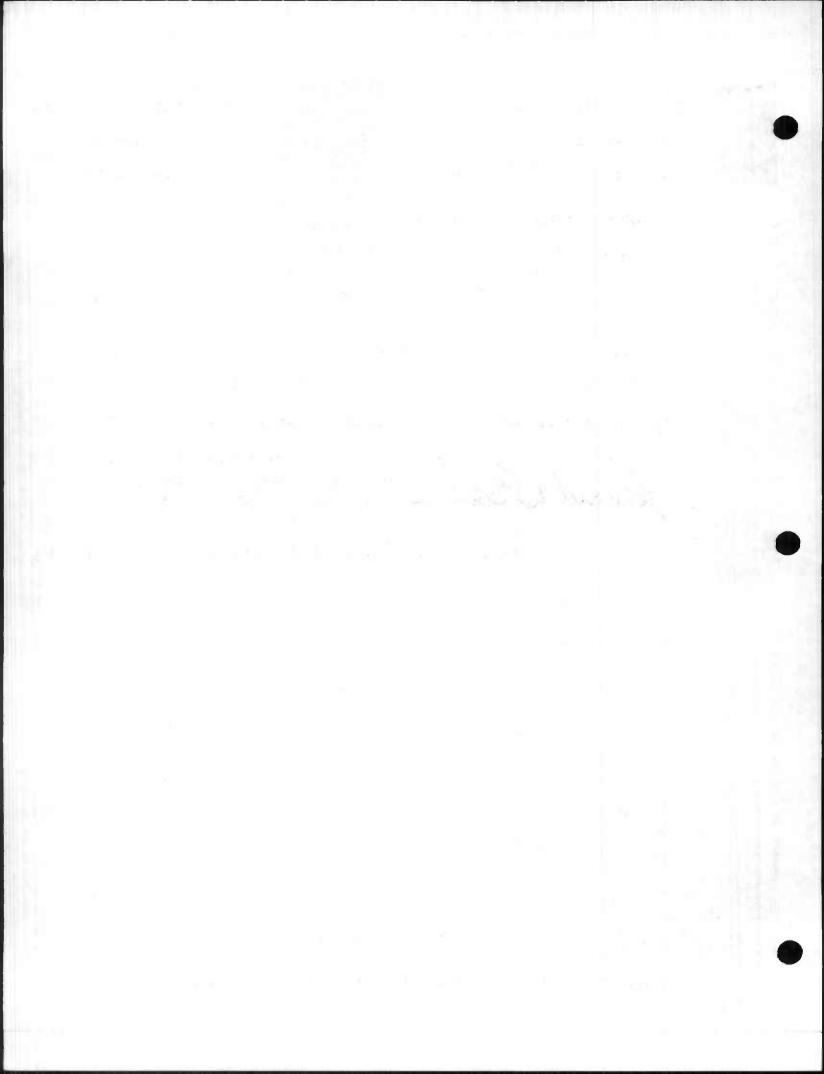
Funeral Director: A 1 Yes 2 No 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stefe) 28e. Pleca of Injury - At home, farm, street, factory, offica building, etc. (Specify) filled in by 4 Homicide Hospital 1 Certifying Phyeician: To the best of my knowledge, death occurred et the time, date end piece, end due to the ceuse(s) end menner as steted.

2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end piece, end due to the ceuse(s) end manner stated. Medical 29a, Certifier within 24 hor To the Fune complataly fi (Check only one) ş 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Yeer) 0 w. D.O. 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) Salu 31. Dete filed (Month, Day, Yeer) 32. Registrer's Signature State Registrar 1999



after death with the Maryland Exami Exami Exami Enneral Director  or Rema 23e or 28e-f ahow minner must be notified at	cal	1. Decedent's Name ELIZABETH	(First, Middle	e, Last)									
/Medi Exami Funeral Director	cal	ELIZADEIN	A BERTA	TOHANNO	ENT					2. Dete of De Month	Dev	Year	3. Time of Death
Funeral Director	ner	4e. Fecility Neme (If							4b. City, Town, or	FEBRUA			3:32AM
Director					J Hulliber)					LOCATION OF DOGE			7.0
Director		5174 WES		6. Sex	7. An	e (In yrs. lest	hirthday)	If Under 1 Year	HURLOCK  If Under 24 Hrs.	8. Dete of Bir		HESTI	
the Maryland 28a-f show notified at		214-36-58 Usual Residence of D	56	1□ M 20X		84		Months Deys		NOV . 29	y, Year) 1914	MAR	elece (State or Foreign etry) LAND
the Mary 28a-f sh			10b. County			10c. City, To	own or Locat	tion				1	0d. Inside City Limits
2 % % %	ō	MARYLAND	DORCHE	ESTER		HURLO	CK						1 X Yes 2 □ No
F 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Director	10e. Street end Numl	ber					10f. Zip Code			10g. Citizen of	Whet Cour	itry?
2 m 2 m	ai D	115 DOGWO	OD DRI	VE				21643	3		USA		
5-0020 7 72 hours after dost natural; or litera 3 fical Examinar mu	by Funeral	11. Maritel Stetus 1 ☐ Never Married 3 🖔 Widowed 4	_	led 1 7	Decedent I d Forces? es 2 2 1 , Give or Dates:	Ever in U,S.		s Decedent of les, specify Cub	Hispanic Origin? (S ean, Mexican, Puert Specify:	pecify Yes or No o Rican, etc.)		e - Americ ck, White,	etc.
72 hours "natural", dical Ex	ted	(Cnocife	15. Deceden	t's Education	lo ell	16	6e. Deceden	t's Usuel Occu	petion	data -	16b. Kind of B	usiness/Inc	dustry
within and the Mes	Completed	Elementery/Second		st grade complete	ge (1-4or 5	+)			petion during most of wor ed)	xing			
tilled within Hygiene. Hhyer than '	S	11				F	HOMEMA	KER				HOME	
T T T T T T T T T T T T T T T T T T T	8	17. Fether's Neme (F		Last)					18. Mother's Ner			10)	
2 should be and Mental is marked o	၉	AMIEL O.							LYDIA .	L. GADOV	V		
A Sand		19a. Informent's Nen					_		t end Number or Ru				Code)
es 1 and 2 of Health a of Health a fleen 27 is r other tra		LOUISE J.		RTSTON/D	AUGH'			EAUMON: on (Neme of	r ROAD, W				
E STEE		1 Donetion 5	Cremetion		om Stete	came	etery, cremet	ory or other ple	CEMETERY	2/26/99	EAST NE		
permit. Departm Importa any inju		21. Signature of Fund	erai Servica I	Light	50	1000			NERAL HOM STREET, E				21631
	1	23a. Bart1. Inter the	e diseese, or	complications th	at glused	the deeth. D							Approximete Interval Between
Physician	4		Tollare. List									i	Onset and Deeth
/Medicai		Immediate Ceuse (Fi	inal	. D	wrk	y dif	Feren	nhate	d lymi	phoma			months
Examiner		resulting in deeth)		0.		Due to (or as	e conseque	nce of):	.4///	1000			10111111
D #	lue			<b>a</b> b									
icata be axecuted physician and s tha bunal-transit	Examiner	Sequentially list cond	ditions,			Due to (or es	e conseque	nce of):					
ficata be ay physician is the burial	E III	Sequentielly list conditions, ieeding to immoduse. Enter Underly Ceuse (Disease or in	ying njury	c									
Phys tha	edical	thet initieted events resulting in deeth) Le	est		(	Due to (or es	e consequer	nca of):					
aath certifi attending I for usa as			(	d									
daath certif a attending ed for usa a	Physician/M												
es that tha da igned by tha a be datached to	hys	Pert II. Other significa	ant conditio	ns contributing to	o death bu	it not resulting	in the unde	riying cause gi	ven in Pert I.				the cause of death?
that ned b	by P									10	Yes 2□ No	3 Prot	bably 40 Unknown
Tha law requires that tha ta has bean signed by the page 2 should be datache	8									24a. Wes	en eutopsy		ere autopsy findings
w requ	olet									perto	omed?	COI	eilable prior to mpletion of cause death?
Tha law ata has page 2	Completed									10	Yes 2 No		Yes 2□ No
	60	25. Wes case referred	d to medical						26. Place of Dee		/ -		J 162 2 140
ysician: s cartific director,	To B	examiner? 1 ☐ Yes 2 ☑ N		Hospitel:	☐inpetie	nt 2∏ER#	Outpetient	3□ DOA Oti	her: 4 Nursing H	1		er (Specify	d
Attending Physician: Ir death. ector: Aftar this cartific by the funeral director,	n: T	27. Manper of Deet		28e. De	ete of Injur	y 28b	. Time of	28c. Inju Wo			how injury occur		//
nding F th. : Aftar e funer	atio	1 Neturel 2 Accident	5 Pending investig	9	Aonth, Dey	Year)	Injury		rk? ]Yes 2□No				
or Attending after death.  Director: After In by the fune	HC	3 Suicide	6 ☐ Could n	ned 286. Pl	ece of Inju	ry - Al home,	farm, street,	, factory, offica			Street end Numb	er or Rura	l Route Number,
d in die	Certification:	4 Homicide		bu	uilding, etc	. (Specify)		•		City or To	wn, Stete)		
To the Hospital or Attend within 24 hours after death To the Funeral Director. To completely filled in by the 1	edical (	29a. Certifier 1 (Check only one)	CertifyIng Medical E	Examiner: On the	the best of e basis of nenner star	examinetion e	ge, deeth oc end/or invest	curred et the ti	me, dete end pleca opinion, death occu	, end due to the rred et the time,	ceuse(s) end me date end placa,	end due to	eted. the ceuse(s)
To the To the Compla	Me	29b. Signeture end tit	tie of certifier		-			29c. Licens	se number		29d. Date signe	d (Month,	Dey, Year)
->-0		M	111	1118	n	20		14-	72//		2/20	1/9	9
		30. Neme and eddres	is of person v	who completed o	ause of de	ath (Item 23e	(Tyne Prin	ot)	111		-10.	T/ /	1
		SUZANNE N							EASTON. M	D 2160	1		
Sta	te	31. Date filed (Month,	Day, Year)	32	2. Registre	r's Signature			LIDION, FI	2 2100			
Registr		FE	B 25	1999	Alne	va	9.	Spark	1				

DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene ()

Certificate of Death 2. Data of Death 3. Time of Death 1 Decedent's Name (First Middle Last) Month **Physician** EBRUAL 17 10 Death Sarah H. Jones 12:30 Am /Medical 4b. City, Town, or Location of Death 4a Facility Name (If not institution, giva streat and number) **Examiner** Washington Adventist Hospital Takoma Park Montgomery | H Under 1 Year | H Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) | Dec. 25, 1 5. Social Security Number 7. Aga (tn yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1□M 2\ F Yrs. 579-20-6957 90 1908 Wash., Director Usual Rasidence of Decedent 10a State 10b. County 10c. City, Town or Location 10d, Inside City Limits ir than "natural", or itema 23a or 28a-f show the Medical Examiner must be notified at with the Meryle 1 □Was 2 □ No Directo District of Columbia Washington 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4025 Meade St., N.E. 20019 United States Funeral death 12. Was Decedent Ever in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, 11. Marital Status permit. Pages 1 and 2 should be filed within 72 hours after compensation of Health and Mentel Hygiene.

Important: If them 27 is merked other than "natural, or then any Injury or other traumatic event, the permits of the page. Black, White, etc. 1 ☐ Yas 2 ☐ No If Yes, Give Year or Dates: 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: Black. g 3 □XWidowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highast grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12th Government House Keeping 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Nama (First, Middle, Last) Samuel W. Hall Mary L. Washington 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Intormant's Nama/Ralationship (Type, Print) Alvin Hall 4025 Meade St., N.E. Wash., D.C. 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Othar (Specify) 2/23/99 Lincoln Memorial Cem. Suitland, MD 22. Name and Address of Facility 21. Signature of Funeral Service Licensee Stewart Funeral Home (levar 4001 Benning Rd., N.E. Wash., D.C. 20019 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart tailure. List only one cause on each line. Approximate interval Between Onsat and Daath **Physician** Immediate ause (Final disease or condition resulting in death) /Medicai Examiner Examiner sician end buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) physician s the buriel P.O. Box 68760, Physician/Medical Due to (or as a consequence ot): 80 950 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown lifease signed t Division of Vital Records, by 24b. Were autopsy tindings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed 2 No certificate 1 ☐ Yes 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Was case reterred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Impatient 1 ☐ Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 2 ER/Outpatient 3 DOA this funeral 28d. Describe how injury occurred 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? Certification: After 5 Pending investigation Natural efter death. Director: Aft 2 Accident 1 Yes 2 No 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, tactory, office building, etc. (Specify) filled in by 4 Homicide 24 hours e Hospital Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

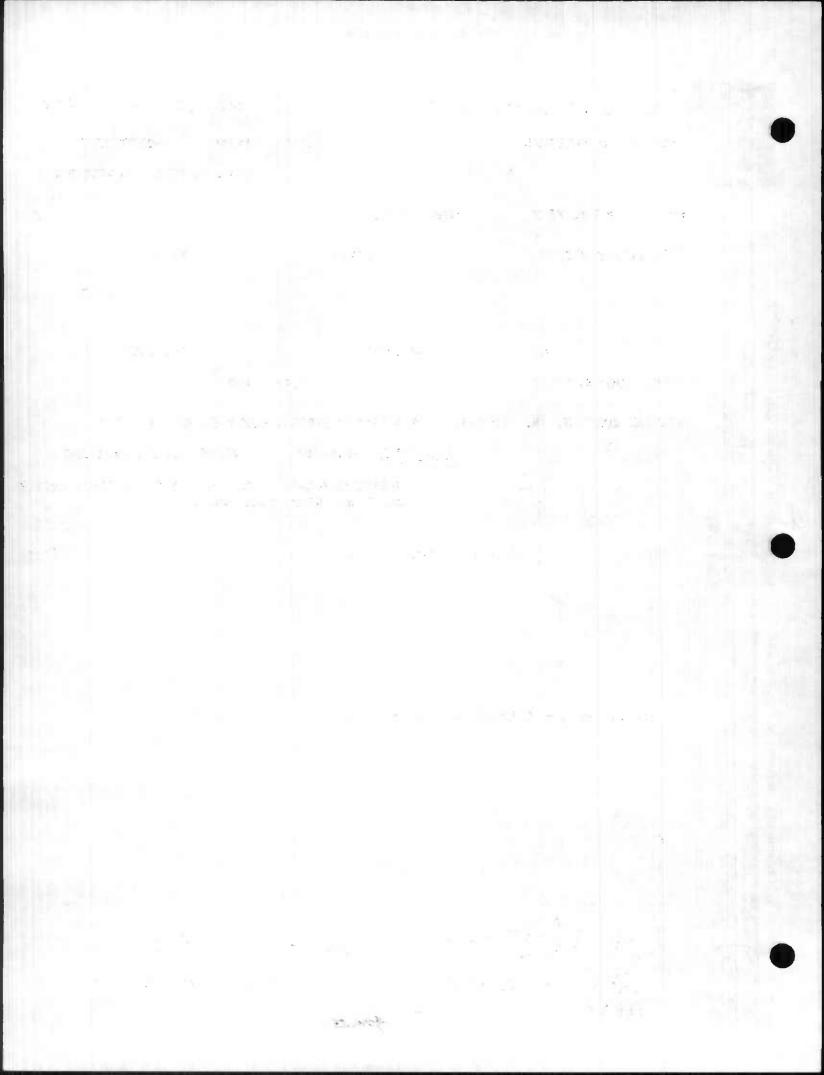
Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) within 2 To the 29d. Date signed (Menth, Day, Year) 29c. License number 29b. Signature and title of certifier 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Landoner Rd Chevarly NURTHY 32 Registrar's Signature Registrar

**DHMH 16 Rev 6/95** 

State of Maryland / Department of Health and Mental Hygiene \( \)

hysician	1. Decedent 3	Name (First, Mi	liddle, Last,			-11-						2. Date of De Month	eth Day		Yeer	3. Time of D	
/Medical	MAG	LATE	TU			Styte	ON .			th Ch. Ta	um anta	PEB	23	199		1:07	
xaminer	4e Fecility Nan	ROSS HO			m <i>ber)</i>							cation of Deat		County			
nevel	5. Social Secur		6. Se		7. Age (Ir	n yrs. last b		If Under		if Under	24 Hrs.	8. Dete of Bi		MONT	GOME 9. Birthpl	RY ace (State or I ry)	
neral ector	212-68- Usual Residence			3M 2 <b>∑</b> F	73		Yrs.	Months	Days	Hours	Min.	AUG. 7	192.	5	PENN:	SYLVAN]	
or zaeri snow	10a. State MD	MONT(	inty GOMER	Y		CHEVY									10	d. Inside City	
rai Direc	10e. Street and 3514 LE		ייזיאי					10f. Zip				10g. Citizen of V			/het Country?		
Funel	11. Marital Stat  1 Never I		Married	12. Was Dec Armed Fo 1 Tes If Yes, Gi Year or D	2 XNo	r in U,S.			ent of H	ispanic Or an, Mexica Specify:		ecify Yes or No Rican, etc.)		14. Race	a - America k, Whita, e	tc.	
nt, the Medical Exe Completed by	(5	Specify only hig		e completed)		16	a. Deceder (Give kir life. DC	nt's Usua ind of wor O NOT us	k done	during mos	st of work	ing	16b. Ki	Ind of Bu	siness/Ind	/Industry	
W O	Elamantary/S	Secondary (0-1	2) 4	+ Collaga (	1-4or 5+)	H	OMEMA	KER					OWN	HOM	Œ		
atic event, To Be C	17. Father's Name (First, Middle, Last)  18. Mother's Name (First, Middle, Last)  NARY HODGE								е)								
m 27 is my	19e. Informant's Name/Reletionship (Type, Print)  19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Sta									Stata, Zip	Code)						
	WILLIAM		ON, J	R. HU	SBANI					FREET	, CH	EVY CHA					
iry or oth		Disposition 2 Cremation 5 Other		Removal from	Stata	BALTI CREMA	MORE /	WASE	ther place	TON	2	Dete /24/99			MARY		
any in	21. Signature	of Fugeral Serv	vice Licens				Jos	EPH	GAW		SON	S, INC. 20016		0 WI	SCON	SIN AV	
	23a Part1 En shock of	heart failure.	e, or compl List only or	ications that one cause on a	caused the	e death. Do	not enter	the mode	e of dylr	g, such es	cardiac	or respiratory a	arrest,			Approximate Intarval Batwe	
ian cal																	
ner				· Letter -	A) .											Onset end De	
101	Immediate Cause (Final disease or condition rasulting in death)  a. ESOPARO BROWN CAMPULATIONS									omo						141	
e E	disease or con rasulting in date	dition		Es		66% e to (or as			اسرر	gno				H	1	140	
-	disease or con rasulting in date	adition ath)	•	. Es	Due		a consaque	anca of):	اسر	sm8						140	
-	disease or con rasulting in date	adition ath)	5	a. Es	Due	e to (or as	a consaque	anca of):	اسر	s						142	
ē I	disease or con rasulting in date	dition ath) st conditions, to immediate Indarlying e or Injury vents	{	a. Es	Due	e to (or as	a consaque	anca of): enca of):	اسل	D~\S						140	
Medical Examiner	disease or con rasulting in date Sequentially lit if any, leading causa. Entar t Cause (Diseas that Initiated ev resulting in dea	dition ath) st conditions, to immediate Indarlying e or Injury vents	{	a. Es	Due	e to (or as a	a consaque	anca of): enca of):	اسرا	8~~s						140	
Medicai Examiner	disease or con rasulting in date Sequentially lit if any, leading causa. Entar t Cause (Diseas that Initiated ev resulting in dea	dition ath) st conditions, to immediate Judarfying se or Injury vents ath) Last		5	Due Due	e to (or as a	a consaque	anca of): enca of): ence of):			1.	23b. Did	lobacco	use cor	ntribute to	the cause of	
Medical Examiner	disease or con rasulting in dai Sequentially lis if any, leading causa. Entar t Cause (Diseas that Initiated ev resulting in dea	dition ath) st conditions, to immediate Judarfying se or Injury vents ath) Last		5	Due Due	e to (or as of e to (or es e to (or es e to or es e to	a conseque	anca of): enca of): ence of):			I.	1		use cor	ntribute to	the cause of	
by Physician/Medical Examiner	Sequentially list if any, leading causa. Entar to Cause (Disass that Initiated ex resulting in dea	dition ath) st conditions, to immediate Judarfying se or Injury vents ath) Last		5	Due Due	e to (or as a	a conseque	anca of): enca of): ence of):			I.	15	<b>Y</b> 2	!□ No	3 Prob	the cause of sebly 4 U	
by Physician/Medical Examiner	Sequentially list if any, leading causa. Entar to Cause (Disass that Initiated ex resulting in dea	dition ath) st conditions, to immediate Judarfying se or Injury vents ath) Last		5	Due Due	e to (or as of e to (or es e to (or es e to or es e to	a conseque	anca of): enca of): ence of):			I.	1 D		!□ No	3 ☐ Prob	the cause of leably 4 U	
by Physician/Medicai Examiner	Sequentially list if any, leading causa. Entar to Cause (Disass that Initiated ex resulting in dea	dition ath) st conditions, to immediate Judarfying se or Injury vents ath) Last		5	Due Due	e to (or as of e to (or es e to (or es e to or es e to	a conseque	anca of): enca of): ence of):			I.	24a. Was	s an autopormed?	P No Psy	3 Prob	the cause of leably 4 Urre autopsy fin illable prior to appletion of carleath?	
Completed by Physician/Medical Examiner	Sequentially list if any, leading causa. Entar to Cause (Disass that Initiated ex resulting in dea	dition atth) st conditions, to immediate Judarlying so or Injury yents atth) Last	ditions cor	5	Due Due	e to (or as of e to (or es e to (or es e to or es e to	a conseque	anca of): enca of): ence of):		ren in Part		24a. Waa peri	s an autor ormed?	!□ No	3 Prob	the cause of leably 4 U	
pleted by Physician/Medical Examiner	Sequentially list from the sequential sequen	dition atth) st conditions, to immediate Indarlying e or Injury yents atth) Last	ditions cor	d.  BYEA	Due Due	e to (or as a e to (or as a e to (or as a e to (or es	a conseque	anca of): enca of): ence of):	ause giv	ren in Part	e of Deat	24a. Was	yes 2 s an autorormed? Yes 2	Psy	24b. We ava	the cause of leably 4 Urre autopsy fin illable prior to no calleath?	
pleted by Physician/Medical Examiner	Sequentially list any, leading causa. Entar Cause (Diseas that Initiated exresulting in decrease).  Part It. Other signs and the cause of the cause	st conditions, to immediate Judarlying e or Injury rents with Last	OF	d	Due Due  Due  Mhpatient	e to (or as a e to (or es e e to (or es e e e to (or es e e e e e e e e e e e e e e e e e e	a conseque e conseque e conseque	anca of): enca of): ence of): derlying ca	ause giv	zen in Part 26. Plac aer: 4 □ N	e of Deat	24a. Wa. peri	s an autorormed?  Yes 2 one)	Psy No Othor	3 Prob	the cause of leably 4 Urre autopsy fin illable prior to no calleath?	
pleted by Physician/Medical Examiner	Sequentially like if any, leading causa. Entar to Cause (Disass that Initiated expectations).  Part II. Other signal in the cause of the cause (Disass that Initiated expectations).  25. Was case examinar?  1 Yes  27. Manner of I 1 Natural 2 Accide	st conditions, to immediate Inderlying e or Injury rents ath) Last	ditions cor	d. Antributing to de Broker Antributing to de	Due  Due  Due  Mpatient of Injury Ye	e to (or as a e to (or es e e to (or es e e to (or es e e e e e e e e e e e e e e e e e e	a conseque e conseque lin the und  Dutpatient Time of Injury	anca of): enca of): enca of): ance of): derlying ca	ause giv	zen in Part 26. Plac aer: 4 □ N	e of Deat	24a. Warperl	s an autorormed?  Yes 2  one)  iidence how lnjur	Psy No Other	3 Prob	the cause of leably 4 Urre autopsy finilable prior to appletion of carleath?  Yes 2 N	
pleted by Physician/Medical Examiner	Sequentially list if any, leading causa. Entart Cause (Disas that Initiated exresulting in dec	st conditions, to immediate Judarlying to or Injury yents atth) Last	ditions cor	d. BYEA  Hospital: 1 D  28a. Date (Mon	Due  Due  Due  Mpatient of Injury Ye	e to (or as a e to (or es e e to (or es e e to (or es e e e e e e e e e e e e e e e e e e	a conseque e conseque lin the und  Dutpatient Time of Injury	anca of): enca of): enca of): ance of): derlying ca	ause giv	26. Plac	e of Deat	24a. Wa. peri	s an autorormed?  Yes 2, one) idence how injure	Psy No 6 Other	3 Prob	the cause of leably 4 Urre autopsy finilable prior to appletion of carleath?  Yes 2 N	
pleted by Physician/Medical Examiner	Sequentially list france and a sequential list france and a sequenti	st conditions, to immediate Indarlying e or Injury vents thin) Last Ignificant conditions to immediate Indarlying e or Injury vents (Injury vents Injury vents In	ditions cor	d.  Hospital: 1 D  28a. Date (Mon  28a. Place build	Due  Due  Due  Appatient of Injury th, Day Yea of Injury etc. (S	e to (or as a e to (or es e e to (or es e e to (or es e e e e e e e e e e e e e e e e e e	a conseque e conseque e conseque lin the und Dutpatient Time of Injury farm, stree	anca of): enca of): enca of): derlying ca  derlying ca  M  2: M  pocurrad e	ause given	26. Place there are the second to the second	e of Deat	24a. Wai perf	yes 2 s an autor ormed? Yes 2 one) oidence how injurity. (Street arrawn, State	Psy No 6 Other ry occurrent Number	3 Prob  24b. We ave cor of c  1 C  er (Specify red	the cause of sably 4 U ure autopsy fin illable prior to relating the sable of the s	
Be Completed by Physician/Medical Examiner	Sequentially list any, leading causa. Entart Cause (Disas that Initiated exresulting in decreased and the cause (Disas that Initiated exresulting in decreased and the cause of the cause o	idition atth)  st conditions, to immediate Inderlying e or Injury rents with Last  Ignificant conditions to immediate Inderlying ents or Injury rents e or Injury rents in Injury rents e or Injury rents in Injury rents e or Injur	ditions cor	d.  Hospital: 1 D  28a. Date (Mon  28a. Place build	Due  Due  Due  Due  Appatient  of Injury  th, Day Ye  a of Injury ing, etc. (S	e to (or as a e to (or es e e to (or es e e to (or es e e e e e e e e e e e e e e e e e e	a conseque e conseque e conseque lin the und Dutpatient Time of Injury farm, stree	anca of): enca of): enca of): ance of):  derlying ca  M  2  M  2  cut factory execurrad estigation,	ause given	26. Place there are the second to the second	e of Deathursing Ho	24a. Wa: peri	yes 2 s an autorormed? Yes 2 one) idence how injure (Street arrown, State o cause(s), data and	psy  No  Other ory occurr and Numb  a)  and ma d place, a	3 Prob  24b. We ave cor of c  1 C  er (Specify red	the cause of leably 4 Urre autopsy fin illable prior to npletton of carleath?  Yes 2 N	
pleted by Physician/Medical Examiner	Sequentially list any, leading causa. Entar to Cause (Disas that Initiated expectations).  Part It. Other si  25. Was case examinar?  1 Yes  27. Manner of 1  1 Abatura 2 Accide 3 Suicidi 4 Homic	st conditions, to immediate Inderlying e or Injury rents ath) Last  Ignificant conditions to immediate Inderlying the or Injury rents ath) Last  Ignificant conditions to mediate Inderlying a final Conditions and title of certainty 2 Mediate Index	ditions cor	d. Break Hospital: 1 D 28a. Date (Mon 28a. Place build alclan: To the ner: On tha b	Due  Due  Due  Due  Appatient  of Injury  th, Day Ye  a of Injury ing, etc. (S	e to (or as a e to (or es e e to (or es e e to (or es e e e e e e e e e e e e e e e e e e	a conseque e conseque in the und  Dutpatient . Time of Injury farm, stree	anca of): enca of): enca of): ance of):  derlying ca  M  2  M  2  categories  categories  2  Cuttory  categories  2  Cuttory  2  Cuttory  2  Cuttory  Cuttor	ause given	26. Place ler: 4 No.	e of Deathursing Ho	24a. Wa: peri	yes 2 s an autorormed? Yes 2 one) idence how injure (Street arrown, State o cause(s), data and	psy  No  Other ory occurr and Numb  a)  and ma d place, a	3 Prob  24b. We ave cor of c  1 C  er (Specifyred  er or Rura.	the cause of leably 4 Urre autopsy fin illable prior to npletton of carleath?  Yes 2 N	
I director, page 2 should be detached for usa as the burial-trensit.  To Be Completed by Physician/Medical Examiner	disease or con rasulting in dark sequentially like if any, leading causa. Entart Cause (Diseas that Initiated ever sutting in decreasing in de	referred to medida and title of certific addrass of personal addra	ditions cor	d.  Hospital: 10  28a. Date (Mon  28a. Place build  Biclan: To the ner: On tha b and man  Dimplated cause.	Due  Due  Due  Due  Appatient  of Injury  th, Day Ye  a of Injury ing, etc. (S	e to (or as a e to (or es e e to (or es e e e e e e e e e e e e e e e e e e	a conseque e conseque in the und  Dutpatient Time of Injury farm, stree	anca of): enca of): enca of): ance of):  derlying ca  M  2  M  2  categories  categories  2  Cuttory  categories  2  Cuttory  2  Cuttory  2  Cuttory  Cuttor	ause given	26. Place ler: 4 No.	e of Deathursing Ho	24a. Wa: peri	yes 2 s an autorormed? Yes 2 one) idence how injure (Street arrown, State o cause(s), data and	psy  No  Other ory occurr and Numb  a)  and ma d place, a	3 Prob  24b. We ave cor of c  1 C  er (Specifyred  er or Rura.	the cause of leably 4 Urre autopsy fin illable prior to npletton of carleath?  Yes 2 N	

DHMH 16 Rev 6/95



State of	Maryland / Department of Health and Men	ital Hygiene	0	and have &	^
	Certificate of Death	Reg. No.	U	754!	9
1. Decedent's Name (First, Middle, Last)	2.1	Dete of Death		3. Time of E	Deeth

**Physician** /Medical Examiner

Director

Be

**Funeral** Director

28a-fahow 94 6 Herna 23a 72 hours after 8 "netural". i filed within 7 Hygiena.

21215-0020

. Pages 1 and 2 ahould be filed wi ment of Health and Mental Hyglen lant; if Itam 27 is marked other th jury or other traumatic avent, me Baitimore, Maryland permit. Page Department of Important: If any injury or once.

**Physician** /Medical Examiner

Box 68760.

P.O.

Records.

Division of Vital

Examiner physician and s the burial-transit Physician/Medical 980 þ 8 Certification: To this To the Hospital or Attending PI within 24 hours after death.
To the Funeral Director: After the completely filled in by the funeral edicai

Dey Month Mary I. Jackson February 20,1999 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Southern Maryland Hospital Clinton Prince George's If Under 1 Year | If Under 24 Hrs Birthplace (State or Foreign Country) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Deys Months Hours 1 M 2 DE 86 577-14-7897 5/30/12 Wash., D.C. Usual Residence of Decedent 10b. County 10a. Stete 10c. City, Town or Location 10d. Inside City Limits P.G. Md. Seat Pleasant 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1105 Glen Willow Drive # 5 20743 U.S.A. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-II Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? 14. Race - American Indian. Bleck, White, etc. 1 Yes 2 XNo 1 Never Merried 2 Merried 1 ☐ Yes 2 IX No Specify: Specify: Black by 3 ☑ Widowed 4 ☐ Divorced Year or Dates: Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12th Cardpunch Operator U.S. Government 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Unknown Mary Gordon 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Joseph C. Robertson/Cousin 5500 Walker Mill Rd., Cap. Hgts., Md. 20b. Place of Disposition (Name of cemetery, crematory or other place)
Mt. Olivet Cem. 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Buriai 2 ☐ Cremetion 3 ☐ Removel from State 3/1/99 Washington, D.C. 4 □ Donation 5 □ Other (Specify) 21. Signature of Funerel Service Licensee 22. Name and Address of Facility
H.S. Washington & Sons Co., Inc. W. Cray 4925 Burroughs Ave., N.E., Wash., D.C. 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Intervat Between Onset and Deeth Immediate Cause (Finel PRIEMONIA disease or condition resulting in deeth) Due to (or es a consequence of): respirator-Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Septicemia Due to (or es a consequence of): contracture generalized ement with Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? toley catheter related MRSACE 1 Yes 2 No 3 Probably 4 Unknown UROSEPSIS stage I decubitus ulcers 24b. Were autopsy lindings aveileble prior to completion of cause of death? 24a. Wes an autopsy performed? Arteriosclevotic heart disease i 2 0 No 1 Yes 25. Was case referred to medical examiner?

1 Yes 2 No 26. Place of Deeth (Check only one)

1 ☐ Yes 2 ☐ No Hospital: 1 Sunpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 27. Menner of Death 28d. Describe how injury occurred 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 1 Netural 2 Accident 5 Pending investigetion 1 Yes 2 No 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, lectory, office building, etc. (Specify) 4 ☐ Homicide

(Check only one)

Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signeture end title of certifier Hein 6.

Cleanpale my

29c. License number D42049 29d. Date signed (Month, Dey, Year) 2-22-1999

10:10 A.M

1 XYes 2 No

weeke

week

week

YECK

30. Neme and address of person who completed cause of death (Item 23a) (Type, Print)
Alain G - CHAMPALOUX W MD.

Mars (bors. MD. 20772 Upper

State Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible, State of Maryland / Department of Health and Mental Hygiene 3

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month February Dey 23 **Physician** Beverley C. Leache 1999 1:20am /Medical 4a Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner St. Agnes Hospital Baltimore None 8. Data of Birth (Month, Day, Year) June 12,1916 If Under 1 Yeer | If Under 24 Hrs. 5. Social Security Number 7. Age (In vrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 10M 29F Months Days Hours 449-24-7978 82 Texas Director Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yas 2 No Maryland Baltimore Catonsville 288-1 Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? "natural", or flams 23s or Charlestown Maiden Choice Lane 21228 United States Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 14. Raca - American Indien, Was Decedent of Hispanic Origin? (Specify Yes or No-It Yas, specify Cuban, Mexican, Puerto Rican, atc.) Black, White, etc. 72 hours after 1 ☐ Yes 2 ☐ No
If Yes, Give
Year or Dates; Never Married 2 Merried altimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify ğ 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. College (1-4or 5+) Elementary/Secondary (0-12) permit. Pages 1 and 2 should be flied with Department of Health and Merial Hygien, importants if fleen 27 is marked other the any floury or other traumetic event, the 2008. Homemaker Own Home 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Eugene Hunton Leache Maria Carter Bowyer 19a. Informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Virginia Leache/Sister 10114 Green Clover Drive Ellicott City, MD 21042 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☐ Burial 2 DCremetion 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory 2-23-99 Catonsville, MD 21. Signature of Funeral Service Licenser 22 Nama and Address of Facility Harry H. Witzke's Family Funeral Home, Inc. a 4112 Old Columbia Pike Ellicott City, MD 21043 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory arrest shock, or heart feiture. List only one cause on each line? Approximete Intervel Between Onset end Death **Physician** Immediate Cause (Finat disease or condition resulting in death) /Medical rulmonary 5 days Examine Due to (or es a conseguinte of): Examiner physician and a the burlei-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) edical Due to (or as e consequence of) Physician/M 890 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 No 3 | Probably 4 | Unknown signed b by 24b. Were eutopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? page 2 1 Yes 2 No NAME BEVERLEY 25. Was case referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1⊠Inpatient 2□ER/Outpatient 3□ DOA thia 27. Manner of Death 28b. Time of Injury 28a. Date of tnjury (Month, Day Year) 28d. Describe how injury occurred Medical Certification: 28c. Injury et Work? 5 Pending investigation Attending 1 Matural death. 1 Yes 2 No Director: / 2 Accident To the Hospital or Atterwithin 24 hours after dea To the Funeral Director completely filled in by the 3 Suicide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of tnjury - At home, term, street, fectory, office building, etc. (Specify) 4 ☐ Homicide 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and menner as stated. 2 Medical Examiner: On the basts of examinetion and/or investigetion, in my opinion, deeth occurred et the time, date end pleca, and due to tha cause(s) end menner steted. 29b. Signature and title of portific 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) ST. AGNES HUSPITAL 900 CATON AVE. BALTIMORE, MD2 1229 CHANTORNSAENG, M.D.

State Registrar

FEB 2 6 1999 **DHMH 16 Rev 6/95** 

31. Date filed (Month, Day, Year)

•

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIFI	TMENT OF H	EALTH A	ND MEN	ITAL HYGIEN	E		
-	1. DECEDENT'S NAME (First, Middle, Lest)					2.1	DATE OF DEATH	W .	YEAR	3. TIME OF DEATH
	Mary V  4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 F		ebruary	24,		6:40 P M
	218-10-7932	1 🗆 M 2 🚉 🖟	84 YRS.	MONTHS DAYS	HOURS M	Au	Month, Day, Year)  gust 29, 1	914	Country	PLACE (State or Foreign
œ	9a. FACILITY NAME (If not institution, give :			96. CITY, TOWN C		OF DEATH			NTY OF DE	EATH
DIRECTOR	8451 Gannon Cir	cle		East	on			Ta:	lbot	
E	10e. STATE 10b. COUNT	Υ	10c. CITY	TOWN OR LOCAT	ION					10d. INSIDE CITY LIMITS?
IC DI	Maryland Caro	line	Ι	enton	ZIP CODE			40 - 0171		1 YES 2 NO
ERA	7390 Statum Road			101	21629	1				States
S	11. MARITAL STATUS	12. WAS DECEDENT EVER	R IN U.S. ARMED	13. WAS DEC	ENDENT OF H	ISPANIC OI	RIGIN? (Specify Yes			70000
BY FUNERAL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YE		If yes, spi	ecify Cuban, M 2 20 NO S	lexican, Pu	erto Rican, etc.)		Specify	- American Indian, White, atc. y: Casian
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e. DECEDENT'S	JSUAL OCCUPATIO	N et of working		16b. KIND OF BUS	INESS/IND		2002
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	Element	ary Sch	001					
MP	11 HS Grad.	4	Teacher	/Homema	ker		Educa		/Home	5
		D					irst, Middle, Melden			
BE	Josiah  19a. INFORMANT'S NAME (Type/Print)	Brumbaugh	10h MAILINO	ADDRESS (Complete			yrtle Sa Number, City or Town	_		
2	Carroll E. Laram	ore Husba					ryland 2		Code)	
1	20a, METHOD OF DISPOSITION	21	Ob. PLACE AND DATE O	F DISPOSITION /No.				CATION -	City or Tow	vn. Stata
	1 X Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	emetery, cremetory or off Concord Ce	emetery		3			1	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AN	D ADDRESS C					
	• 6 harles	V. Yho	de		n, Mar					
	23. PART I. Enter the disesses, or shock, or heart failure.	compilestions that caus List only one ceuse on	ed the deeth. Do no	ot enter the mo-	de of dying,	such ss	cerdisc or respi	ratory srn	est,	Approximats Interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Metask	he mela		0 0 G	rebra	Cortex			Onset and Death
CERTIFICATION	Sequentially list conditions, if any, iseding to immediate	b. DUE TO (OR AS	A CONSEQUENCE OF	ĸ						
N N	CAUSE (Disease or Injury	C. DUE TO (OR AS	A CONSEQUENCE OF							
H	that initiated events resulting in death) LAST	d	A GONGEOGENEE OF							
	PART II. Other significant condition	s contributing to death	but not resulting in	the underlying	Cause alm	n In Part	i. 24a. WAS AN	ALITODAY	Lan	
PHYSICIAN: MEDICAL				- The discontinuing	, coose give		PERFORI	MED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
2										1 YES 2 NO
Š.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH	f (Check on	ly one)	_		
YSIC	1 UYES 2 HO	HOSPITAL: 1 Inpetient 2 ER/Ou		OTHER: 4 \( \text{Nursing Home} \)	5 Reside	nce 8 🗆	Other (Specify)			
ВУ РН	27. MANNED OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	JRY AT RK? ES 2 NO		DESCRIBE HOW IN	JURY OCC	URED	
- 10	3 Suicide 6 Could not be determined	28s. PLACE OF INJUR building, atc. (Sp	RY — Al home, farm, st secify)	reet, factory, office		201.	LOCATION (Street a: City or Town, State)	nd Number	or Rural Ro	oute Number,
COMPLETED		CIAN: To the best of my kno								and menner se stated.
B	296. SIGNATURE AND TITLE OF CERTIFIER	od ? 1	11)		29c. LICENSE	NUMBER	15	29d. DATE	SIGNED (	Month, Day, Year)
일	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type, I	Print)	.0				1-6	
	William J. Wood,	Jr. M.D.,	506 Idlewi	ld Aven	ue, Ea	ston	, Maryla	nd 2	1601	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE					-		
	MAR 0 1 1999	Beneva	D. 1	sala)						

eres de la Se

State of Maryland / Department of Health and Mental Hygien® O Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Date of Death 3. Tima of Death Month **Physician** 6:40pm 6. tauline 2 20 /Medical 4e Facility Name (If not Institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Fort Washington Hospital Fort Washington
| Wonder 24 Hrs. | 8. Date of Bird Prince George's If Under 1 Year 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 1□M 2⊠F Months Days Hours Yrs. 071-14-7355 78 Director 5-28-20 Pennsylvania Usuel Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or hams 23s or 28s-f show other traumatic avent, the Medical Examinar must be notified at 1 Yes 2 No Director Maryland Prince George's Fort Washington 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 12801 Lampton Lane 20744 U.S.A. Funeral 12. Wes Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yaer or Detes: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 11. Meritel Stetus permit. Pages 1 end 2 should be filed within 72 hours after Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or her any injury or other traumetic avent, the Medical Examinat 1 Nevar Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2XXNo Specify: White à 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Federal Government 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) George Stephen Gardner Alice Bolt 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) James Curtis Ledford, Sr./Husband 12801 Lampton La. Ft. Washington, MD 20744 Date 20c. Cocation - City or Town, State 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition 1 ABuriel 2 Cremetion 3 Removel from State Fort Lincoln Cemetery 2/24/99 4 ☐ Donetion 5 ☐ Other (Specify) Brentwood, Maryland 21. Signature of Funerel Sarvice Licens 22 Nama and Address of Facility
George P. Kalas Funeral Home, P.A. 6160 Oxon Hill Rd. Oxon Hill, MD 20745 Lea 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart tailora. List only one cause on each line. Approximata Interval Between Onset and Death **Physician** Immediata Cause (Final disease or condition resulting in deeth) /Medical Examiner Due to (or as a consequence of) Physician/Medical Examiner the attending physician end hed for usa as tha burial-transit The law requires that the death certificate be asscuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Box 68760. Due to (or es e consequence of) P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 22 No 3 Probably 4 Unknown Records, by 24b. Wara eutopsy tindings available prior to completion of cause of deeth? Completed 24a. Wes an eutopsy performed? has 1 Yas ZENo 1 Yas 2 No After this certificate of Vital Be 25. Was case reterred to medical 26. Place of Death (Check only one) Hospitel: 1 Phopatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 | Yes 2 | 1 | Yes 2 ER/Outpatient 3 DOA Certification: To 27. Menner of Death 28a. Dete of Injury (Month, Day Year) 28c. Injury at Work? To the Hospital or Attending I within 24 hours after death.
To the Funeral Director: After Division 5 Pending investigation 1 Yes 2 No Director: / 2 Accident 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) n 24 hours after des ne Funeral Directo pletely filled in by the 3 Suicide 28e. Plece of Injury - At home, term, street, tectory, office building, etc. (Specify) 4 Homicide 1 DCcertifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner es stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete and place, end due to the cause(s) end manner stated. edicai completely (Check only one) 29b. Signeture and lime of certifier 29c. Ideagse number 29d. Deta signed (Month, Dey, Year) 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) 21 Guyson 31. Dete filed (Month, Day, Year) FEB 2 2 1999

**DHMH 16 Rev 6/95** 

State Registrar 2. Registrer's Signeture

y 2834

and the said

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month CWERY **Physician** MOULTRIE 3:15 PM /Medical 4b. City, Town, or Location of Death 4e Facility Name (If not Institution, give street and number) Examiner Cheverly, Prince George's an Hospital ('enter inture Georges 8. Date of Birth (Month, Day, Year) If Under 24 Hrs. 5. Social Security Number Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) **Funeral** 1 X M 2 □ F Months Days Hours 251-18-1909 86 Director August 20,1912 South Carolina Usuel Residence of Decedent with the Maryland 10c. City, Town or Location 10a. State 10b. County 10d. Inside City Limits r than "natural", or itema 23a or 28a-f shov the Medical Examiner must be notified at 1 No Yes 2 No Maryland Prince George's Cheverly Directo 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 1802 Cedarwood Court 20785 U.S.A. Funeral daath 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, 11 Maritel Status Black, White, etc. 1 Never Married 2 Married Black Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: 20 3 ₩ Widowed 4 Divorced al Hygiena. other than "natural", Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondery (0-12) Coilege (1-4or 5+) Janitor Private 6th permit. Pagas 1 and 2 should be file Department of Haath and Mental Hy Important: If Nem 27 is marked othe any Injury or other traumatic event. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Lillies Taylor James Τ. Lowery 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 1802 Cedarwood Court, Cheverly, Maryland 20785 Belinda Wooten/Daughter 02/26 1999 20a. Method of Disposition 20b. Piace of Disposition (Name of cemetery, crematory or other placa) 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 🖾 Removal from State Belleview Cemetery 4 ☐ Donation 5 ☐ Other (Specify) Chadbourn, North Carolina 21. Signature of Funeral Servica Licansee J.B. JENKINS FUNERAL HOME tercen 7474 Landover Road, Landover, Maryland 20785 or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, List only one cause on each line. **Physician** /Medical Immediate Ceuse (Finei ZUBBITS disease or condition resulting in death) Examiner Examiner that the death certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last physician and the bunal-tran P.O. Box 68760, Physician/Medical 2 weeks 0 signed by the at Id be datached fo Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Wes en autopsy performed? peen Dischetes Well Hor has 1 ☐ Yes 22 No 1 Yes this cartificata Division of Vital o the Hospital or Attending Physician; within 24 hours after death. o the Funeral Director: After this cartifical ompletaly filled in by the funeral director; I Be 25. Was case referred to medical 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) To 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28c. Injury at Work? 28d. Describe how Injury occurred 28b. Time of Certification: 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide edicai 29a. Certifier Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and piace, end due to the cause(s) end manner as stated.

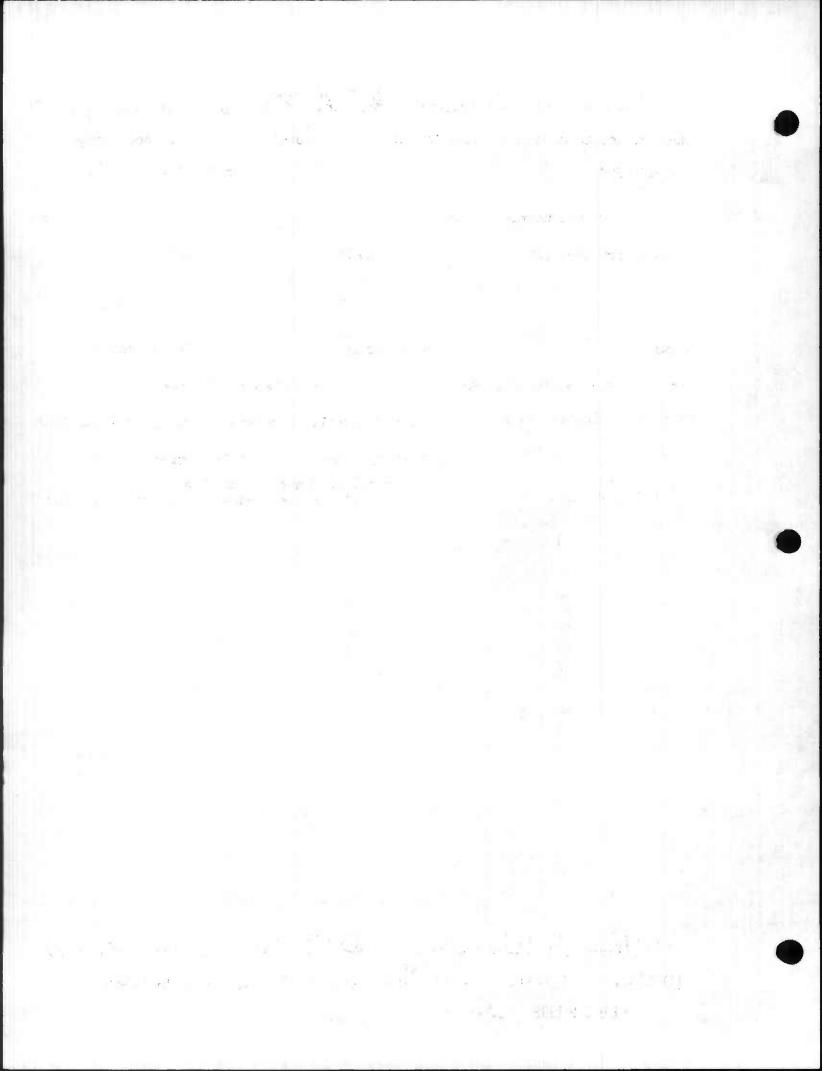
| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner steted. To the 29d. Dete signed (Month, Day, Year) 29c. License number 29b. Signature and title of cartifie Physician who completed cause of deeth (Item 23a) (Type, Print) VERYMA, 7525 Greenway Center Dr. Sutte 74, Greenbelt, MD 20770

32. Pegistrer's Signeture

**DHMH 16 Rev 6/95** 

State Registrar 31. Date filed (Ma)

					State of Ma	aryıan		tificate of	Death	Mental Hy	rgiene 9 9	U	1554
	Physic /Medi		1. Decedent's Name (F	First, Middle, La	C -	wa	rd	Mitch	lellsr.	2. Dete of De Month Februar	Dey	Yeer 1999	3. Time of Death 4:20 PM
	Exami		4e. Facility Neme (If no		re street end number)				4b. City, Town, or	Location of Dee	th 4c. County	of Deeth	
L			Mariner Hea					WILL-T- AM	Laurel			ce Ge	
	Funeral Director		5. Social Security Num 705–12–620 Usuel Residence of De	4	Sex 7. Ag 128 M 2□ F	e (In yrs. I 81	Yrs.	Months Days		8. Dete of Bi (Month, D Oct 02	th By, Yeer) 1917	9. Birthpl County. Mary.	lece (Stete or Foreign try) Land
	ye =			b. County		10c. City	, Town or Loc	ation				10	Od. Inside City Limits
	Man,	to	MD	Prince	George	Lau	rel						1 ☐ Yes 2 ☐ No
	th the	Director	10e. Street end Numbe	ır		1		10f. Zip Code	-		10g. Citizen of V	Whet Coun	try?
	23a		9276 Cherry	y Lane	#83			20708			USA		
Maryland 21215-0020	within 72 hours after death with the Marylend liene. Than "natural", or flems 23a or 28a-f show the Modical Examenat inset to notified at	by Funeral	11. Marital Stetus  1 □ Never Merried  3 □ Widowed 4 🗵	_	12. Was Decedent Armed Forces?  1 🖫 Yes 2 🗆 North Yes, Give Year or Detes:		If	/as Decedent of I Yes, specity Cub ☐ Yes 2 No	Hispenic Orlgin? (S en, Mexican, Puer Specify:	pecify Yes or Note Rican, etc.)		we - America ck, White, e White	etc.
2-0	72 ho			. Decedent's Ed			16e. Deced	ent's Usuei Occup	petion	als to	16b. Kind of Bu		
121	within 7	Completed	Elementery/Seconde Grade 8	only highest gre ory (0-12)	College (1-4or 5	+)			petion during most of world)	rking			
7 7			17. Fether's Neme (Firs		1		norse	Trainer		- 15° - 1 A A C A M	Horse 1		9
lan	S de B	o Be	Franklin P			ir.			Ruth Par		, Maiden Sumen	10)	
ary	S D E E	To	19e. Informent's Neme				19b. Meiling	Address (Street	end Number or Ru			Stete, Zip	Code)
	alth a		Robert O. !	Mitchel	l /son						-		and 20723
ore	of Healt of Healt I Nem 2		20e. Method of Disposit		1D	20b. PI		ition (Neme of etory or other ple		Dete	20c. Location -		
Ē	Pege ment o ant: If ury or		4 Donetion 5		Removel from Stete y)			Cemeter		2/27/99	Laurel,	Mary	land
Baltimore,	permit. Peges 1 Depertment of I- Important: If ite any injury or ot once.		21. Signeture of Funere	Service Lican	1/1		22. De	Neme and Addre	ess of Fecility Funeral	Home, F	.A.		
	00260		Lowit	Hay &	Ilh		3:	13 Talbo	tt Ave. 1	Laurel,	Maryland	d 207	07-4389
	<b>5</b> 1		23a. Pert1. Enter the dishock, or heart	June List only	plicetions thet caused one ceuse on each lin	the death	. Do not ente	r the mode of dyi	ng, such es cardiad	or respiretory e	errest,		Approximete tntervel Between Onset end Death
	Physician /Medical		Immediate Cause (Fine	ai	Cen	e hiz	01145		Accia	2. +		i	
	Examiner	Н	disease or condition resulting in deeth)				es e consequ		FICELO	reu L			minutes
-	p #	iner					00 0 00,10040	01,000 01).					
	ficate be executed g physician and as the bunel-transit	Examiner	Sequentially list conditi if eny, leeding to imme- cause. Enter Underlyin	ons,	D.	Due to (or	es e consequ	ence of):					
68760,	be ed sician burie		cause. Enter UnderlyIn Ceuse (Diseese or Injur thet initieted events	ig ry	C								
687	g phys	edicai	resulting in death) Lest			Due to (or	es e consequ	ence of):					
Box		Mu			d								
	0 00	Physician/M	Pert II. Other eignifican	it conditions or	ontributing to death bu	t not resu	lting In the un	derlying cause gh	/en in Pert I.	23b. Dld	tobacco use cor	ntribute to	the cause of death?
0.	thet the ned by the detache	Phy	CON655	7)1/5	HEART	FAI	INDE			10	Yes 2□ No	3 Prob	ably 4 Unknown
ŝ	8 5 8	by				•	LUKE						
Division of Vital Record	been shoul	Completed	Hepatic	Insu	efficien	9					en eutopsy omed?	ave	re autopsy findings llable prior to npletion of cause leeth?
<u> </u>	The ata h	Соп	HOKTIC	: 5te	enosis					1 🗆	Yes at No	1 🗆	Yes 2□ No
Vita	ysician: The lav s certificata has director, page 2	Be	25. Wes case referred to exeminer?	H	Hospital.			0"	26. Plece of Dee	th (Check only	опе)		
o	hys his	5	1 ☐ Yes 2 ☐ No 27. Menner of Deeth		Hospital: 1 Inpatier		R/Outpatient 28b. Time of	3□ DOA Oth	4 DENUTSING H		denca 6 Othe		)
o	ding th. After fune	tion		Pending Investigation	(Month, Dey		injury	28c. Injur Wor	yei k? Yes 2 □ No	28d. Describe	how injury occurr	ed	
NIS!	I or Attending Ph efter death. I Director: After thi d in by the funeral	Certification:	3 ☐ Suicide 6	Could not be determined	28e. Plece of Inju	ry - At hor	ne, ferm, stre			28f. Location (	Street and Number	er or Rural	Route Number,
ă	s effe	Cert	4  Homicide		building, etc	. (Specify)				City or To	wn, Stete)		
	To the Hospital or A within 24 hours effer To the Funeral Dire completely filled in b	edical	(Uneck only 2	Certifying Phy Medical Exam	ysician: To the best of	my know	iedge, deeth o	occurred et the tir	ne, dete end pleca	, end due to the	ceuse(s) end me	nner es ste	ited.
	the thin 2, the F	Medi	one)		end menner ster	ed.	onwormine						
	F ₹ 6 8	-	29b. Signeture end title	. A	1.12.			29c. Licens	2011		29d. Dete signed		
	10	-	30. Neme and eddress	au /	\ War	re.	22a) /T	1/1	771K	2 1	February	1 24	1799
	1)		101 LLipan	Δ (.	)2rheu		PAG		65 51	1 auch	el Wa	2011	7
F	Sta	te	31. Dete filed (Month, D	ey, Year)	32. Registre	r's Signetu		J-02	-00	Local	-L, INO	0-10	/
	Registra	ar	FFI	R 2 5 19	199	ماصعاب	14	/.					



## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene ( Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Physician Betty Lou Martin 25,1999 0620 February /Medical 4a Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner The Memorial Hospital Easton Talbot 8. Date of Birth (Month, Dey, Yeer, If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** 1□M 2 F Days 214-38-0285 Yrs. 58 July 25, 1940 Maryland **Director** Usual Residence of Decedent the Manyland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Item 27 is marked other than "natural", or Items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 No Directo Maryland Talbot Wittman 10a. Street and Number 10g. Citizen of What Country? 10f. Zip Code with permit. Pages 1 and 2 should be filed within 72 hours after death v
Department of Health and Mantal Hygiana.
Important: If Item 27 is marked other than "natural", or Items 28a
anyi hijury or other traumatic event, the Medical Examination 2008. 8785 Howeth Road United States 21676 Funeral 12. Wes Decedent Ever In U,S Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Raca - American Indien Black, White, etc. 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 Never Married 20 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: þ 3 Widowed 4 Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 18. Mother's Name (First, Middle, Meiden Sumame) 17. Fether's Name (First, Middle, Last) Louis T. Orem Dorothy Hands 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) William Martin/Husband 8785 Howeth Road Wittman, Maryland 21676 20b. Place of Disposition (Name of cametery, cremetory or other piece) 20c. Location - City or Town, State 20a. Method of Disposition 1 Deurial 2 Cremation 3 Removal from State Crest Lawn Cemetery 3-1-99 4 ☐ Donation 5 ☐ Other (Specify) Marriottsville, MD 22. Name and Address of Facility Harry H. Witzke's Family Funeral Home, Inc. 21. Signature of Funeral Service Licensee (0 4112 Old Columbia Pike Ellicott City, MD 21043 23a. Part1. Enter the disease, or complications that ceused the dearl. Do not enter the mode of dylng, such as cerdiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset end Deeth **Physician** 3 Lays /Medical Immediate Cause (Final disease or condition resulting in death) infaction · brainstem Examiner Due to (or as a consequence of) Examiner physician and s the burial-trans Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) requires that the death cartificate be axec P.O. Box 68760 Physician/Medicai Due to (or es a consequence of) 88 usa Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy peen has paga 2 1 Yes 2 No 1 Yes 2 No cartificata or Attending Physician: funaral director, Be 25. Was cese referred to medical examiner? 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 1 Ampatient 2 ER/Outpatient 3 DOA Certification: To this 28e. Date of Injury (Month, Dey Year) 27. Manner of Death 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? Aftar 5 Pending 1 ANatural 1 ☐ Yes 2 ☐ No daath. Investigation 2 Accident after death Director: 6 Could not be determined 3 Sulcide Location (Street end Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homloide 24 hours a Hospital 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete and plece, end due to the ceuse(s) end menner es stated. 29a. Certifier Medicai (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. To the Vithin 2 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) Snaw DO naugy 1400 30. Name and address of person who completed ceuse of deeth (Item 23a) (Type, Print) Dr. Nancy Snow Memorial Hospital Easton Maryland

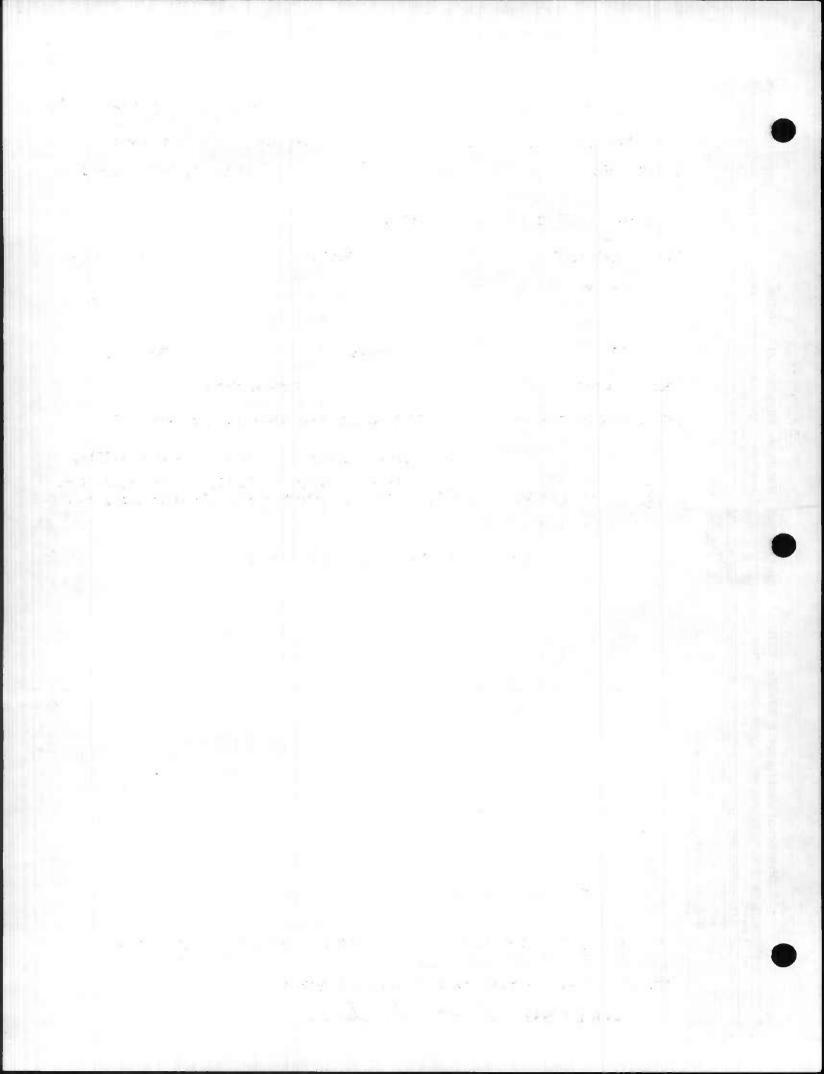
DHMH 16 Rev 6/95

State Registrar 31. Date filed (Month, Dey, Year)

FEB 2 6 1999

32. Registrar's Signature

Betty Martin



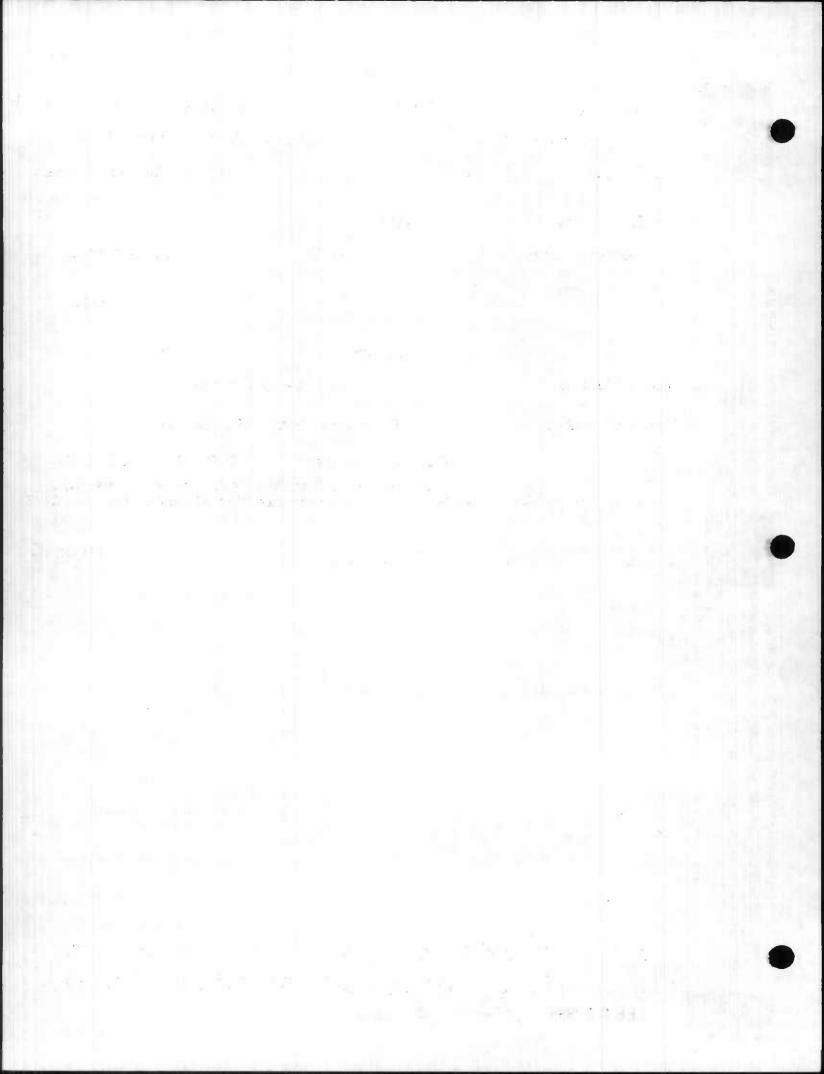
# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death FEBRUARY 24, 1999 **Physician** 10:45AM ATHER SARA LLINTON /Medical 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street and number) 4c. County of Death Examiner HO WARD DLUMBIA HOUSE VANTAGE Hours Min. 8. Date of Birth (Month, Day, Year)

July 12, 1 5. Social Security Number If Under 1 Year 6. Sex Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) **Funeral** 1□ M 2 F Months Days Yrs 577-50-9923 96 1902 Pennsylvania Director Usual Residence of Decedent Pages 1 and 2 should be filed within 72 hours efter deeth with the Meryland ment of Health and Mentel Hygiene.
ant: If ten 27 is marked other than "natural", or items 23s or 28s-f show ury or other traumatic avent, the Medical Examinar Insert than 12s notified at 10a. State 10b. County 10c. City, Town or Location 10d. Ineide City Limits 1 ☐ Yes 2 XNo Director Maryland Howard Columbia 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5380 Graywing Court 21045 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 225 No if Yes, Give Year or Detes: 14. Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 □ Never Married 2 □ Married Baltimore, Maryland 21215-0020 1 Yes 20 No Specify: à 3€ Widowed 4 Divorced White Completed 16e. Decedent's Usuai Occupation 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elemantary/Secondary (0-12) Cotlege (1-4or 5+) Homemaker Own Home 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Be Daniel Clinton Jane MacDonough 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Thomas C. Mather/Son 5380 Graywing Court Columbia, MD 21045 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 XBurial 2 Cremation 3 Removal from State permit. Page Department of important: If eny injury or 4 ☐ Donation 5 ☐ Other (Specify) Olivet Cemetery 2-27-99 Washington, D.C. 22. Nome and Address of Facility Harry H. Witzke's Family Funeral Home, Inc. 21. Signature of Funeral Service Licensee uln 4112 Old Columbia Pike Ellicott City, MD 21043 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical Weel Examiner Examiner physician end s the buriel-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initioted events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): 98 esn signed by the a 23b. Did tobacco use contribute to the cause of death? Pert ff. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 1 Yes 2 No 3 Probably 4 Unknown þ been si 24a. Was an autopsy performed? Were autopsy findings available prior to Completed completion of cause of death? s certificate has b director, page 2 s 1 Yes 2 3 No 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: funeral director, Be 25. Was case referred to medical exeminer? 26. Ptece of Death (Check only one) Hospital: Other: 45 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 2 1 ☐ Yes 2☑ No 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 24 hours efter death.

Funeral Director: After this 27. Manner of Death 28c. Injury et Work? 28d. Describe how injury occurred 28b. Time of Certification: 28a. Dete of tnjury (Month, Day Year) 1 Neturel 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be determined 281. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 Sulcide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicide 29a. Certifier Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end piece, end due to the ceuse(s) end menner es steted.

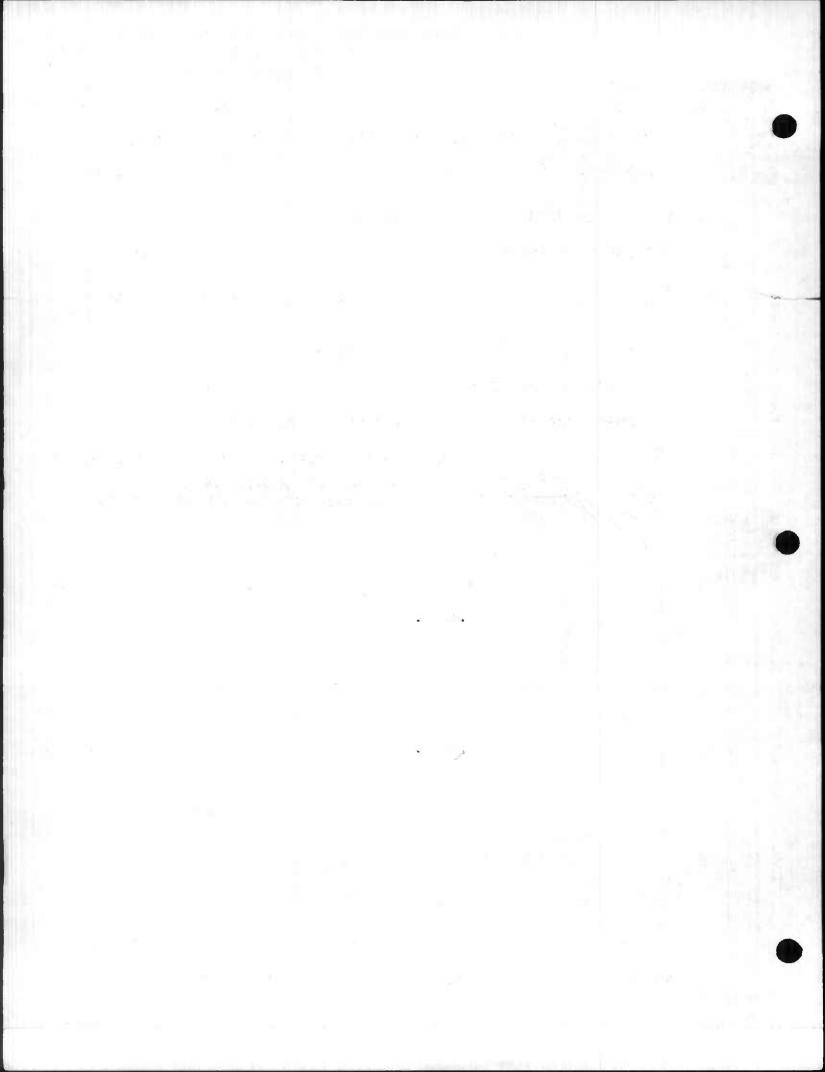
| Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical completely (Check only one) within 2 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signeture end title of certifier 0 DIL February 25, 1999 ·111am 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Attle Patrixe 31. Date filed (Month, Day, Year, 32. Registrar's Signature State FEB 2 6 1999 Registrar



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q Q

					tificate o		R	eg. No.	U	1001
Physi	cian	Decedent's Neme (First, Middle, Last	)				2. Date of Deat Month	Dav	Year	3. Time of Death
/Med		RUSSELL	D.		MESS		F E B .	21 1		5:40 AM
Exam	iner	4a. Fecility Name (If not institution, give SHORE NURSING		ITATION	CTR.	4b. City, Town, or DENTO		4c. County	of Death	
Funera Directo		220-03-4310	7. Age (	In yrs. last birthday) 82 Yrs.	If Under 1 Ye Months Da			Year) ,1917	9. Birthpia Countr DELA	ce (State or Fore y) WARE
yland		Usuel Residence of Decedent 10a. State 10b. County	1	0c. City, Town or Lo	cation				100	d. Inside City Limi
Ba-f s	ctor	MD. CAROL:	INE	DEI	NOTON					1 ☐ Yes 2 ☑
Vith th	Funeral Director	10e. Street and Number	DIVD		10f. Zlp Cod		1	0g. Citizen of V		y?
aath v	erai	420 COLONIAL I	12. Was Decedent Eve	arin IIS 13 V		21629	Specify Ves or No.	U.S.	SA e - America	n indlen
72 hours after death with the Marylan 72 hours after death with the Marylan 7 natural, or tems 23s or 28s-f show 60s-s Exeminer must be motified at	þ	Never Merried 2 Married 3 Widowed 4 Divorced	Armed Forces?  1 Yes &F No If Yes, Give Year or Dates:		f Yes, specify C	of Hispanic Origin? (S cuben, Mexican, Puer No Specify:	to Rican, etc.)		k, White, et	c.
within 72 ho ana. than *natur	Completed	15. Decedent's Edu (Specify only highest grad Elementery/Secondary (0-12) 1.2	cation e completed) College (1-4or 5+)	(Give	DO NOT use re	ne during most of wo tired)	rking	16b. Kind of Bu		
be filed with ntal Hygiana. d other than	Be Co	17. Father's Name (First, Middle, Last)			LABOR		me (First, Middle, M		FARME	, R
	ToB	DAVID R.	MESSICK			AN	NA LUC	AS		
2 9 5		19a. Informant's Name/Relationship (T)				eet and Number or R				
l an faal		JAMES MESS 20a. Method of Disposition		20b. Pleca of Dispo	sition (Name of	DEN CEDA		MILTON 20c. Location -		
Pages ent of nt: If It		1 Burlal 2 Cremation 3 F 4 Donetion 5 Other (Specify)	lemoval from State		natory or other	place) METERY 2			RINGT	
permit. Pages 1 and Department of Haalti Important: If Nem 27 any Injury or other t		21. Signature of Funeral Service Lights	90	22	Name and Ad	Idress of Fecility	erac Hom	2		ON, DE
_		23a. Part1. Erun the theatre, or compi shock, of hear factors. List only or	ications that caused the	e death. Do not ent	er the mode of	2 GREE, dying, such as cardia	C or respiratory arm	DE 19		Approximate
Physiciar /Medica Examine	r		Du							nterval Between Onset and Death
ificata be axecuted g physician and as the burial-transit	i Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury		tris/ e to (or as a conseq		Grilotio				0 7 1-21
E 0 0	an/Medical	resulting in deeth) Last	Du	e to (or as a conseq	uenca of):					
a daath	Physician/N	Part II. Other significant conditions cor	ntributing to death but n	not resulting in the u	nderlying cause	given in Part I.	23b. Did to	bacco use cor	ntribute to t	he cause of deal
ras that tha da signed by tha a i be datached	by Phy						1 🗆 Y	s 2□ No	3 Probe	ibly 4 Unkno
aw requi	Completed						24a. Was e perforr	n autopsy ned?	avai	e autopsy finding iable prior to pletion of cause eath?
							1 □ Ye	s 2 TNo	1 🗆	Yes 2□ No
yalcian: s certifica director,	o Be	25. Was case referred to medical examiner?	Hospital:	2 ER/Outpetien	at 3 DOA	Other	ath <i>(Check only</i> on Home 5 ☐ Reside		an (Canalla)	
	-	27. Manner of Deeth 1 Neturel 5 Pending 2 Accident investigation	28a. Dete of Injury (Month, Day Y	1	28c. ii	njuryat Work? I∐Yes 2∐No	28d. Describe ho			
To the Hospital or Attanding Physical Within 24 hours after death.  To the Funeral Director: After this completely filled in by the funeral directors.	Certification:	3 Suicide 6 Could not be determined	28e. Pleca of Injury building, etc. (	- At home, ferm, str Specify)	eet, fectory, offi	ice	28f. Location (St City or Town		er or Rural	Route Number,
24 hours Funer etaly fill	edical	29a. Certifier 1 Certifying Physical Check only one) 1 Medical Exami	sician: To the best of mer: On the besis of ex and manner stated	amination end/or inv	occurred et the restigetion, in m	e time, dete and place by opinion, death occi	a, and due to the courred et the time, d	euse(s) end ma ate and place, o	nner as sta end due to t	ted. he cause(s)
ro the rothin rothin	₹ Z	29b. Signature end title of certifier	and mainler states		29c. Lic	ense number	2	9d. Date signe	d (Month, D	ay, Year)
		) o ah			000	0 5113	2	2-2	2-8	7
		30. Name and eddress of person who co		h (Item 23a) (Type, 0 • B 0 X 6		ENTON, M	D 21629			*
	tate trar	31. Date filed (Month, Dey, Year)	32. Registrar's	Signature	1.	/ /				



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q

							51 (111001)	00.	Death			Reg. No	).		
Discolation	1. Deced	lant's Nama (First, Mid	ddia, Last	)							2. Data of Di	aath Da	ıv	Yaar	3. Tima of Death
Physician /Medical	I	Ada	Joy	1	1cClees	3					Month FEB.	21,	1999	}	4:15 PM
Examiner	4a Facili	ty Nama (If not instituti						- 1			ocation of Dea			y of Death	
	C Coolel	10004 ANGC	-			a la at historia	u) If Undar	1 Vaar	CHEL If Undar					e Geor	0
Funeral Director	308-	Security Number -36-0759 asldanca of Decedant	6. Sa	х Эм 2/OXF	7. Aga (In yn	Yrs.	Months		Hours	Min.	8. Data of Bi (Month, D May 14	, 19	34	India	elace (Stata or Fore entry) ana
with the Meryland a or 28=4 show the notified at	10a. Stat	a 10b. Coun		eorge':		City, Town or	Location nelten	ham						1	0d. Inside Ctty Lim 1 🖾 Yas 2 🗆 t
or 28a-f	10e. Stre	et and Number					10f. Zip	Coda				10g. Ci	tizan of	What Cour	ntry?
23a c	100	004 Angora	Ter	race				2062	23			US	A		
urs efter dea st, or items naminer m by Funei	101	al Status Navar Marriad 2 ☐ Ma Widowed 4 ☑ Divorce		12. Was Dec Armed Fo 1 Yas If Yas, Gi Yaar or D	2 XNo	U,S. 1	B. Was Deced If Yas, spec		lispanic Ori an, Maxicer Specify:		ecify Yas or N Ricen, atc.)	0-	Bla	ce - Amaric ick, Whita, fy: Whit	atc.
ed within 72 hor ygiana. Nor than "natura it, the Medical Completed		15. Deceda	ant's Edu	cation		16a. De	cedant's Usua	at Occup	ation	et of work	ina	16b. K	(ind of E	Businass/Inc	dustry eanograph
a. n. n. Med	Elama	(Specify only high ntary/Secondary (0-12)	-	Collega (	1-4or 5+)	life	va kind of wo DO NOT u	sa <i>ratire</i>	during mos d)	SE OF WORK	ing				eanograph Associat
Hygian Hygian ther th int, the		OIL ST. COMP.		4		Com	puter	Prog							VSSOCTAL
THE STEE		ar's Nama (First, Middle	la, Last)	70 - 41							a (First, Middle			,	
I Menta		Aura		Ro1	L					ltish				acre	
is m reum		ormant's Name/Ralation tt McClees/		/pe, Print)		7618	Livin	gsto	n Rd.		al Routa Numi on Hill				Coda)
Pagas 1 and lent of Health nt: If Item 27 ry or other 1	10	hod of Disposition Buriat 2 ☑ Cramation Donation 5 ☐ Othar (			Siala		position (Nar ram <i>atory</i> or o Cemete:		сө)	2/2	Data 28/1999			City or To	
permit. Pagas Department of Important: If I eny injury or once.	21. Sign	aturabit uneral Service	oo Liegono	Val.	,		22. Nama an George	d Addra	ss of Facili	y Fur	neral H	ome,	P.	A.	4.5
	23a. Pai	rt 1. Entar tha disaasa,	or compl	ications that	aused the de								, PH	2070	Approximata Intervat Batwaan
arificate be executed ing physician and se es the burial-transit Medical Examiner	Sequant if any, ta causa. I Causa (I that Initia	ially list conditions, ading to Immadiata Entar Undarlying Disaasa or Injury sted avants In daath) Last	5	. Hy	Dua to	ensi	reduction of)	in	dai	the	erosc	ler	0	10	
500	rasulting	ited avants In death) Last	1		Dua to	(or as a cons	equance of):	lo	~	D	ised	ise	2		- 13
ding ding		thed avants in death) Last	itions con	d							23b. Did	i tobacce	o use c	ontribute to	/
ding ding			itions con	d							23b. Did		o use c	ontribute to	/
aw requires that the deeth cantil ts been signed by the ettending 2 should be detached for use e pleted by Physician/Me			Ittons con	d			undarlying o				23b. Dic	i tobacco	o use c	ontribute to	ara autopsy findin
aw requires that the deem cantiles been signed by the ettending 2 should be detached for use eighteed by Physician/Me			Hons con  V  C  L  V  C	d		asulting in the	undarlying o				23b. Dic	Yes :	o use c	ontribute to 3 Project	bably 4 Ankr ara autopsy findin allabla prior to implation of causa
Ina law requires that the deeth cartilliate has been signed by the ettending paga 2 should be detached for use e.	Part II. O  Di  M  Ca	ther eignificant conditions to be tes  itral  oumac  cesa rafarrad to medic	Va Va	d		asulting in the	undarlying o		van in Part	ng	23b. Dic	s an autoformad?	o use co 2 No opsy	ontribute to 3 Project	ara autopsy findin allabla prior to impletion of cause death?
yarden: Tha taw requires that the deem cantill is cartificate has been signed by the ettending director, page 2 should be detached for use et G. Be Completed by Physician/Me	Part II. O  Di  M  25. Was again	ither eignificant conditions abetes  itral  oumac  cesa rafarrad to medic  inar?  yas 2 No	Volin	d.  Nelli  Live	eath but not ref tus	esulting in the	e undarlying o	eeusa giv	van in Part	I.	23b. Dic 1 [ 24a. Wa per	yes : s an autoformad? Yas 2	o use co 2 No ppsy	ontribute to 3 Proi	ara autopsy findin allabla prior to mplation of cause daath?
ng Pnysicient: The law requires that the deeth cartificate has been signed by the ettending inerel director, paga 2 should be detached for use e. on: To Be Completed by Physician/Me	Part II. O  D  1  25. Was axam 10  27. Mayr 1 D  1 D	ther eignificant conditions to betes  itral  oumac cesa rafarrad to medic illnar? vas 2   No lar of Death latural 5   Panc Accidant   invas	V col ding stigation	ntributing to d	eath but not restance to the state of the st	esulting in the	e undarlying o	OA Other	van in Part	a of Deat	23b. Dio 1 C 24a. Wa peri	s an autoformad?  Yas 2  ona)  stdance	o use co 2 No ppsy	ontribute to 3 Pro  24b. W av co of	ara autopsy findin allabla prior to implation of causa daath?
ng Pnysicient: The law requires that the deeth cartificate has been signed by the ettending inerel director, paga 2 should be detached for use e on: To Be Completed by Physician/Me	Part II. O  Di  25. Was ayam 120  27. Many 1 20 3 3	ther eignificant conditions to be tes  itral  oumac cesa rafarrad to medic injury ras 2 No har of Death hatural 5 Panc invas Suicidant Suicida 6 Cou	V col ding stigation	d. Action of the state of the s	eath but not reference to the second	ER/Outpat	undarlying of	OA Ott	26. Place	a of Deat	23b. Dio 1 24a. Wa per  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	s an autoformad?  Yas 2  ona)  sidance b how inju	o use co 2 No opsy	24b. Wave co of	ara autopsy findinallabla prior to implation of causa daath?
ng Physicien: The law requires that the deeth carlif fiar this cardificate has been signed by the ettending inerel director, paga 2 should be detached for use e. on: To Be Completed by Physician/Mt	Part II. 0  Dî  25. Was ayan 120  27. Mang 120  4 0	ther eignificant conditions to be the subsection of the subsection	Ving Physical Control of the Control	d.  Actibuting to d  Ac	Inpatiant 2 of Injury - At ng, atc. (Space best of my kr	BEP/Outpat  28b. Time Injur  homa, farm, cify)	e undarlying of the street, factory ath occurred	OA Others of the second of the	26. Place  26. Place  ar: 4 No.  No.  Year   a of Deat	23b. Did 1 24a. Wa peri 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	s an autoformad?  Yas 2  ona)  stdance how injute  (Straat a own, State a causa(s	o use c: 2 No Dpsy No 6 Other	24b. Wav co of 1[	ara autopsy findinallabla prior to implation of causa daath?  Yas 2 No	
ng Physicien: The law requires that the deeth carificate that been signed by the ettending inerel director, paga 2 should be detached for usa e. on: To Be Completed by Physician/Me	25. Was axam 100 27. Many 120 4 1 1 29a. Car (Chorn	ther eignificant conditions to be the subsection of the subsection	ding stigation to be rmined vying Physat Exami	d.  Actibuting to d  Ac	Inpatiant 2 of Injury - At ng, atc. (Space best of my krasis of axamir	BEP/Outpat  28b. Time Injury  homa, farm, cify)	ient 3 DO	OA Other Wood	26. Place  26. Place  ar: 4 No.  No.  Year   a of Deat	23b. Did 1 24a. Wa peri 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	s an autoformad?  Yas 2  ona)  stdance how injut  (Straat a own, State a causa(s, data an	o use co	24b. Wave confirmed  24b. Wave confirmed  1 []	ara autopsy findin- allabla prior to mplation of causa death?  Yas 2 No  No No No No No No No No No No No No	
No Hospital or Attending Physicien: The law requires that the deeth carlif in 24 hours affect death.  No Eurored Director: After this cardificate has been signed by the ettending plately filled in by the funerel director, paga 2 should be detached for use explainly filled in by the funerel director, paga 2 should be detached for use explainly filled in by the funerel director. To Be Completed by Physician/Me	25. Was axam 100 27. Many 120 4 1 1 29a. Car (Chorn	ther eignificant conditions to the conditions of	ding stigation to be rmined vying Physat Exami	d.  Actibuting to d  Ac	Inpatiant 2 of Injury - At ng, atc. (Space best of my krasis of axamir	BEP/Outpat  28b. Time Injury  homa, farm, cify)	ient 3 DO	OA Other Wood	26. Place lar. 4 No.	a of Deatursing Ho	23b. Did 1 24a. Wa peri 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	s an autoformad?  Yas 2  ona)  stdance how injut  (Straat a own, Stati a causa(s, data an	o use c: 2 No Dpsy No 6 Other	24b. Wave confirmed  24b. Wave confirmed  1 []	ara autopsy finding allabla prior to implation of causa daath?  Yas 2 No
ng Physicien: The law requires that the deeth carlif fiar this cardificate has been signed by the ettending inerel director, paga 2 should be detached for use e. on: To Be Completed by Physician/Me	25. Was a xan 1 20 / 3   3   3   4   1   29a. Car (Chorn	ther eignificant conditions to the conditions of	ding stigation to be remined vying Physiat Exami	d.  Actibuting to d  Ac	Inpatiant 2 of Injury - At ng, atc. (Space best of my krasis of axaminar stated.	ER/Outpat 28b. Time Injury homa, farm, city)	ient 3 DO of 2 M street, factory ath occurred invastigation	OA Other Wood	26. Place ar: 4 No. ry at rk? Yas 2  ma, data an pinion, dasse number	a of Deatursing Ho	23b. Did 1 24a. Wa peri 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	s an autoformad?  Yas 2  ona)  stdance how injut  (Straat a own, Stati a causa(s, data an	o use c: 2 No Dpsy No 6 Other	24b. Wave coof	ara autopsy finding allabla prior to implation of causa death?  Yas 2 No
ng Physicien: The law requires that the deeth carificate that been signed by the ettending inerel director, paga 2 should be detached for usa e. on: To Be Completed by Physician/Me	25. Was a xan 1 20 / 3   3   3   4   1   29a. Car (Chorn	ther eignificant conditions to be tes  itral  oumac cesa rafarrad to medic inlar? vas 2 D No har of Death latural 5 Panc Accidant Suicida 6 Cout Homicida data  tifiar 1 Certify seck only 2 Medica interest of certification and titla of certifications of certificati	ding stigation to be remined vying Physiat Exami	d.  Actibuting to d  Ac	Inpatiant 2 of Injury - At ng, atc. (Space best of my krasis of axaminar stated.	ER/Outpat 28b. Time Injury homa, farm, city)	ient 3 DO of 2 M street, factory ath occurred invastigation 296	OA Oth BBC Injunion 1 Up y, office at tha tir, in my co	26. Place lar. 4 No. 19 Yas 2 Ima, data an inpinion, das se number O.C.	a of Deat ursing Ho	23b. Did 1 24a. Wa peri 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	s an autoformed?  Yas 2  ona)  stdance how injut (Streat a own, State a causa(s, data and 29d. Di FEB	o use co	24b. Wave confirmed  24b. Wave confirmed  1[[]  therefore Rura  annar as a sa, and dua to ed (Month, 2, 199)	ara autopsy findin; allabla prior to implation of causa death?  Yas 2 No

DHMH 16 Rev 6/95

Registrar

## Please Type or Print in Black indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

0	arreg	pres.	-	0
	- 1	ling	m	0
U	- 1	J	3.1	1

	Decedent's Na	ame (First, Mide	dle, Last)			Ce	rtitica	te of	Death		2. Dete of D			3. Tima of Deeth
Physician /Medical	SALLY ROWENA McDANIEL										FEBRUA	-	1999	12:20 A.M
Examiner	4a Facility Name PLEASAN								MT. A	IRY	ocation of De		RROLL	h
Funeral Director	5. Social Security 578–10–	7168	6. Sex			s. last birthdey) Yrs.	If Unde Months	Deys	If Under Hours	24 Hrs. Min.	8. Date of E (Month, I MAY 19	irth Dey, Year) 1904	9. Birt Co NOR'	hplaca (State or Foreign untry) TH CAROLINA
show id.at	Usuel Residence	10b. Count			10c. C	City, Town or Lo	ocation							10d. Inside City Limits
or 28s-1 s be notified Director	MD	MONTG	OMERY		OL	NEY						1		1 XYes 2 No
	10e. Street and I		WODE D	DITTO				p Code				10g. Citizen		untry?
by Funeral	3 Widowed		12. W		X No	1		200	Hispenic Orl an, Maxicar Specify:	gin? (Sp	ecify Yes or N Rican, etc.)		Raca - Ame Bleck, White	rican Indian, a, etc. VHITE
Completed	(S) Elementery/Se	15. Decede pecify only high econdery (0-12)		n npleted) ollege (1-4	lor 5+)	16e. Dece (Give life. HOMEM	kind of wi DO NOT i	uel Occu ork done use retire	pation during mos	t of work	ing	16b. Kind o	of Business/	Industry
To Be Co	17. Father's Nem		n, Last)			HOME	MACA			er's Nem		le, Maiden Sur		
	19e. informent's			Print)								ber, City or To		
Office	20e. Method of D				20b.	Plece of Dispo	sition (Ne	me of		DILL	Dete	-		Town, Stete
5		2 Cremation n 5 Other (		al tyom/st	ete F(	ORT LIN			-		2/25/9	BRENT	WOOD,	MARYLAND
any inju	21. Signeture of	Fugeral Sarvice	a Licensee	1/2		J	OSEP	H GA		S SO	NS, IN	C. 5130		ONSIN AVENU
	23e. Part1. Enk	er the diseme	r complication	ns thet cau	used the dec	eth. Do not en	tar tha mo	de of dy	ng, such es	cardiac	D.C. 2 or respiretory	errest,	1	Approximete Intervel Between
ian cal ner	Immediate Caus disease or cond resulting in deat	ition	θ		STRO	KE (or es e conse	quenca of	):						Onsat and Death  1 HOUR
s the burial-transit	Sequentially list if any, leeding to cause. Enter Ur	conditions, immadiate	b		Due to	(or es e conse	quenca of)	):						
the bur	Cause (Disease that initiated eve resulting in deet	or injury	c		Dua to	(or as a consac	juanca of)	*						
or u			0											
be detached for u	DEMENT		ions contribut	ling to dea	th but not re	sulting in the u	nderlying	cause gi	ven in Pert			Yes 2 7		to the cause of death? robably 4 □ Unknown
2 should											24e. We	es en eutopsy formed?		Were autopsy findings avelleble prior to complation of causa of death?
rector, page											10	Yes 2 X	lo	1 ☐ Yes 2 ☐ No
al director,	25. Wes case re axaminar?		Hospit	el:		7500		Ot Ot	h e e		th (Check only		1011 - 10-1	- 16.1
-	27. Menner of De		28	e. Dete of		28b. Time of Injury		28c. Inju Wo	4.20 N	ursing Ho		sidence 6 C e how injury o		city)
Certification:	2 Acciden 3 Suicide	t invest	tigetion	e. Pleca o		home, ferm, st	М	1 🗆	]Yes 2□	No		(Street end N	um <i>ber or R</i> i	urel Route Number,
completely filled in by the fune	29a. Certifier	1 Certifyi		r: To the b	est ol my kr	nowledge, deat					end due to th	e ceuse(s) en		
pletely fil	(Check only one)		t Examiner: C		is of examir							e, dete end ple	eca, and due	to the cause(s)
w <sub>0</sub> ≥	29b. Signatura a	and title of climate	P					D43	se number					h, Dey, Year) , 1999
	30. Neme and ed	AIDI M.I						E, F	REDER]	ICK,	MARYL	AND 217	01	
State Registrar	31. Dete liled (M	B 2 6 1	999		gistrer's Sign	A.	1	-						
16 Rev 6/95						1.00.	900	200	/					

MALKETIN YOU'VE BE , THE TIME I THE TWO DAYS SEED OF Million has an even to any again of resident that the THE PART OF THE PART OF THE

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** 1300 JOHN W. McGILL PEBRUARY 17, /Medical 4b. City, Town, or Locality

COTTAGE CITY

If Under 24 Hrs.
Hours Min.

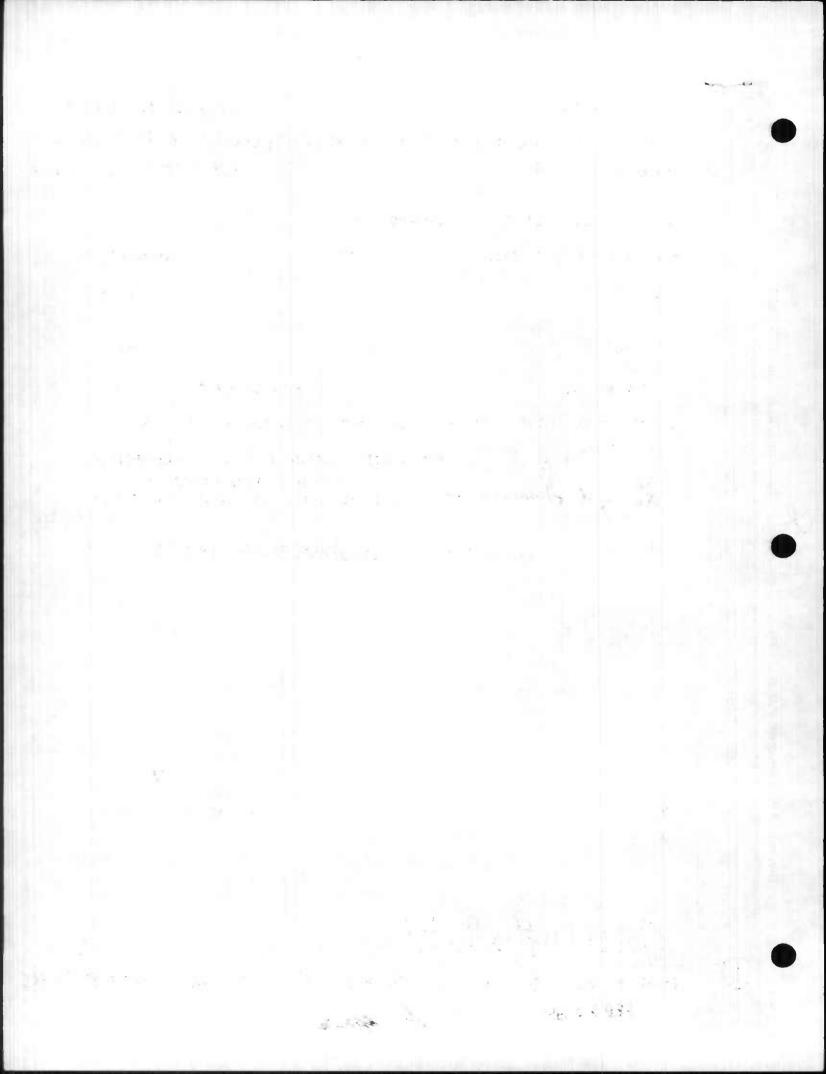
B. Dete of Birth
(Month, Day, Year)

JULY 21, 1930 4b. City, Town, or Location of Death 4c. County of Deeth 4e Fecility Neme (If not institution, give street and number) Examiner APT # 610 PRINCE GEORGES ROAD BUMPER HILL 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign **Funeral** Months Deys Country) HIGHPOINT, NC 68 Director 250-46-6503 Usuel Residence of Decedent the Marylend 10d. Inside City Limits 10c. City. Town or Location 10e. Stete 10b. County "natural", or items 23s or 28s-f show adical Examiner must be notified at ¥ Yes 2□ No Directo PRINCE GEORGES COTTAGE CITY 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 4142 BUNKER HILL RD #610 20722 UNITED STATES Funeral Pages 1 and 2 should be filed within 72 hours effer deeth nent of Health end Mental Hygiena.
nt: If item 27 is marked other than "natural", or itema 23. 12. Was Decedant Evar in U,S. Armed Forces? 1 Yes 2 No 14. Race - American Indian, Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) Bleck, White, etc. 1 □ Nevar Married 2 □ Married Baltimore, Maryland 21215-0020 1 ☐ Yes ②☐ No Specify: Specif LACK þ 3 XWidowed 4 ☐ Divorced r than "nature Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) Collega (1-4or 5+) LABORER PRIVATE 7 is marked other traumatic svent, 18 Mother's Name (First Middle Maiden Sumame) 17. Fether's Neme (First, Middle, Last) Be FRED McGILL ESTELLE ADAMS 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19a, Informent's Neme/Relationship (Type, Print) NELLIE McGILL JACKSON/ SISTER 1415 PINEHURST ST. GASTONIA.N.C. 28052 or other 1 20b. Place of Disposition (Name of cametery, crematory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, State 1 ☐ Burial 2 XCramation 3 ☐ Ramoval from Stata permit. Page Depertment of Important: If any injury or page. 4 Donetion 5 Other (Specify) 2-26-99 ALEXANDRIA, VA METROPOLITAN CREMATORY 21. Signatury of Funeral Service Lio 22. Nome and Address of Fecility. POPE FUNERAL HOME timinens dann AVE S.E. WASHINGTON DC 20020 23e. Pert1. Enter the disease, or complications that causad the daath. Do not enter tha mode of dylng, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** APTERIOSCUEROTIC CARPIDVASCULAR DISEASE /Medical Immediate Ceuse (Finel disease or condition resulting in deeth) Examiner Due to (or es e consequence of): Examiner end Il-transit The law requires that the death certificate be assoured Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Last Due to (or es e consequença of) physicien er Records, P.O. Box 68760. Physician/Medicai Dua to (or es a consequence of) 98 signed by the e Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the ceuse of death? 3 □ Probably 4 Unknown 1 Yes 2 No þ 24b. Were eutopsy findings evelleble prior to should should 24e. Was en eutopsy Completed complation of cause of death? certificata has t 1 Yes 2 No 1 Tyes 2 No Division of Vital Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifics director. Be 25. Wes case referred to medical examiner? 26. Pleca of Deeth (Check only one) examiner/ 1) Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Inpatient 2 ER/Outpetient 3 DOA Certification: To funeral 28a. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28c. Injury et Work? 28d. Dascribe how injury occurred 28b. Time of 5 Pending Investigation 1 Yes 2 No 2 Accident the Funeral Director filled in by the 3 ☐ Suicide 6 Could not be 281. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, date end pleca, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the besis of manner and/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) To the Hosp within 24 hor To the Fune completely fi edical 29b Slanate 29d. Dete signed (Month, Day, Year) 29c. Licansa number PME Item 23a) (Type, Print) HOSPITAL MARIO F. GOLLE 2001 DRIVE AHEVERLY MARYLAND 2078S

DHMH 16 Rev 6/95

State Registrar 31. Dete filed (Month, Day, Year)
FEB 2 5 1999



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

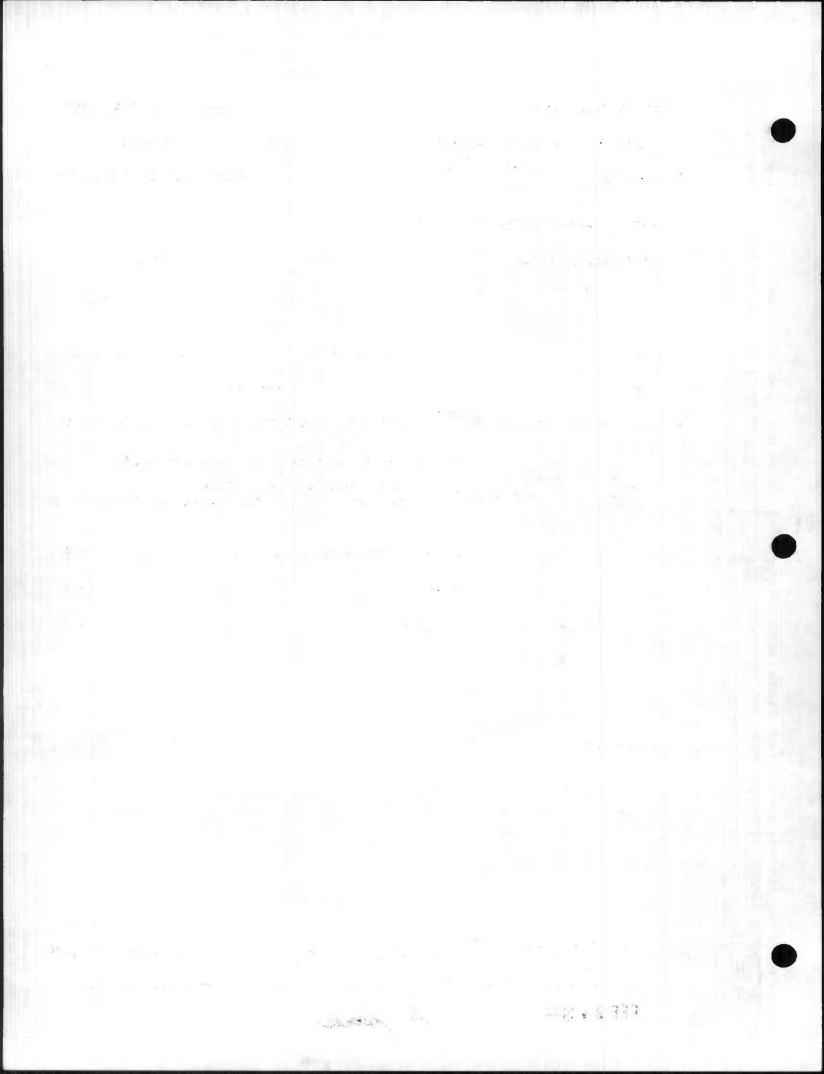
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2 Date of Death 3. Time of Deeth 1. Decedent's Neme (First, Middle, Last) PBB RUALY **Physician** 0245 WASE RASBAGA MUNSON 15 /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not Institution, give street end number) Examiner MONTGOM BUT 7520 MAPUE Alenco MAKOMA PARK 8. Date of Birth (Month, Dey, Year) If Under 1 Year | If Under 24 Hrs. Birthplece (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. lest birthday) **Funeral** 10M 20F Days Hours 577-58-2226 52 Yrs 1946 Washington, DC **Director** Usual Residence of Decedent with the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits is 1 and 2 should be filed within 72 hours aftar death with the Manylan of Heath and Mantal Physiens them 23 a or 28e-f show other treamed other than "naturel", or Hems 23a or 28e-f show other treametic event, The Manifest Examines mantle another treametic event, The Manifest Examines 1 Yes 2 No Directo MD Montgomery Takoma Park 10g. Citizen of Whet Country? 10e. Street end Number 10f. Zip Code 7520 Maple Avenue 20912 USA Funeral 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Bleck, White, etc. 1 ☐ Yes XXNo If Yes, Give Yeer or Detes: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondery (0-12) College (1-4or 5+) 9th Nurse's Aide Medicine 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) James Munson May Whren 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) permit. Pagas 1 and 2 sh Department of Health and Important: If Nem 27 Is m any Injury or other treum once. 8420 Flower Ave., Takoma Park, MD 20912 Carlita Munson/Daughter 20b. Plece of Disposition (Name of cametery, cremetory or other place) Gdns 20c. Location - City or Town, Stete 20a. Method of Disposition 1 Burial 2 □ Cremation 3 □ Removal from State 1999 Forest Hills Memorial Clinton, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) Takoma Funeral Home 22. Neme end Address of Fecility 21. Signeture of Funerel Service Licensee Percen 254 Carroll St. NW Washington, DC 23a. Pert1. Enter the disee of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heert failure. List only one cause on each line. Approximate Intervel Between Onset and Deeth **Physician** Immediate Ceuse (Finel disease or condition resulting in death) /Medical ASTITMA Examiner Due to (or es e consequence of): Examiner PULMOWARY OSSTAUCTI UT ettending physician and for usa as the burial-transit death certificata be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in deeth) Last Due to (or es a consequence of): P.O. Box 68760. Physician/Medical Due to (or es e consequence of) USB BS L signed by the e 23b. Did tobacco use contribute to the causa of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yss 2 No 3 Probably 4 Unknown HY PERTONSION Division of Vital Records, by 24b. Were eutopsy findings evaileble prior to completion of cause of deeth? Completed 24a. Wes en eutopsy performed? page 2 s 300 2 1 Yes certificata Be 25. Wes case referred to medical 28. Piece of Deeth (Check only one) Hospital: To Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 No 2 No 1 Inpatient 2 ER/Outpatient 3 DOA Aftar this funaral 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Certification: 5 Pending investigation Hospital or Attending s after death. 1 ☐ Yes 2 ☐ No 2 Accident 6 ☐ Could not be determined 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 ☐ Homicide 24 hours 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) and menner es steted. edical To the Hosp within 24 hor To the Fune complately fi Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end menner stated. 29d. Date signed (Month, Dey, Year) 29b. Sig 29c. License number 015236 PEBRUARY 15, 1999 med. 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) 11125 ROCKVILLE PIKE, POCKVILLE MO 20852 CALL MARGOLI, MO. 31. Date filed (Month, Dey, Year) FEB 2 2 1999 32. Pegistrer's Signeture Registrar

with the property of the second

## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

	Decedent's Name (Fire	rot Middle to	4	C	ertificate of	Death	2. Date of Di	Reg. No.	0 /	3. Time of Death
Physician /Medical	Marian C.	O'Conn	nor			4. Ch. T	Month Februar	Dey ry 11, 1	Yeer 999 1	300
Examiner Funeral Director	Howard Cou 5. Social Security Number 579-30-8437	inty Gen	eral Hosp	ital (In yrs. last birtho 76 Yrs	lay) If Under 1 Year	4b. City, Town, or the Columbia If Under 24 Hrs. Hours Min.	8. Dete of Bi (Month, D	Howa	9. Birthplac	ce (State or Foreign Carolina
a or 28e-f show be notified at Director	Usuel Residence of Deco	edent . County		10c. City, Town o	r Location					. Inside City Limits
here 23a or 23a-f show the must be notified at furneral Director	Maryland F	Prince (	Georges	Laur	el					1 ☐ Yes 2 ☒ No
be notified Director	10e. Street and Number				10f. Zip Code			10g. Citizen of V	Vhat Country	17
Funeral	10927 Hillc  11. Merital Status		iVe 12. Was Decedent E Armed Forces? 1 □ Yes 2 ☑ N		207 13. Was Decedent of H If Yes, specify Cub		pecity Yes or No o Rican, etc.)		State e - American ek, White, etc	Indian,
à	3 ☐ Widowed 4 ☐ I		If Yes, Give Year or Dates:		1 ☐ Yes 2 ☒ No			Specify 16b. Kind of Bu	Whit	
Completed	(Specify or Elementary/Secondary	nly highest grad	College (1-4or 5	+) (C	ive kind of work done e. DO NOT use retire pointment	during most of world)	king	Federal		
BeC	17. Father's Name (First,	, Middle, Last)		1.0	poznemene		ne (First, Middle	, Maiden Sumam		
ToB	Unknown					Unkı				
	19a. Informant's Name/F		Hus	pand	lailing Address (Street				111111	
	Patrick Tho 20a. Method of Dispositio 1	on emation 3 🗆 F	Removal from State	20b. Piaca of D	927 Hillcre isposition (Name of crematory or other pla	ica)	Date	20c. Location -	City or Towr	n, Stete
8	4 Donetion 5 21. Signature of Funeral		~		ncoln Ceme 22. Name and Addre Fort Linco	ess of Fecility		Brentwoo	od, Ma	ryland
an	23a. Part1. Enter the dis	sease, or compl ure. List only o	cations that caused ne cause on each lin		3401 Blader	sburg Rd	., Bren	twood, Marrest,	A Ir	pproximate hterval Between chaset end Death
lical iner	Immediate Cause (Final disease or condition resulting in death)		а		Systems Or	gan Fail	ure			7 days
je Marie				Due to (or as a co epsis	nsequence of):					8 days
the buriel-transit	Sequentially list conditio	ons,	b	Due to (or as a cor	nsequenca of):					
E E	Sequentially list condition if any, leading to immedicause. Enter Underlying Cause (Disease or injury	liate	e. E	ile Leak						9 days
//Medical			d	Due to (or es e cor	sequence of):					
od for use as	Part il. Other significant	conditions cor	ntributing to death bu	t not resulting in th	ne underlying cause gi	ven in Part I.	23b. Dld	I tobacco uas co	ntributs to ti	he causs of death?
be detached for use a by Physician/M							1	Yss 2K No	3 Proba	bly 4 ☐ Unknowr
2 should	Hypertens	sion						s an autopsy ormed?	avail	autopsy findings able prior to pletion of cause eath?
Com							1 🗆	Yes 2⊠No	10	Yes 2□ No
Be	25. Was case referred to examiner?		Hospital:			26. Place of Dea			20 12 20 20	
Į P		Pending investigation	28a. Date of Injur (Month, Day	-	ne of 28c. Inju	4 Li Nursing in		how injury occur		
tifica	2 Accident 3 Suicide 6 C	Could not be determined	28e. Placa of Injubuilding, etc	ry - At home, farm (Specify)	, street, factory, office			(Street and Numb own, State)	per or Rural F	Route Number,
edical C	29a. Certifier 1 (Check only one)	Certifying Phys Medical Exami	aiclan: To the best oner: On the basis of and manner sta	examination and/o	eath occurred at the ti or investigation, in my	ime, date and placa opinion, death occu	, and due to the irred at the time	cause(a) and ma , date and placa,	anner as stat and due to ti	ted. he cause(s)
completely filled in	29b. Signature end title of	of cartifier Mind	rael 1	ulip	29c. Licen			29d. Date signe		
(	30. Name and address o				pe, Print)  ice Lane S		Catono	Februa		
State Registrar	G. Michael 31. Date filed (Month, Da		716 Ma 32 Registre	r's Signature	Lane S		Valons	viiie, M	aryrai	ıu



State of Maryland / Department of Health and Mental Hygiene 9 07563

					Ce	ertificate o	f Death	Re	eg. No.	0,00
	Dhoole		1. Decedent's Neme (First, Middle, I	ast)				2. Dete of Deat	h	3. Tima of Deeth
J	Physic Med/		MARGARE	r K. OEHI	RING			Month FEB. 1	6, 199	9 11:20 AM
Э	Exami		4e. Fecility Neme (If not institution, g				4b. City, Town, or Lo		4c. County of	
1	381		NATIONAL LU		OME		ROCKVII			GOMERY CO.
	Funeral Director		5. Social Sacurity Number 6. 218-05-7312  Usuel Residence of Decedent	Sex 7. A 1 □ M 2 ▼ F	ge (In yrs. lest birthda) 96 Yrs.	Months Day		8. Dete of Birth (Month, Dey, JUNE 2		Birthplace (State or Foreign Country) -MARYLAND
	the Maryland 26a-f show	tor	MD • 10b. County  MD • MONT©	OMERY	10c. City, Town or I	ocation CKVILLE				10d. Inside City Limits 1 XYes 2 □ No
	th with the 23s or 28	al Director	10e. Street end Number 9701 - VEIRS	DR.,		10f. Zip Code 2 0 8	350	10	0g. Citizen of Wha	at Country?
020	72 hours after death with the Maryland natural, or items 23s or 28s-f show area Examiner must be notified as	I by Funeral	11. Maritei Status 1 ☐ Never Marriad 2 ☐ Married 3 ☐∰Widowed 4 ☐ Divorced	12. Wes Decedant Armed Forces' 1  Yes 2  If Yes, Give Yaar or Dates:		. Was Decedent of if Yes, specify Cu	Hispenic Origin? (Spuben, Mexican, Puerto o Specify:	ecify Yes or No- Rican, etc.)		American Indien, White, etc. WHITE
21215-0020	5	Completed	15. Decedent's (Specify only highest g Elementary/Secondary (0-12)	Education rade complated) Collaga (1-4or	(Giv 5+)		e during most of worki red)	ing	16b. Kind of Busin	ess/Industry
	al Hygiel other ti		12 17. Fethar's Neme (First, Middla, Las	A)	STO	RE CLE				AILABLE
Maryland	S is o	To Be	CHARLES A. I		T		18. Mother's Neme		KAISEF	2
Var	d 2 should th and Mer 7 Is marke traumatic		19a. Informent's Neme/Reletionship				et end Number or Rure			
	s 1 and 2 f Health Item 27		REV.DR. REICH	ARD-EXECU			EIRS DR.,			
altimore,	Pages nent of int: If Ib ury or c		20a. Method of Disposition  1   Buriai 2 □ Cramation 3  4 □ Donetion 5 □ Other (Spec	□Removai from Stafe		emetory or other p	TH CEM. 2		20c. Location - Cit -BALTTM	
Ball	permit. Pag Department Important: Il any injury o		21. Signature of Funeral Sarvice Lie			22. Name and Add HYSON	IC CO TN	C.		
			23a. Part1. Enter tha diseese, or cor shock, or heert feilura. List onl	ndications that cluse	the deeth. Do not ar	1300- nter the mode of dy	ving, such es cardíac d	W WAS	H. DC	Approximate
5	Physician		STOOK, OF HOUR FORMER. CISCOTT	U	Tio.					Intervel Between Onsaf and Death
7	/Medical Examiner		Immediate Ceuse (Final diseesa or condition	3	lateral	Pnen	morrie			1 ment
п	Examiner		resulting in death)	6. /34	Due to (or as e conse		, , , , , , , , , , , , , , , , , , ,			month
Т	be isi	nine		b	2968 line	Hea	nt Fa	elvic		2 mm/
	ertificate be executed ling physician and se as the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate	4	Dea to (or es e conse	iquenca of):		,		
68760	siciar buria		Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disaese or injury that initiated events	c. 18	piralin	Pme	mmm	ec_		le month
89	g physias the	Medicai	rasulting in deeth) Last	10	Due to (or es e conse	quenca of):	7 —	/		
Вох	0 2 9			d. / //	herme	me Ile	ment	ia		
	death co	sicia	Part II. Other significant conditions	contributing to death b	ut not resulting in that	underlving cause o	iven in Part I.	23b. Did tol	bacco usa contri	bute to the cause of death?
s, P.O	ras that the death igned by the atter i be detached for i	by Physician	1 1 1	Ulcen	, ,	perten	sim	1 🗆 Ye		□ Probably 4 □ Unknow
Vital Records	aw requi	Completed t	Osteoarthritin					24a. Was er perform		4b. Wera europsy findings available prior to complation of causa of deeth?
œ	0 - 0	PO						1 ☐ Ye	s 2/2/No	1 Yas 2 No
ita Ita		Be (	25. Wes case referred to medical examiner?				28. Piece of Deeth	(Check only one	9)	
0	Physician: this cartific ral director,	2	1□ Yes 2□ No	Hospital: 1 Inpatie	ent 2 ER/Outpetie	III JL DOA		ne 5 Resider	nce 6 Other (	Specify)
ion	After Aune	ation:	27. Manner of Deeth 1		y Year) 28b. Time ( Injury	W	ury af ork? □ Yes 2 □ No	28d. Dascribe ho	w Injury occurred	
Division	s after death if Director: od in by the	Certification:	3 Suicide 6 Could not ! 4 Homicida	28e. Piece of inj building, et	ury - At home, ferm, st c. (Specify)	raet, fectory, office	9 4	28f. Location (Str. City or Town,	eet end Number o Steta)	or Rural Route Number,
	o the Hospital or Attend vithin 24 hours after deat o the Funeral Director; completaly filled in by the	edicai (	29a. Certifier (Check only one)	nysician: To the best miner: On the besis of and manner ste	axaminetion end/or in	h occurred et tha fivastigetion, in my	ima, date end pleca, e opinion, daath occurre	end due to the ce ed et tha tima, da	usa(s) and menne ta end plece, and	or as stated. dua to the ceusa(s)
	within to the comple	M	29b. Signeture and fitte of	/		29c. Licar	ise number	29	d. Date signed (A	fonth, Dey, Year)
	6		Usu	un	-MIN	n-	36618	F	elman	16,1959
	[4]		30. Neme and eddrass of person who	completed cause of d	eeth (Item 23e) (Typa.	Print)		/-		, ,
			DR. CHRIST				RS DR.	ROCKVII	J.E. MD	
	Sta	te	31. Date filed (Month, Dey, Yaer)	32 Registre	er's Signature		21.0		HARLE I L'ILL 9	
	Registr	ar	FEB 2 2 1999	12: 100	w 19.	lan s	A.			

b. parti

DHMH 16 Rev 6/95

Auditor"

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Day 1230 MAGGIE RUTH PANKEY FEBRUARY 21, 1999 4e Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth 9112 GREENFIELD LANE CLINTON PRINCE GEORGE Birthplaca (Steta or Foreign Country) If Under 1 Year If Under 24 Hrs. Hours Min. 7. Age (In yrs. last birthday) 5. Sociel Security Number 6. Sex Months 10 M 20 F Deys 75 199-20-5832 August 22 1923 Pennsylvania Usual Rasidenca of Daceden 10d. inside City Limits 10e. Steta 10b. County 10c. City, Town or Location 1 Yes 2 □ No Prince George's Maryland Clinton 10e. Street end Number 10f. Zip Code 10g. Citizan of What Country? 9112 Greenfield Lane 20735 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No if Yes, Give Yeer or Detes: 14. Race - American indien, Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puerto Rican, atc.) 11. Meritai Stetus Bleck, White, etc. 1 Never Marriad 2 Married Specify: Black 1 Yes 2 No Specify: 3 ₩ Widowed 4 Divorced 16e. Decadent's Usuei Occupation 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) (Giva kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) Private Licensed Practical Nurse years 17 Fether's Neme (First Middle Last) 18. Mother's Neme (First, Middle, Malden Sumama) Thomas Satterwhite Hester Cousins 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Reletionship (Type, Print) 1010 Fenton Place, Upper Marlboro, Maryland 20774 Leslie T. Pankey/Son 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State Lincoln Memorial Cemetery 1999 1 Buriai 2 ☐ Cremation 3 ☐ Ramoval from Stata Suitland, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensea J.B.JENKINS FUNERAL HOME Ken 7474 Landover Road, Landover, Maryland 20785 ancu CO 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or hear feiture. List only one ceuse on each line. Approximate intarvei Between Onset and Deeth Immediate Ceuse (Finei MULTIPLE MYELOWA disaasa or condition resulting in deeth) Due to (or as a consequence of) Sequentially list conditions, if eny, laeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Lest Due to (or es e consequence of) Dua to (or es e consequenca of) Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the causs of death? 3 Probably Winknown 1 Yss 2 No 24b. Were eutopsy findings evailable prior to completion of cause of death? 24e. Wes an autopsy performed? 2 No 1 Yas 1 Yes 2 No 25. Wes case referred to medical 26. Place of Deeth (Check only one) exeminer? Other: 4 Nursing Homa 5 Residence 8 Other (Specify) Hospitel: 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Deeth 28e. Dete of injury (Month, Dey Year) 28c. injury et Work? 28d. Describe how injury occurred 28b. Time of 1 Netural 5 Pending Injury 1 Yes 2 No invastigetion 2 Accident 6 Could not be 3 Suicida 28e. Placa of injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Routa Number, City or Town, State) 4 Homicide

cartificate be executed P.O. Box 68760, Records, Division of Vital

**Physician** 

/Medical

Examiner

**Funeral** 

Director

r than "natural", or items 23e or 28e-f show the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours effer c Department of Haalth and Mental Hygiena. Important: If item 27 is marked other than "natural", or iten any injury or other traumatic event, the Medical Examiner. once.

**Physician** /Medical

Examiner

buriel-transit

the

80 950

page 2

funeral

and

Examiner

Physician/Medical

p

Completed

Be

2

Certification:

Medical

29a. Certifier

29b. Signatore and title of certifier

Baltimore, Maryland 21215-0020

Directo

Funeral

by

Completed

with the Maryland

death

physician signed b peeu certificate • Hospital or Attending Physicien: 24 hours after deeth. Funeral Director: After this certifica s after deeth.

completely filled To the To the To the

State Registrar MARIO P. GOLLE

MO

29c. Licensa number

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) end menner steted. 29d. Data signed (Month, Dey, Year)

ed cause of deeth (flem 23a) (Type, Print) 30. Neme end eddress of person who cor

3001 HOSPITAL DRIVE, CHEVERLY, MARYLAND 20781

31. Dete filed (Month, Day, Year) FEB 2 5 1999 32. Registrer's Signeture

• £ £ £ £ £ £ € .

### Piease Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 9 0 7 5 6 5

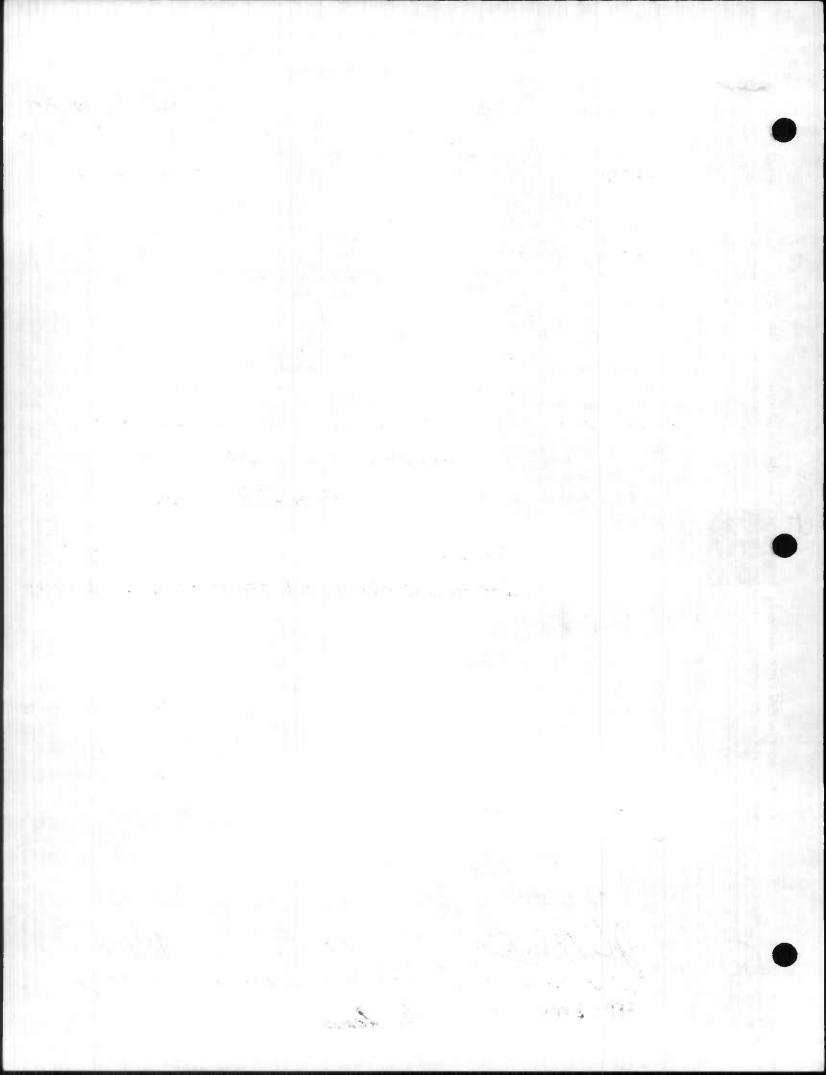
		Certificate of Death	Reg. No.	01000
	Decedent's Name (First, Middle, Last)		2. Date of Deeth	3. Time of Death
Physician /Medical	MAKI FILIADFIN PRAINFR		February 22 Day	1999 6:18 AM
Examiner	to English blame //f and institution give atmost and growther)	4b. City, Town, or Lo		unty of Deeth
	Prince George's Hospital Center	r Cheverly	Pri	nce George's
Funeral Director	5. Social Security Number  577-92-8319  Usual Residence of Decedent	t birthday) Yrs.  If Under 1 Year If Under 24 Hrs. Months Days Hours Min.	8. Date of Birth (Month, Day, Year) April 28,191	9. Birthplaca (State or Foreign Country) 4. Maryland
and and		own or Location		10d. Inside City Limits
death with the Meryland ms 23s or 28s-f show crises by notified at neral Director	Maryland Prince George's For	restville	10g Citizen	1 ☑ Yes 2 ☐ No of What Country?
offer death with the Meinter death with the Meinter rules to notified inter must be notified Funeral Director	1219 Edenville Drive	20747	U.S.	Α.
ozo urs after ar, or its	3 X Widowed 4 ☐ Divorced If Yes, Give Year or Dates:	13. Was Decedent of Hispanic Origin? (Sp if Yes, specify Cuben, Mexican, Puerto 1 □ Yes 2 図 No Specify:		Race - American Indian, Black, White, etc. ecify: Black
I 21215-0 led within 72 ho hygiena. Tr. the Medical Int. Completed	15. Decedent's Education (Specify only highest grade completed)	6a. Decedent's Usual Occupation (Give kind of work done during most of work life. DO NOT use retired)	ing 16b. Kind o	of Business/Industry
within ana. than the Man	Elementery/Secondary (0-12) College (1-4or 5+)			ivato
W 50 - 0	12th	Housewife		ivate
be file other ovent,			e (First, Middle, Maiden Sui	meme)
farylan 2 should be and Mentel is marked o aumatic ev	, ITAIN DAVAIT	Ida Se		
Maryland d 2 should be file th and Mentel Hy 7 is marked othe traumatic event,	The state of the s	19b. Mailing Address (Street end Number or Rur		
C - 01 -	Doris E. Waters/Daughter  20a. Method of Disposition 20b. Plac	1219 Edenville Drive,		on - City or Town, State
Baltimore, semit. Pages 1 ar popartment of the Heamportant: if item moortant: if item into injury or other ince.	1 ☑ Burlal 2 ☐ Cremation 3 ☐ Removel from State	mony Memorial Park	2/26 1999 Lando	ver, Maryland
Baltim pemit. Pag Department Important: any Injury once.	21. Signature of Funerel Servica Licensee  Nan au A. Percente	J. B. JENKINS FUNERA 7474 Landover Road,		anyland 20785
	23a. Part1. Enter the disease, or complications that caused the deeth. shock, or heart failure. List only one cause on each line.	Do not enter the mode of dylng, such es cardiac	or respiratory arrest,	Approximate
Physician /Medical Examiner	Immediate Cause (Final disease or condition resulting in death)  a.	a consequence of):	1 -	Interval Between Onset and Deeth
air ed	1 Ces p	- atron ten	lul	
ords, P.O. Box 68760, requires thet the death certificate be executed een signed by the attending physician end hould be detached for use as the burial-trensit sted by Physician/Medical Examiner		a consequence of parting		1.244
Box 6876( eath certificate be attending physicial for use es the bu	7/4/1/05	Lyburia Cor	nei	
O. B. B. the death the attended for hed for ysicia	Part II. Other significant conditions contributing to death but not resulting	ng In the underlying cause given in Part I.	23b. Did tobacco use	contributa to the cause of death?
Is, P.O. Boy es thet the death ce igned by the attend be detached for us by Physician/			1 Yes 30	No 3 Probably 4 Unknown
Die 2 s b			24a. Was en autopsy performed?	24b. Were autopsy findings available prior to completion of cause of death?
The id			1□ Yes 2MN	lo 1 Yes 2 No
Vital I sicien: The certificate irector, peg	25. Was case referred to medical	26. Place of Deat	th (Check only one)	
Of Vita Physician: this certific ral director, TO Be	1 Yes 20 No Hospital: 1 Monotion: 2 FR	VOutpatient 3□ DOA Other: 4□ Nursing Ho	ome 5 Residence 6	Other (Specify)
Division of or attending Physical of a star death. Director: After this in by the funeral dispersion: To ertification: To		8b. Time of linjury et Work?  M 1 Yes 2 No	28d. Describe how injury or	
Divi	4 Homicide determined 28e. Placa of Injury - At home building, etc. (Specify)	e, farm, street, factory, office	281. Location (Street and N City or Town, Stete)	iumber or Rural Route Number,
Division of the Hospital or Attending P within 24 hours efter death. To the Funeral Director: Affert completely filled in by the funeral Medical Certification:	29e. Certifier (Check only one)  Certifying Physician: To the best of my knowle 2 Medical Examinar: On the basis of examination and manner state.	dge, death occurred at the time, date and place, and/or Investigation, in my opinion, deeth occur	and due to the cause(s) and red at the time, date and pla	d manner as stated. ace, and due to the cause(s)
To the Howithin 24 To the Fucomplete		29c. License number	29d. Date s	igned (Month, Day, Year)
1		D51006	21	02/09
(6)	30. Name and address of person who completed cause of death (Item 23	Sa) (Type Print)	Medica	Note to
State	31. Date filed (Month, Day, Year) FEB 2 5 1999  32. Registrar's Signature		Medica	2078
Registrar	LED 7 0 1333	- Apartal		

D 13 5 833

And the second

## Piease Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

rsician ledical		Decedent's Name (First, Mic	ddia, Last)						2. Date of De			3. Time of Death
euicai		Johonno		Phelp					Month O2		Year	GIOAM
aminer	4a	Facility Name (If not institute Laure)		ional		spita	1	4b. City, Town, or Lau	4	Prin		Seorge
eral tor		Social Security Number 95-03-6384	6. Sax			last birthday) Yrs.	If Undar 1 Yaar Months Days		(Month, Da		9. Birthpl Count	aca (Stata or Forai try) Ouri
		ual Residence of Decedent a. State 10b. Cour	nty		10c. C	ity, Town or Lo	cation				10	Od. Inside City Limit
rector	М	aryland Prin	ice G	eorge's		Laur	e 1					1 ☐ Yes 2 N
ie Se	10	e. Street and Number	ice o	eorge 3		Hadi	10f. Zip Code			10g. Citizen of W	hat Count	try?
a D		9254 Cherry	Lane	, #17			2070	8		U.S.A.		
by Funeral Director	11	. Marital Status  1 Never Married 2 M  3 M Widowed 4 Divorce	larried	12. Was Decede Armed Force 1  Yes 2 If Yes, Give Year or Date	es? X) No		Was Decedent of f Yas, specify Cut  □ Yas 21 No	Hispanic Origin? (S pan, Mexican, Puer Specify:	Specify Yas or No to Rican, etc.)	14. Race Black Specify:	- America k, White, c	
Be Completed by		15. Deced (Specify only high Elementary/Secondary (0-12	hast grade		or 5+)	(Giva lifa. l		i during most of wo ed)	rking	16b. Kind of Bu		
S	17	. Father's Name (First, Middle	le ( set)	5+		P	rivate T		mo /First Middle	Private , Maidan Sumami		ustry
To Be		Paul		Glidew	e11			Cora	Ann Sm	ith		
		a. Informant's Name/Relation						and Number or R		·		
		tanton D. Phe	erps	- 50n	20b.	Placa of Dispo	sition (Nama of	11 Lane,	Date Date	Marylar 20c. Location -		0724 wn, Stata
		1 ☒ Burial 2 ☐ Crematio 4 ☐ Donation 5 ☐ Other		emoval from Sta	ata		coln Cem		02/25/99	Brentwo	ood,	Maryland
	21	. Signature of Funeral Service	ce License	90		A	. Name and Addr					
ouce.		• Claud	ette	-a. 2	asz			meral Ho			. MD	20781
n	23	3a. Part1. Entar tha disease, shock, or heart failure. L	or compli lst only on	cations that cau le cause on eac	ised the dea th line.							Approximate Interval Between Onset and Daath
ı	dis	mediata Causa (Final sease or condition sulting in death)		Se	neic							11
1.0	10				6161							4 days
					Due to (	or as a consec	juenca of):	. 1 21	, ,	C -		4 days
mlne			<b>C</b> b			or as a consecutive of the conse	quenca of);	rated 06	prator.	FORMER	1	1 days
Examine	Seifa	equentially list conditions, any, leading to immediate use. Enter Underlying	<b>1</b> •			or as a consecutive or as a consecutive	nuenca of):  nd Rerfoliuence of):	rated 06	prator.	FORMER HERNIG	1	1 days
dicai Examine	Se if a ca Ca tha	equentially list conditions, any, leading to immediate use. Enter Underlying ause (Disease or Injury at initiated events	<b>\</b>		Due to ( Due to (	or as a consecutive or	nd Perfo	rated 06	prator.	FORMER HERNIG		4 days 2 wee
/Medicai Examiner		equentially list conditions, any, leading to immediate use. Enter Underlying ause (Disease or Injury	<b>{</b>	Inc	Due to ( Due to (	or as a consec	nd Perfo	rated 06	prator.	FORMER HERNIG		4 days 2 wee
_		equentially list conditions, any, leading to immediate use. Enter Underlying suse (Disease or Injury at initiated events sulting in death) Last		Inc.	Due to (	or as a consecutive or as a consecutive	und Rerfo					4 days 2 wee,
-		equentially list conditions, any, leading to immediate use. Enter Underlying ause (Disease or Injury at initiated events		Inc.	Due to (	or as a consecutive or as a consecutive	und Rerfo		23b. Dld	tobacco use con	atribute to	days  wee  the cause of deat
Physician/M	Pa	equentially list conditions, any, leading to immediate use. Enter Underlying suse (Disease or Injury at initiated events sulting in death) Last		Inc.	Due to (	or as a consecutive or as a consecutive	und Rerfo		23b. Dld		atribute to	
by Physician/M	Pa	equentially list conditions, any, leading to immediate use. Enter Underlying suse (Disease or Injury at initiated events sulting in death) Last		Inc.	Due to (	or as a consecutive or as a consecutive	und Rerfo		23b. Did	tobacco use con	atribute to	oebly 4⊡Unkno
by Physician/M	Pa	equentially list conditions, any, leading to immediate use. Enter Underlying suse (Disease or Injury at initiated events sulting in death) Last		Inc.	Due to (	or as a consecutive or as a consecutive	und Rerfo		23b. Did 1 □ 24a. Was perfe	tobacco use con	24b. We avi	bebly 4 Unknown under autopsy finding allable prior to mpletion of causa
Physician/M	Pa	equentially list conditions, any, leading to immediate use. Enter Underlying suse (Disease or Injury at initiated events sulting in death) Last	itlone con	. In (	Due to (	or as a consecutive or as a consecutive	uance of): uance of): uance of):	iven In Part I.  26. Place of De	23b. Did 1 □ 24a. Was perfe	tobacco use con Yee 2 100 s an autopsy ormed? Yes 22No	24b. We avi	ere autopsy finding ailable prior to mpletion of causa death?
To Be Completed by Physician/Me	Pa 25	equentially list conditions, any, leading to immediate use. Enter Underlying ause (Disease or Injury at initiated events sulting in death) Last  It II. Other significant conditions to the condition of the conditions of the condi	itlone con	tributing to deat	Due to (  Due to (  Due to (  th but not re-	or as a consector as	uance of):  uance of):  uance of):  uance of):	iven In Part I.  26. Place of De	23b. Did 1 □ 24a. Was perfe	tobacco use con Yee 2 No s an autopsy ormed? Yes 2 No ona) idenca 8 Othe	24b. We ave color of a first color (Spacific	ere autopsy finding ailable prior to mpletion of causa death?
To Be Completed by Physician/Me	Pa 25	equentially list conditions, any, leading to immediate use. Enter Underlying use. Enter Underlying at initiated events sulting in death) Last  It II. Other significant conditions to the examiner?  I Yes 2 No.  Manner of Death	itione con	tributing to deat	Due to (  Due to (  Due to (  th but not re-	or as a consector as a consequence of the consequen	uance of):  uance	26. Place of De ther: 4□ Nursing I	23b. Did 1 □ 24a. Was perfe	tobacco use con Yee 2 100 s an autopsy ormed? Yes 2 100 ona)	24b. We ave color of a first color (Spacific	ere autopsy finding ailable prior to mpletion of causa death?
To Be Completed by Physician/M	Pa 25	equentially list conditions, any, leading to immediate use. Enter Underlying ause (Disease or Injury at initiated events sulting in death) Last  The condition of the condition	icat H	tributing to deat	Due to (  Due to (  Due to (  Due to (  injury Year)	or as a consector as	uance of):  uance	26. Place of De ther: 4 \( \text{ Nursing I } \)	23b. Did 1	tobacco use con Yee 2 No s an autopsy ormed? Yes 2 No ona) idenca 8 Othe	24b. We ave colored a first ser (Spacified	ere autopsy findingsialable prior to mpletion of causa death?  Yes 2 No
Certification: To Be Completed by Physician/M	Pa 25	equentially list conditions, any, leading to immediate use. Enter Underlying ause (Disease or injury at initiated events sulting in death) Last  The condition of the condition	ding stigation ld not be primed	tributing to deat  28a. Date of (Month,  28e. Place of building	Due to (  Injury Pear)  Injury At h., etc. (Special   est of my knilled   Due to (  Du	or as a consector as	uance of):  uance	26. Place of De ther: 4 Nursing lary at ork?	23b. Did 1	tobacco use con Yee 2 No s an autopsy ormed?  Yes No ona) idenca 8 Othe how Injury occurr (Street and Number wm, Stata)	24b. We ave colored ar (Spacified	ere autopsy finding allable prior to mpletion of causa death?  Yes 2 No
edical Certification: To Be Completed by Physician/M	Pa P	equentially list conditions, any, leading to immediate use. Enter Underlying ause (Disease or injury at initiated events sulting in death) Last  The condition of the condition	ding stigation ld not be primed	tributing to deat  28a. Date of (Month,  28e. Place of building	Due to (  Injury - At h, etc. (Speciest of my kmis of examins	or as a consector as	uance of):  uance	26. Place of Dether:  26. Nursing larget ork?  Yes 2 No  ime, date and place opinion, death occ	23b. Did 1	tobacco use con Yee 2 100 s an autopsy ormed?  Yes 200 No ona) idenca 8 00the how Injury occurr (Street and Number wm, Stata)  cause(s) and ma date and place, a	24b. We ave colored a series of the colored and a series and due to	pebly 4 Unknown under un
Certification: To Be Completed by Physician/M	Pa P	equentially list conditions, any, leading to immediate use. Enter Underlying ause (Disease or injury at initiated events sulting in death) Last  The condition of the condition	ding stigation ld not be primed	dospital: 1 Imp 28a. Date of (Month, 28e. Place of building	Due to (  Injury - At h, etc. (Speciest of my kmis of examins	or as a consector as	uance of):  uance	26. Place of De ther: 4 Nursing lary at ork?	23b. Did 1	tobacco use con Yee 2 No s an autopsy ormed?  Yes No ona) idenca 8 Othe how Injury occurr (Street and Number wm, Stata)	24b. We ave colored a series of the colored and a series and due to	pebly 4 Unknown under un
edical Certification: To Be Completed by Physician/M	25 27 29 29 29 29 29 27 29 29 29 29 29 29 29 29 29 29 29 29 29	equentially list conditions, any, leading to immediate use. Enter Underlying ause (Disease or injury at initiated events sulting in death) Last  It II. Other significant conditions are conditionally at initiated events sulting in death) Last  It II. Other significant conditions are conditionally at initiated events sulting in death) Last  It II. Other significant conditionally are conditionally at initiated events are conditionally at initiated events. It is conditionally at initiated events are conditionally at initiated events are conditionally at initiated events. It is conditionally at initiated events are conditionally at initiated events are conditionally at initiated events. It is conditionally at initiated events are conditionally at initiated events are conditionally at initiated events. It is conditionally at initiated events at initiated events at initiated events at initiated events. It is conditionally attributed events at initiated events	ding stigation Id not be smined stigation Id not	dospital: 1 Ship 28a. Date of (Month, 28e. Place of building and manner	Due to (  Due to	or as a consector as	uance of):  uance	26. Place of De ther:  4 Nursing I ya at oh?  Yes 2 No  ime, date and plac opinion, death occ ise number	23b. DId 1	tobacco use con Yee 22 No s an autopsy ormed?  Yes 22 No ona) idenca 8 Othe how Injury occurr (Street and Number wm, Stata)  cause(s) and ma date and place, s 2/22	24b. We avi col of a super (Spacificed and due to di (Month,	pebly 4 Unknown under the unique of the uniq
edical Certification: To Be Completed by Physician/M	25 27 29 29 29 29 29 27 29 29 29 29 29 29 29 29 29 29 29 29 29	equentially list conditions, any, leading to immediate use. Enter Underlying ause (Disease or injury at initiated events sulting in death) Last  The condition of the condition	ding stigation ld not be simined sying Physial Examirum	dospital: 1 Imp 28a. Date of (Month, 28e. Place of building	Due to (  Due to	or as a consector as	uance of):  uance	26. Place of Dether:  26. Nursing larget ork?  Yes 2 No  ime, date and place opinion, death occ	23b. DId 1	tobacco use con Yee 22 No s an autopsy ormed?  Yes 22 No ona) idenca 8 Othe how Injury occurr (Street and Number wm, Stata)  cause(s) and ma date and place, s 2/22	24b. We avi col of a super (Spacificed and due to di (Month,	pebly 4 Unkn ere autopsy findin- aliable prior to mpletion of causa death?  Yes 2 No  No No No No No No No No No No No No



	Α	mend it	em	# 5. Per FH PGC 2-	-25-99 cr	ii yiai iu 7		ite of Dea			Reg. No.	U/	)6/
	ı	Physic		Decedent's Name (First, Middle, Las     Perkins		Ramsey			4	2. Date of De Month	ath Day	Year 3.	Time of Death
4		/Medi	cal	4a. Facility Name (If not institution, give	street and number)			4b. City	, Town, or Loca	Feb			1:SIAM
		Examiı	ier	Deaton Unive	ersity o	1 '		edicine	Balt	imore	-		
	L	Funeral Director		5. Social Security Number  -245 01 5672  -245 -58 -2653  Usual Residence of Decedent	XM 2□F	(In yrs. last b	Yrs. If Und Month		der 24 Hrs.   { Irs Min.	B. Date of Bird (Month, Da January	27, 1938	9. Birthplace Country North Co	(State or Foreign arolina
		Maryland	tor	10a. State 10b. County  Maryland		10c. City, Tov	wn or Location Baltim	ore					nside City Limits
		h with the 23a or 28a	Funeral Director	10e. Street and Number 1550 Richland Aver	iue		10f. Z	ip Code	21217		10g. Citizen of	Vhat Country?	
	020	permit. Pages 1 and 2 should be filed within 72 hours effer death with the Maryland Department of Health and Mental Hygiena. Important: if Item 23 a or 28a-f show shy Intro or other traumetic event, if a Medical Examinar must be notified at anone.	by	11. Maritel Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent E Armed Forces? 1 ☐ Yes 2 ☐ N If Yes, Give Year or Dates:		330	edent of Hispanic ecity Cuban, Mex 2X No Spec		ify Yes or No ican, etc.)		e - American In k, White, etc. Black	dian,
	Maryland 21215-0020	vithin 72 h na. han "natu a Medical	Completed	15. Decedent's Edi (Specify only highest grad Elementary/Secondary (0-12) IUTh grade	cation le completed) College (1-4or 5-		Decedent's Us (Give kind of v life. DO NOT Labore	vork done during t use retired)	most of working	7	16b. Kind of B	usiness/Industry	,
	and 2	the filed vintal Hygie and other to	Be	17. Father's Name (First, Middle, Last)  James B. F	Ramsev		20001 01		other's Name (		Maiden Suman		1
	Mary	d 2 should the and Me	To	19a. Informant's Name/Relationship (T) Mrs. Inez C. Ramsey (V	vne Print)	19	550 Richt	ss (Street and Nu and Avenue	Baitim	Boure, Number Ore, Mar	y fand Town	State, Zip Code	<b>ə</b> )
	Baltimore,	Pages 1 arent of Haal		20a. Method of Disposition  XX Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donatlon 5 ☐ Other (Specify,		20b. Place comete Roanok	of Disposition (A ery, crematory of e Chape I	ame of cother place) Cemetery	2/2	Date 4/99	Jackson,	City or Town, S North Ca	
HWSEY	Balti	permit. Departm importal any inju		21. Agnature of Funeral Service Licens				and Address of Fa Ins Funera Hunt Plac			on DC	20010	
RAM		Physiclan		23a. Fatt1. Enter the disease, or complete on the control of the c	ications that caused ne ceuse on each line	the death. Do	not enter the m	ode of dylng, such	as cardiac or	respiratory a	rest,	App	roximate val Between et and Death
CR	1	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	а		arryth					13	minnes
	L	D #	iner	_		oue to (or as a	consequence o	lupy				al r	nths
ER KINS	,00	tficete be axecuted g physician and es the buriel-transit	il Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Chmi		consequence of	1 long c	Hiseom C	·		10	45
PER	x 68760,	artificete b ding physic sa es the b	/Medical	that initiated events resulting in death) Last	dnem		consequence of	):				Ş	-NS
	P.O. Box	death of attended for us	Physician/N	Part II. Other algnificent conditiona co	ntributing to death but	not resulting	in the underlying	cause given in D	ort I	23h Did	tohacco usa co	atribute to the	ceuse of death?
	P.0	hat tha od by the detache		typartmen	infloating to death but	not resulting	in the underlying	cause given in F	er( i.		Yes 2 No		
	Division of Vital Records,	To the Hospital or Attanding Physician: The law requiras that the death cartificate within 24 hours after death.  To the Funeral Diractor: After this certificate has been signed by the attending physicompletaly filled in by the funeral director, page 2 should be detached for use as the	Completed by							24a. Wes perfo	en autopsy rmed?	avallable	utopsy findings a prior to ion of cause
	Re	The lar	Somp							10	res 20X No		2 No
	/ita	clan: ertifica ector,	Be	25. Was case referred to medical exeminer?				1	lece of Death				
	of	Physic this c	: To	1 ☐ Yes 2 ☑ No  27. Manner of Death	dospital:						dence 6 Oth		
	on	th. : After s funal	ıtion	1 Natural 5 Pending 2 Accident investigation	28a. Date of Injury (Month, Day	Year) 280.	Time of Injury M	28c. Injury at Work? 1 ☐ Yes 2		d. Describe i	now injury occur	ed	
	Divisi	or Attar after dea Diractor	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injurbuilding, etc.	y - At home, f (Specify)	arm, street, facto	ory, office	28	f. Location (S City or Tox	Street and Numb yn, State)	er or Rural Rou	te Number,
	_	To the Hospital or Attanding Physician: within 24 hours after death.  To the Funeral Diractor: After this certification of the funeral director, ecompletely filled in by the funeral director.	edicai C	29a. Certifier (Check only one)	sicien: To the best of ner: On the basis of a and manner stat	examination at	e, death occurre nd/or Investigation	d et the time, date n, in my opinion,	and plece, an death occurred	d due to the	ceuse(s) end me date end place,	anner es stated. and due to the	cause(s)
		To the withing to the comp	Me	29b. Signature and title of certifier			2	9c. License numb			29d. Date signe	d (Month, Day,	Year)
		2		30. Name and eddress of person who co	mode of co	ath (Item 23e)	(Type, Print)	chales s	+ Balh	mne ar	والماله (		
		Sta Registr		30. Name and eddress of person who con the film Destrum Unit 31. Date filed (Month, Day, Year)  FEB 2 5 1999	32 Registrat	's Signature	. Sou	elle.					

in the second se

Please Type or Print in Black Indelible Ink. Assure All Copies Are L			
State of Maryland / Department of Health and Mental Hygiene	99	07	156
0 ::			

					Cer	tificate of	Death		Reg. No.		
/sician	1. Decedent'a	Name (First, Middle	e, Last)					2. Date of De Month	Day	Year	3. Tima of Death
ledical		Dona1d	The Manager of the Control of the Co	berts				FEB.	20, 199		0045 AM
aminer		The state of the s	n, give street and numbe				4b. City, Town, or				
			S HOSPITAL			If Hadar 1 Vaar	CHEVERL!		PRINC		
eral ctor	5. Social Security 518–98–		6. Sex 7. A	ige (In yrs. le 35	Yrs.	Months Days	If Under 24 Hrs Hours Min	. (Month, De	1963 W		ace (State or Foreign ly) Virginia
rector	Usual Residen	nce of Decedant									
	10a. Stete	10b. County			, Town or Lo					10	d. Inside City Limits
cto	Marylar	nd Princ	e George's	Oxo	on Hil	1					1 ☐ Yes 2 💢 No
Funeral Director	10e. Street and	d Number				10f. Zip Code			10g. Citizen of V	Vhat Count	ry?
<u></u>	6524 H	Bock Terr	ace			207	45		U.S.A.		
ner	11. Marital Sta		12. Was Deceder Armed Forces	t Ever in U,S	3. 13. V	Vas Decedent of H Yes, specify Cub		Specify Yes or No		e - America k, White, e	
by	44	Married 2☐ Marr	ried 1 ☐ Yes 2 K If Yes, Give	] No		Yes 2X No	Specify:	to moun, etc./		:White	
B		15. Deceden			18a. Deced	ent's Usual Occup	pation	4.5	16b. Kind of Bu	siness/Ind	ustry
Completed	-	(Specify only highes (Secondary (0-12)	st grade completed)  Collaga (1-4o	54)	(Give lifa. L	kind of work done OO NOT use retire	during most of wo	nrking			
HO	12	Gecondary (U-12)	Collaga (1-40	34)	Р	ainter			Decor	ating	g
Be C		ama (First, Middle,	Last)		-		18. Mother's Na	me (First, Middle	, Maiden Sumam		
To B	IIr	nknown		Unknov	vn.		Lois	Robert	S		
-		t's Name/Ralations				g Address (Street				Stata, Zip	Code)
			Stepfather			Bock Te					
	20a. Method o		- Top Lacitor	20b. Pl	ace of Dispo	sition (Name of	1	Date	20c. Location -		wn, State
	1 🗆 Burial	I 2 ☐ Cremetion	3 Removal from Stat	е се	metery, cren	natory or other pla					
	-	tion 5 ☐ Other (S		Cu		apel Cem	etery	2/23/99	Hamlin,	West	Virginia
	21. Signature	of Funeral Service	Licepties)	1 1	Ge	Name and Addre	Kalas Fu	neral Ho	ome. P.A.		
- College	ple	esege	LY NOW	20	61	60 Oxon	Hill Rd.	Oxon Hi	111. MD 2		
	23e. Pert1. Er	ntar the disease, or	complications that caus only one cause on each	ed the death	. Do not ent	er the mode of dyle	ng, such es cardia	c or respiratory	arrest,		Approximate Interval Between
n	0,100,10	, mount in a close	only one seese on sees.								Onset end Deeth
al	Immediate Ca disease or cor	iusa (Final	· HEDD	TIAL	MATT	WITH a	ONDUL	noni			
r I	resulting in da	ath)	a. 140 (2003)		es e consec		V1 (4 - 00	3400.0	)	1	
ē				_ 30 .0 (0)	35 3 6011360						
Examiner	Secuentials II	ist conditions	b	Due to for	as a conseq	uence of):					
Exa	if eny, leading	ist conditions, to immediate Underlying sa or injury		_ 30 .0 (0)							
dical	mai miliated e	vents	с	Due to for	as a conseq						
	rasulting in da	ath) Last		D00 (0)	~ a m housad	Hence of):				-	
3						uence of):					
			d			uence of):					
Clar			d							1	
ysiclar	Part II. Other s	algnificant condition	d	but not resu	Iting In the u		ven in Part I.		1 1		the cause of death?
Physician/M	Part II. Other s	elgnificant condition	d	but not resu	lting In the u		ven in Part I.		l tobacco use col		the cause of death? ably 4 ☐ Unknown
þ	Part II. Other s	algnificant conditio	d	but not resu	lting In the u		ven in Part I.	10	Yes 2006	3 □ Prob	ably 4 Unknown
þ	Part II. Other s	algnificant conditio	d	but not resu	lting In the u		ven in Part I.	1 🗆	1 1	3 ☐ Prob	ably 4 Unknown  are autopsy findings iliable prior to
2	Part II. Other s	algnificent conditio	d	but not resu	ilting In the u		ven in Part I.	1 🗆	Yes 2 1000	3 Prob	ably 4 Unknown
2	Part II. Other s	algnificant conditio	d	but not resu	iting In the u		ven in Part I.	1 24a. Was	Yes 2 1000	3 Prob	ably 4 ☐ Unknown  are autopsy findings aliable prior to appletion of cause
Completed by	25. Was casa	rafarrad to medical		but not resu	ilting In the u			1 24a. Was	s an eutopsy ormed?	3 Prob	re autopsy findings sliable prior to npletion of cause leath?
o Be Completed by	25. Was casa	rafarrad to medicai	i Hospital:		Iting In the un	nderlying cause gl	26. Place of De	24a. Waaperl	s an eutopsy ormed?	3 Prob	ably 4 ☐ Unknown are autopsy findings aliable prior to appletion of cause leath?  Hes 2 ☐ No
To Be Completed by	25. Was casa examiner?	rafarrad to medical 2 No Death	i Hospital: XX Inpa	tient 2□f	ER/Outpatier 28b. Time of	nderlying cause gh	26. Place of De her: 4  Nursing	24a. Was perf	s an eutopsy ormed?  Yes 2 No ona)	24b. Wa eve con of c	ably 4 ☐ Unknown are autopsy findings sliable prior to appletion of cause leath?  Hes 2 ☐ No
To Be Completed by	25. Was casa examiner of 1  Natura	rafarrad to medical 2 No Death al 5 Pendin	i Hospital: XX Inpa 28a. Date of In (Month, L	tient 2□f	ER/Outpatier	nderlying cause given to the state of the st	26. Place of De her: 4  Nursing	24a. Warperl  24a. Warperl  1 Bath (Check only  Home 5 Bes  28d. Dascribe	s an eutopsy ormed?  Yes 2 No ona)	24b. Wa eve con of c	ably 4 ☐ Unknown are autopsy findings aliable prior to appletion of cause leath?  Hes 2 ☐ No
To Be Completed by	25. Was casa examiner?  XXYes  27. Manner of  1 Natura  2 VAccide  3 Suicid	rafarrad to medical 2 No Death al 5 Pendin ent investig	Hospital: XX Inpa  28a. Date of In (Month, L) gation not be 28e. Place of I	tient 2 I I	ER/Outpatier 28b. Time of Injury 1 4 2 6	nderlying cause given to the state of the st	26. Place of De her: 4⊟ Nursing ny at	24a. Wasperl  24a. Wasperl  1 B  eath (Check only  Home 5 Bes  28d. Dascribe  DRIVEL  28f. Location	yes 2 No ona) idence 6 Oth how injury occur (Street and Numb	3 Prob  24b. Wa eve con of c  1 S  ar (Specify red	re autopsy findings sillable prior to impletion of cause death?  Wes 2 No
to pe combiered by	25. Was casa examiner?  XXYes 27. Manner of 1  Natura 2 Naccide	rafarrad to medical 2 No Death al 5 Pendin ent investig	Hospital: XX Inpa  19 28a. Date of In (Month, D  19 28e. Place of I building, I	tient 2 I i	ER/Outpatier 28b. Time of Injury 1 4 2 6	t 3 DOA Oth	26. Place of De her: 4⊟ Nursing ny at	24a. Wasperl  24a. Wasperl  1 B  eath (Check only  Home 5 Bes  28d. Dascribe  DRIVEL  28f. Location	Yes 2 No ona) idence 6 Oth how injury occur  (Street and Numb	3 Prob  24b. Wa eve con of c  1 S  ar (Specify red	re autopsy findings illable prior to impletion of cause death?  Hes 2 No  Route Number,
To Be Completed by	25. Was casa examiner?  XXYes 27. Manner of 1 Natura 2 Naccide 3 Suicid 4 Homic	rafarrad to medical 2 No  Death al 5 Pendin ent investig de 6 Could of	Hospital: XX Inpa  28a. Date of In (Month, D 27  28e. Place of I building,	tient 2 I I	ER/Outpatier 28b. Time of Injury 1 U 2 C me, farm, str	t 3 DOA Ott	26. Place of De her: 4 □ Nursing ny at 1/2   Yas 2 □ No	24a. Warperl  24a. Warperl  1 B  eath (Check only  Home 5 Bes  28d. Dascribe  DRIVEL  28f. Location City or To	Yes 2 No ona) idence 6 Oth how injury occur  (Street and Numb wn, Stata)	3 Prob  24b. Was eve con of c	re autopsy findings sillable prior to impletion of cause leath?  Pres 2 No  P
To Be Completed by	25. Was casa examiner?  XXYes  27. Manner of  1	rafarrad to medical 2 No  Death al 5 Pendin ent investig de 6 Could determ	Hospital: XX Inpa  28a. Date of In (Month, L) 28e. Place of I building, 19 Physician: To the basis	tient 2   I	ER/Outpatier 28b. Time of Injury 1 U 2 Compe, farm, str	t 3 DOA Oth	26. Place of De her: 4 □ Nursing ry at ft. Yas 2 □ No	24a. Warperl  24a. Warperl  1 Beath (Check only  Home 5 Bes  28d. Dascribe  DRIVEL  28f. Location City or To	Yes 2 No ona) idence 6 Oth how injury occur  (Street and Numb wm, Stata)  CAUVE a cause(s) and ma	3 Prob  24b. Wa eve con of con	re autopsy findings illable prior to impletion of cause leath?  Hes 2 No  Pes 2 No  Pe
edicai Certification: To Be Completed by	25. Was casa examiner?  XXYes  27. Manner of  1  Natura  2  NAccide  3  Suicid  4  Homid  29a. Certifier (Check on one)	rafarrad to medical 2 No Death al 5 Pendin ent investig de 6 Could determ  1 Certifyin XIX Medical	Hospital: XX Inpa gation 28a. Date of In (Month, L 28e. Place of I building, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	tient 2   I	ER/Outpatier 28b. Time of Injury 1 U 2 Compe, farm, str	t 3 DOA Oth Wo 1 Peet, factory, office	26. Place of Deher: 4 Nursing  ry at  ry (?)  Yas 2 No  ma, data and place oplnion, death occupinion, death occupinion.	24a. Warperl  24a. Warperl  1 Beath (Check only  Home 5 Bes  28d. Dascribe  DRIVEL  28f. Location City or To	Yes 2 No s an eutopsy ormed?  Yes 2 No ona) idence 6 Oth how injury occurr OFTM (Street and Numbown, Stata) COLVEN c cause(s) and ma hote and place,	24b. Was every conference of conference of the c	re autopsy findings sliable prior to impletion of cause death?  Wes 2 No
To Be Completed by	25. Was casa examiner?  XXYes  27. Manner of  1  Natura  2  NAccide  3  Suicid  4  Homid  29a. Certifier (Check on one)	rafarrad to medical 2 No  Death al 5 Pendin ent investig de 6 Could determ	Hospital: XX Inpa gation 28a. Date of In (Month, L 28e. Place of I building, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	tient 2   I	ER/Outpatier 28b. Time of Injury 1 U 2 Compe, farm, str	t 3 DOA Oth	26. Place of Deher: 4 □ Nursing y at 1/4? Yas 2 □ No ma, data and placoplnion, death occ se number	24a. Warperl  24a. Warperl  1 Beath (Check only  Home 5 Bes  28d. Dascribe  DRIVEL  28f. Location City or To	Yes 2 No ona) idence 6 Oth how injury occur  (Street and Numb wm, Stata)  CAUVE a cause(s) and ma	3 Prob  24b. Was eve con of co	re autopsy findings sliable prior to impletion of cause death?  Wes 2 No
edicai Certification: To Be Completed by	25. Was casa examiner?  XXYes  27. Manner of  1  Natura  2  NAccide  3  Suicid  4  Homid  29a. Certifier (Check on one)	rafarrad to medical 2 No Death al 5 Pendin ent investig de 6 Could determ  1 Certifyin XIX Medical	Hospital: XX Inpa gation 28a. Date of In (Month, L 28e. Place of I building, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	tient 2   I	ER/Outpatier 28b. Time of Injury 1 U 2 Compe, farm, str	t 3 DOA Oth  28c. Injune Wo  and factory, office	26. Place of Deher: 4 □ Nursing y at 1/4? Yas 2 □ No ma, data and placoplnion, death occ se number	24a. Warperl  24a. Warperl  1 Beath (Check only  Home 5 Bes  28d. Dascribe  DRIVEL  28f. Location City or To	Yes 2 No s an europsy ormed?  Yes 2 No ona) idence 6 Oth how injury occurr  OFTOM (Street and Numb wm, Stata)  COUVEN cause(s) and ma , date and place,  29d. Date signe	3 Prob  24b. Was eve con of co	re autopsy findings sillable prior to impletion of cause leath?  Hes 2 No
edicai Certification: To Be Completed by	25. Was casa examiner?  XYes  27. Manner of  1  Natura  2 Naccide  3  Suicid  4  Homic  29a. Certifier (Check on one)	rafarrad to medical 2 No Death al 5 Pendin ent investig de 6 Could determ  1 Certifyin XIX Medical e end title of certifie	Hospital: XX Inpa  28a. Date of In  (Month, D  28e. Place of In  building, Inpa  ag Physician: To the base end manner:  who complated cause of	tient 2 I i jury Year) njury - At horelc. (Specify, tof my know of examinati stated.	ER/Outpatier 28b. Time of Injury 14 26 me, farm, str ) vledge, death on and/or Inv (000) 23a) (Type,	anderlying cause global derlying cause global derlying cause global derlying cause global derlying and the timestigation, in my derlying cause global derlying and the timestigation, in my derlying cause global derlying and the timestigation, in my derlying cause global derlying and the timestigation, in my derlying cause global	26. Place of Deher: 4 \( \to \) Nursing y at fir? Yas 2 \( \to \) No ma, data and placopinion, death occose number \( \to \) M . E	24a. Warperf  24a. Warperf  1	Yes 2 No ona) idence 6 Oth how injury occur (Street and Numb own, Stata) cause(s) and ma , date and place, 29d. Date signe FEB.	24b. Was every condition of conditions of co	re autopsy findings sillable prior to impletion of cause leath?  Hes 2 No
edicai Certification: To Be Completed by	25. Was casa examiner?  XYes  27. Manner of  1  Natura  2 Naccide  3  Suicid  4  Homic  29a. Certifier (Check on one)	rafarrad to medical 2 No Death al 5 Pendin ent investig de 6 Could determ  1 Certifyin XIX Medical e end title of certifie	Hospital: XX Inpa  gation not be sined  gPhysician: To the bes  Examiner: On the basis end manner:	tient 2 I i jury Year) njury - At horelc. (Specify, tof my know of examinati stated.	ER/Outpatier 28b. Time of Injury 14 26 me, farm, str ) vledge, death on and/or Inv (000) 23a) (Type,	t 3 DOA Oth Wo 1 Peet, factory, office coccurred at the ti restigation, in my of a Coccurred to	26. Place of Deher: 4 \( \to \) Nursing y at fir? Yas 2 \( \to \) No ma, data and placopinion, death occose number \( \to \) M . E	24a. Warperf  24a. Warperf  1	Yes 2 No ona) idence 6 Oth how injury occur (Street and Numb own, Stata) cause(s) and ma , date and place, 29d. Date signe FEB.	24b. Was every condition of conditions of co	re autopsy findings sillable prior to impletion of cause leath?  Hes 2 No
Medical Certification: To Be Completed by	25. Was casa examiner?  XYes  27. Manner of  1  Natura  2 Naccide  3  Suicid  4  Homic  29a. Certifier (Check on one)	rafarrad to medical 2 No Death al 5 Pendin ent investig de 6 Could determ  1 Certifyin XIX Medical e end title of certifie	Hospital: XIX Inpa  gation not be ined  general Physician: To the bese Examiner: On the basis end manner  who complated ceuse of the ceuse of the complated ceuse of the	tient 2   I	ER/Outpatier 28b. Time of Injury 14 24 me, farm, str  Vedge, death ion and/or Inv 23a) (Type, 111 Per ure	t 3 DOA Oth  t 3 DOA Oth  28c. Inju  Wo  12et, factory, office  coccurred at the ti restigation, in my office  29c. Licent  O . C .	26. Place of Deher: 4 Nursing ry at 15? IYas 2 No	24a. Warperf  24a. Warperf  1	Yes 2 No ona) idence 6 Oth how injury occur (Street and Numb own, Stata) cause(s) and ma , date and place, 29d. Date signe FEB.	24b. Was every condition of conditions of co	re autopsy findings sillable prior to impletion of cause leath?  Hes 2 No
edical Certification: To Be Completed by	25. Was casa examiner?  XYes  27. Manner of  1 Natura  2 Naccide  4 Homic  29a. Certifier (Check on one)  29b. Signature	rafarrad to medical 2 No Death al 5 Pendin ent investig de 6 Could determ  1 Certifyin XIX Medical e end title of certifie	Hospital: XIX Inpa  gation not be ined  general Physician: To the bese Examiner: On the basis end manner  who complated ceuse of the ceuse of the complated ceuse of the	tient 2   I	ER/Outpatier 28b. Time of Injury 14 24 me, farm, str  Vedge, death ion and/or Inv 23a) (Type, 111 Per ure	anderlying cause global derlying cause global derlying cause global derlying cause global derlying and the timestigation, in my derlying cause global derlying and the timestigation, in my derlying cause global derlying and the timestigation, in my derlying cause global derlying and the timestigation, in my derlying cause global	26. Place of Deher: 4 Nursing ry at 15? IYas 2 No	24a. Warperf  24a. Warperf  1	Yes 2 No ona) idence 6 Oth how injury occur (Street and Numb own, Stata) cause(s) and ma , date and place, 29d. Date signe FEB.	24b. Was every condition of conditions of co	re autopsy findings sillable prior to impletion of cause leath?  Hes 2 No

Registrar DHMH 16 Rev 6/95

FEBRUAR

or light to

99-0861-033

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

וכדע	т т	37	
\L.	ы.	ıΥ	

ROBERTS

5	ITEMS: #23 PART I,	27, 28A-F PER MEO G769 Certificate of Death	Reg	Reg. No.			
	1. Decedent'e Neme (First, Middle	le, Last)	2. Deta of Deeth	_		3. Time o	
cian			Month	Dey	Yeer		

**Physi** /Medical Examiner

**Funeral** 

Director with the Marylend Items 23s or 28s-f show ther must be notified at ò

death traumatic event, the Medical Examiner filed within 72 hours efter "natural", Hygiene. other Peges 1 and 2 should be fill ment of Heelth and Mental Hyant: If Item 27 is marked oth lury or other trsumatic event Department of Important: If any injury or once.

Baltimore, Maryland 21215-0020

**Physician** /Medical Examiner

physician and the burial-trans 88 attending for use as the á signed l peeu has page 2 certificete To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifica funeral director, Be 0 Certification: illed in by

that the death certificate be executed

P.O. Box 68760

Division of Vital Records,

State of Maryland / Department of Health and Mental Hygiene 9 f Death KELLY. ROBERTS FEBRUARY 15, 1999 6:35P.M. 4a Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth 2602 BRINKLEY ROAD PRINCE GEORGES TEMPLE HILLS 8. Date of Birth (Month, Dey, Year) 5. Social Security Number If Under 1 Yeer If Under 24 Hrs. Birthplece (State or Foreign Country) 7. Age (In yrs. last birthday) Months Deys Hours Min. DOM 20 F Yrs 35 1963 Oct. 4, 220-92-0761 Washington, D.C Usuel Residence of Decedent 10e Stete 10h County 10c. City. Town or Location 10d. Inside City Limits XXYes 2□No Director Washington, D.C. 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 4255 H. Street S.E. 20020 United States Funeral 12. Wes Decedent Ever in U.S.
Armed Forces?
1 ⊠ Yes 2 □ Nol 0 / 14 / 8 2
If Yes, Give
Vear or Dete⊋ / 1 1 / 8 5 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14 Rece - American Indien 11. Marital Status Bieck, White, etc. 1 Never Married 2 Merried 1 ☐ Yas 2 ☐ No Specify: Specify: Black þ 3 ☐ Widowed 4 K Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry 15 Decedent's Education (Specify only highest grade completed) Coilaga (1-4or 5+) Elamantary/Secondary (0-12) Specialist U.S. Army 18. Mother's Neme (First, Middle, Maiden Surname) 17. Fether's Neme (First, Middle, Last) Edward Roberts, Sr. Rose Marie Stultz 19a. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Edward Roberts, Jr. - Brother 3805 Saxton Ct. White Plains, Maryland 20e. Method of Disposition 20b. Pleca of Disposition (Neme of cemetery, cremetory or other ple Dete 20c. Location - City or Town, Stete ARLINGTON NATIONAL 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 2/23/99 ARLINGTON, VA 4 ☐ Donetion 5 ☐ Othar (Specify) 21. Signeture of Bunerei Service Licansee 22. Name end Address of Fecility POPE FUNERAL HOMES 5538 MARLBORO PIKE M0883 Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. Listonly one cause on each line. Approximete Interval Batween Onset and Deeth Immediate Ceuse (Fine) ACUTE OLANZEPINE INTOXICATION disease or condition resulting in death) Due to (or es a consequenca of) Examiner Sequentielly list conditions, if eny, leeding to immediate causa. Entar Undarlying Ceusa (Disaasa or Injury that Initieled events resulting in deeth) Lest Due to (or es e consaguenca of): Physician/Medical Due to (or es e consequença of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 3 Probably 4 Unknown 1 Yee 2 No p 24b. Were eutopsy findings eveilable prior to Completed 24e. Wes an autopsy completion of cause of death? 1 Ves 2□ No 1 Yes 2 No

26. Place of Death (Check only one)

25. Wes case referred to medical 1 Yes 2 No 27. Mannar of Deeth

1 Naturel

2 Accidant 3 Sulcide

4 Homicida

29e. Certifier

5 Pending investigation 6 Could not be determined

28e. Data of Injury (Month, Dev Year) Found: 2-15-99 28e. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify)

1 Inpatient 2 ER/Outpatient 3 DOA 28b. Tima of Р Found: 6:30

FOUND AT HOME

Other: 4 Nursing Home 5 Residence 6 MOther (Specify) SCENE 28c. Injury at Work? 1 Yas 2 No

28d. Describe how Injury occurred SUBJECT TOOK DRUG

28f. Location (Street and Number or Rural Route Number. City or Town, Steta) 2602 BRINKLEY ROAD #710 TEMPLE HILLS, MD 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and placa, end due to the ceusa(s) end mannar es steted.

2 Medicat Examinar: On the basis of axamination and/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) end manner stated.

29b. Signeture and title of certifier

29c. License number O.C.M.E.

29d. Dete signed (Month, Dev. Year) FEBRUARY 16.1999

wen 30-Neme end eddress of parson who completed cause of deeth (Item 23e) (Typa, Print)

MO ennisv

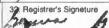
111 Penn Street, Baltimore, Maryland 21201

State Registrar

completely

Medical

31. Date flied (Month, Day, Year) FEB 2 3 1999



AND THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.

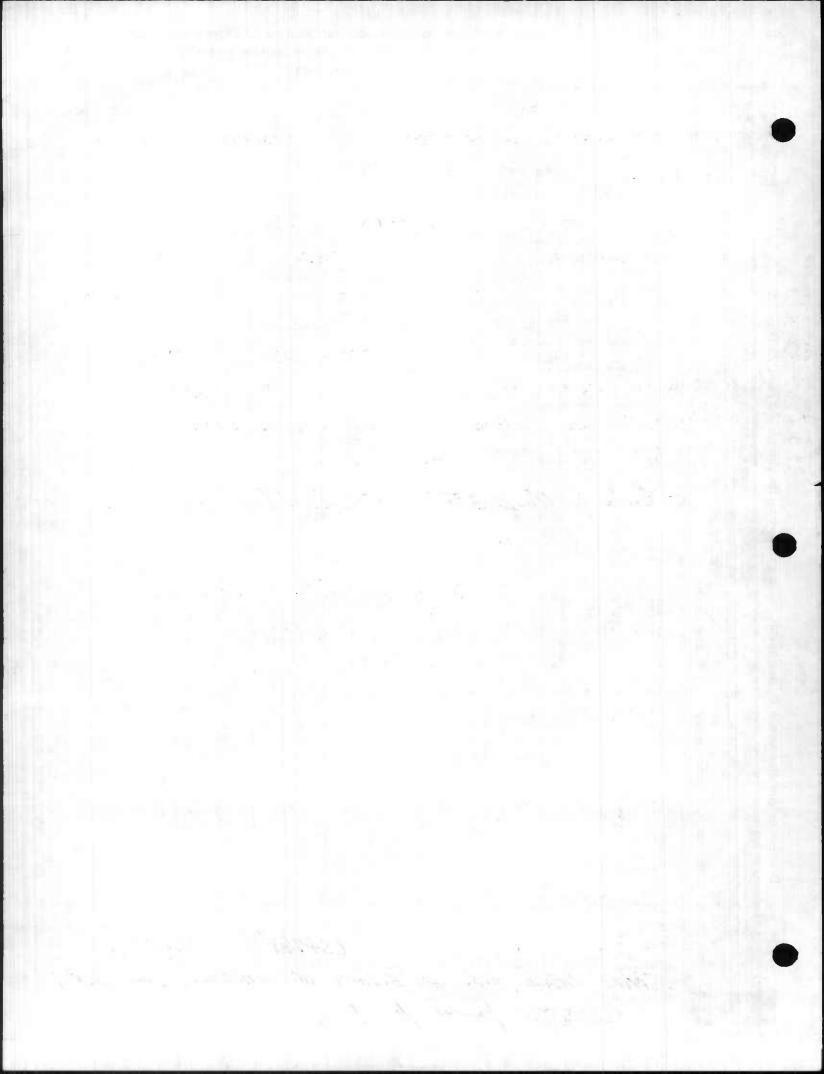
### Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** THELMA WIX SMITH FEBRUARY 21, 1999 /Medical 4b. City, Town, or Location of Deeth 4a Fecility Nama (If not institution, giva street and number) 4c. County of Deeth Examiner PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO If Under 1 Year | If Under 24 Hrs. 8. Dete of Birth (Months Deys Hours Min. (Month, Day, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthpleca (Stata or Foreign Country) **Funeral** Deys 1 M 2 KF 73 **Director** 221-14-9746 Delaware Usual Residence of Decedent r 28a-f ahow 10a. Stete 10c. City, Town or Location 10d. Insida City Limits 10b. County 1X Yes 2 No Director Kent Harrington 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? item 27 is marked other than "natural", or items 23s or other traumatic avent, the Medical Executer than be re 106 Commerce St. 19952 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 ☐ Yes 2 ☒ No If Yes, Give Yaar or Dates: 1 Never Merried 2 Married 1 ☐ Yes 2 No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced "netural" Completed 15. Decedent's Education (Specify only highest grada completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) should be filed within Registered Nurse 12 Nursing Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be 2 Robert J. Wix Virginia Pearson 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 19e. Informent's Neme/Relationship (Type, Print) permit. Peges 1 and 2 Department of Health e Important: If Item 27 Is any injury or other trau Gayle B. Smith Husband 106 Commerce St.; Harrington, DE 19952 Baltimore, 20b. Plece of Disposition (Name of cematery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete Dete 1 Burial 2 Cramation 3 Removal from Stata 4 Donetion 5 Other (Specify) Hollywood Cemetery Harrington, DE 21. Signeture of Funerel Servica Licensee 22. Name end Address of Fecility McKnatt Funeral Home, Inc. 23e. Pertl. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset and Deeth **Physician** Immediete Ceuse (Finel disease or condition resulting in deeth) /Medical Examiner Due to (or as a consequence of): Examiner ician and bunel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in deeth) Lest Dua to (or as a consequence of): attending physician for use as the bune Box 68760 Physician/Medical Due to (or es e consequence of): Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. P.O. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, PV 24e. Wes en eutopsy performed? 24b. Were eutopsy findings eveilable prior to Completed peen completion of cause of deeth? 2 No 1 ☐ Yas 2 ☐ No certificate Division of Vital Be 25. Wes case retarred to medical exeminer? 26. Place of Death (Check only one) 1 Yas 2 No 1) Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1º this funeral 28e. Dete of Injury (Month, Day Year) in 24 hours after death.

• Funeral Directors 28d. Dascribe how Injury occurred 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 1 Neturel 2 Accident 5 Pending 1 ☐ Yes 2 ☐ No Investigation 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Roufa Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the bests of axaminetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner stated. 29a. Certifier edicai (Check only one) within 2 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 134768 ess of person who completed cause of death (Item 23e) (Type, Print) SALISBUIU HICLAND 400 E. SHOPE Dr. M. L. 31. Date filed (Month, Day, Year) 32. Registrer's Signeture State FEB 25 1999 Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

		Decedent's Nama (First, Middle, La	State of Ivid					Death	2. Data of D	Reg.	99	07	7 5 7   3. Time of Death	
Physicia									Month		Day	Year		Н
/Medic	al	JAMES HENRY  4a Facility Nama (If not institution, give	<b>STEPHENSO</b>	N, Sr	•			4b. City, Town, or	Februa			999	9:10 AM	
Examine	er									stri	4c. County			
<u> </u>		Holy Cross Hosp  5. Social Security Number 6. S		o /In uno la	ast birthday)	If I Inde	r 1 Year	ilver S	pring s. 8. Deta of 8	Linkle	Montg			,
Funeral			ØM 2□F	59	Yrs.	Months	Days	Hours Mir	, (Month, L	Jay, Ye	ar)	Counti	nce (State or Fore	gn
Director	-	Usuai Rasidance of Decedant		09					Novemb	er 2	3,1939	North	<u>Carolina</u>	-
/land		10a. Stata 10b. County		10c. City	, Town or Loc	cation						10	d. Inside City Limi	its
h the Maryland r 28a-f ahow notified	jo	Maryland Prince G	eorge's	La	ndover								1 X Yas 2 ☐ f	ło
28 pp	Director	10e. Street and Number				10f. Zip	Code			10g.	Citizen of V	Vhat Count	ry?	_
ter death with theme 23s or it	0	7912 Allendale			20	0785			U.S.A.					
death	Funeral	11. Marital Status	12. Was Decedant	Evar in U,S	6. 13. <u>V</u>			lispanic Origin? ( an, Mexican, Pue	Specify Yes or N		14. Rac	- America		
JZC Jrs at	þ	1 ☐ Nevar Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forcas? 1 ☐ Yas 2 ☑ f If Yas, Giva Yaar or Datas:	No		Yes, spe		Specify:	nto Hican, atc.)		Specify	k, White, e		
72 hours	T P	15. Decedent's Ed	lucation	ation 16a. De			al Occup	etion	ndina	16b. Kind of Business/Industry			ustry	
within 7	Completed	(Specify only highest gra	College (1-dor 5+)			ive kind of work done during most of working e. DO NOT use retired)			orking					
d 2121 filled within Hygiene. ther than	5	12th			Łn	trep	rene	ur			Priva	te		ì
D EFF	Be	17. Fathar's Nama (First, Middle, Last)							ama (First, Middl			e)		
arylan should be nd Mental marked umatic av	9	John Lewis St	ephenson					Myrtl	e Will	ifo	rd			
1ar 2 sh end le m		19a. Informant's Name/Relationship (	Type, Print)		19b. Mailin	g Addrass	s (Street	end Number or F	Rural Route Num	ber, C	ity or Town,	State, Zip (	Code)	
		Emma Stephenson	/Wife	,	7912	Alle	ndal	e Drive,						
ges 1 a ges 1		20a. Method of Disposition 1   Buriai 2 □ Cramation 3 □	Removal from State	20b. Pla	ace of Dispos	sition (Na natory or o	me of other pla	ce)	Data 02/22	200	Location -	City or Tov	vn, Stata	
E & 2 4 7		4 Donation 5 Othar (Specific		Har	mony I	Memor	rial	Park	02/22	La	ndove	. Mai	ryland	
Daltim permit. Pa Departmen important: any injury once.		21. Signatura of Funaral Sarvica Licen	sae	,	22.	Nama ai	nd Addre	ss of Facility						
D ed of a		Nancy A.	Percen	tre				NS FUNER		01/0	Ma.	avlan.	4 20795	
	1	23a. Part 1. Entar tha diseasa, or com	plications that caused	tha death.	. Do not enta	r the mod	de of dyir	over Roang, such as cardia	ac or respiratory	arrest,	i'iai		Approximate	
Physician		shock, or haart failure. List only	oria causa ori aach iir	18.									Intarval Between Onset and Death	
/Medical		Immediate Cause (Final disaasa or condition 3) SOLO												
Examiner		rasulting in death)	8.	Due to (or	as a consequ	uence of):						10	4 hour	1-
D =	Examiner		. Hus	200	dow	10	(A	Smer	200116	1			18 hou	ゝ
cate be assecuted physician and street bunk-transit	am	Sequentially list conditions,	Dua to (or as a consequence of):							7				
sian s urial		Sequentially list conditions, if any, leading to immediate causa. Entar Undarlying Cause (Disaasa or Injury								•		1		
OC/OU, ficate be axecul physician and st the bunal-trar	edica	that initiated events resulting in death) ( ast										1		
5 00														
DOX eath cert attendin	an		d									1		-
a death he atten	300	Part II. Other significant conditions of	ontributing to death bu	ıt not resu	lting In tha un	derlying o	ausa giv	en in Part I.	23b. Di	d toba	cco use cor	tribute to	the cause of dea	th?
thet the detache	by Physician/M								10	Yes	2□ No	3 Prob	ably 4 Dikne	W
a se	6								-					
v requires that the death cer been signed by the attendin should be detached for use	Completed								24a. Wa	s an a		ava	re sutopsy finding ilable prior to	S
law r	8											of d	npletion of cause leath?	
The The Page	Š								10	Yes	2 🔯 No	10	Yes 2 No	
yalcian: The lav yalcian: The lav s certificate has director, page 2		25. Was casa referred to medical						26. Place of De	eath (Check only	one)				
- 5 00	0	axaminar?	Hospital: 1 Inpatie	nt 2 50	R/Outpatient	3 D	Ott Oct	er: 4 Nursing	Homa 5 ☐ Re	sidenc	e 6 □Oth	er (Specify	)	
SION O		27. Mannar of Death	28a. Data of Injur (Month, De		28b. Tima of Injury	1	28c. Injui Wor	y at	28d. Describe	e how i	njury occur	ed		
Attanding or death.  ector: After by the fune	atic	1 Accident 5 Pending Invastigation			,,			Yes 2 □ No						
or Attanding later death.  Director: After din by the fune	을 	3 Suicide 6 Could not be datarmined	28a. Placa of injubuilding, etc	Jry - At hor	ne, farm, stre	et, factor	y, office		28f. Location (Street and Number or Rural Route Number, City or Town, State)					
a after A of in by	Certification:	· tour · · · · · · · · · · · · · · · · · · ·	bunding, etc	. (Opecity)					0.0, 0.7	J 0	/			
	edical	29a. Certifiar Certifying Ph	ysician: To the best of	of my know	rledga, death	occurred	at the tir	ma, date and place	e, and due to the	e caus	e(s) and ma	nner as sta	ated.	
the Ho		one)	and mannar sta		on androrniv				ALIGU AL DIO HIN	175				
To the To the comple	Σ											d. Date signed (Month, Day, Year)		
(.)		businderson D 5						D 52381			February 23, 1999			
16/		30. Nama and address of person who	complated causa of de	eath (Item	23a) (Type, F	Print)								
0		Robyn D. Anders	on. 1500	Fores	t Gler	Roa	d. S	Silver S	pring. M	lar	land	20910	)	
State	е	31. Data filed (Month, Day, Year) FEB 2 5 1999	32 Registra	r's Signati	ura 4									
Registra	P	1 6 6 6 1333	Cate Control		4.1.	AM	M	1						

23 1 3 M

MR 68 833

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Penn Street, Baltimore, Maryland 21201

Physician /Medical	1. Decedent's Name (First, M	Decedent's Name (First, Middle, Last)  Michael Smith							2. Dete of D Month Februa	Day	Day Year	
Examiner		4e Fecility Neme (If not institution, give street end number) Prince George's Hospital Center						own, or L	ocation of Dec	-27	4c. County of Death Prince George's	
Funeral Director	5. Social Security Number 214-35-8999	6. Sex 12 M 2	7. Age	e (In yrs. lest	birthdey) If U Yrs. Mon	nder 1 Yea	ar   If Under	24 Hrs. Min.	8. Dete of B (Month, E	lirth Dey, Year)	9. Birthp	lace (State or Foreign try)
anyland show	Usual Residence of Deceder 10a. State 10b. Co	unty			own or Location						1	0d. Inside City Limits 1 ☑ Yes 2 ☐ No
with the M n or 28a-f	MD Montgomery  10e. Street and Number		,	Silver	ver Spring 10f. Zip Code						n of Whet Country?	
5-0020 72 hours effer death with the Maryland netural; or items 23s or 25s-f show lited Examiner must be notified at site of by Funeral Director		12. Wa Am Married 1 [	1 Decedent Ened Forces? Yes 2 Nove Notes, Give er or Detes:			2090 ecedent o specify Co	f Hispanic Or uben, Mexica		pecify Yes or No Rican, etc.)	USA 14. Ra Bi	ice - Americ eck, White, ify:	etc.
within see.	15. Dece (Specify only h Elementary/Secondary (0- 12th	dent's Education ghest grade comp	cation completed) College (1-4or 5+)		16a. Decedent's Usual Occupation (Give kind of work done during most of work done done done done done done done done						Kind of Business/Industry	
should be file and Mental Hy marked other marked other marked other market over the market event	17. Fether's Name (First, Mic	Sr.	int)	1	9b. Mailing Add	iress (Stre	Joa	n Sc	uther1	le, Meiden Sume	me)	1
Md 2 nd 2 z7 ie	Joan Gentles			]		stle	B1vd			Spring	Md.	20904
Baltimore, permit. Pages 1 at Department of Hea Important: If Item; any injury or othe	1 ☑ Burial 2 ☐ Cremat 4 ☐ Donetion 5 ☐ Other 21. Signeture of Funeral Ser	r (Specify)	al from State		st Town	Ceme	etery	ity	-7-99	Kingsto	n, Ja	maica
Physician /Medical Examiner	23a. Part Inter the diseases shock, or heart failure.  Immediate Cause (Final disease or condition resulting in death)	e, or complications List only one caus	Multi	iple G	onot enter the	mode of d		s cardiac	Vashing or respiratory	ton, DC arrest.	20011	Approximate Interval Between Onset end Deeth
ansit miner		b			a consequence							
ords, P.O. Box 68760, requires that the death certificate be axecuted een signed by the attending physician and hould be detached for use as the bunal-transit eted by Physician/Medical Examiner	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Disease or injury that Initiated events resulting in deeth) Last  Due to (or es a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):											
P.O. Enat the deal detached for Physicia	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pa									d tobacco uss c		the causs of death?
0 00 =										as en eutopsy rformed?	CO	ere autopsy findings eileble prior to mpletion of cause death?
											15	Yes 2□ No
T T T	examiner?  1 X Yes 2 No  27. Manner of Deeth  1 Neturel 5 Pe 2 Accident	28e	Hospital: 1 Inpatient 2 XER/Outpatient 28e. Date of Injury (Month, Day Year) 2sb. Time of Injury on Feb. 21, 1999 2:19 A			28c. Ir	OOA Other: 4 Nursing Hon 28c. Injury at Work? 1 Yes 2 No Cory, office		ome 5 Re 28d. Describ	e how injury occ		(y)
Division of the or Attending P urs after death. The trail Director: After tilled in by the funeral Certification:	3 ☐ Suicide 6 ☐ Co	termined 28e	Piaca of Inju building, etc	: 19 A M 1 e, ferm, street, fectory, office Street		28f. Location City or 7			Subject shot  28. Location (Street and Number or Rurel Route City or Town, Stete) 1927 Rhode  Ave. Washington, D.C.		C.	
Divi	(Check any 2X) Med	mann .		examinetion		ation, in m	y opinion, de		, end due to th	e, date and plece	nanner es s e, end due t	tated. the ceuse(s)
To virie	29b. Signature and title of ce	Cor	len	2		29C, LICE	O.C.	M.E.		29d. Dete sign		

mace up

Registrar



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

				State of	Marylar		rtment of F		d Mental Hy	giene Reg. No.	0 0	7573		
	Physici /Medic		1. Decedant's Nama (First, Middla, L	DU 77	ON				2. Data of De	_   G _	Yeer G G G	3. Time of Death 4: 3 0 AM		
3	Examir	ner	4a. Facility Nama (If not Institution, g Heartland Nursing	g_Home				Hyatts		Prince		ges		
	Funeral Director		5. Social Security Number 6. 577-88-1552 Usuel Residence of Decedent	Sax 1 ☑ M 2 □ F	7. Age (In yrs. 40	last birthday) Yrs.	If Undar 1 Yaar Months Deys		lin. 8. Data of Birt (Month, De July 23	h y, Year) , 1958 I	9. Birthple Countr Vorfol	ca (State or Foreign V) K, VA.		
	death with the Marylend mm 23a or 28a-f show r must be notified at	tor	10a. Stete 10b. County  D • C •			ty, Town or Local				10d. Inside City				
	with the	i Director	10e. Street end Number 1801 13th Street	+ N U			10f. Zip Code 2000	0		10g. Citizen of USA		y?		
020	urs after death al', or items 23	by Funeral	11. Meritel Stetus  1X Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Dece Armed For	ces? 2⊠No ∍			lispanic Origin? an, Mexicen, Pu	(Specify Yas or No- lerto Rican, atc.)		ce - Americe ck, Whita, e	tc.		
Maryland 21215-0020	within 72 ho ena. than "natur	Completed	15. Decedent's (Specify only highast g Elementery/Secondery (0-12)		4or 5+)	(Give ki	ent's Usual Occup ind of work done O NOT use retired	during most of t d)	working	16b. Kind of B	usiness/Indu			
/land 2	uld be filed Mental Hygis rked other rtic event, ti	To Be Co	17. Fathar's Nama (First, Middla, Las William Sutton	50)		, CC	iscouran	18. Mother's f	Neme (First, Middle, H. Culbre	Meiden Sumen				
ore, Man	permit. Pages 1 end 2 should be filed within 72 hours after death with the Manylen Depertment of Heelth and Mental thygiena. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, tra Medical Examinst must be notified at once.		William Sutton -  20a. Method of Disposition  1 □ Buriel 2 □ Cramation 3	Brother		1801 1	3th St.	NW W	Rural Route Number ashington Dete		009			
Baltimore,	permit. Pag Depertment Important: I any Injury o		4 Donetion 5 Other (Special Signature of Funeral Service Lice	eify)		22. Ma	Cemetery Name end Addre Arshall 217 9th	ss of Fecility S Funer	2-24-99 al Home,	Inc.				
8760,	Physician /Medical Examiner physician and physician and the prijel-frensit	dical Examiner	23a. PM. Enter the disaese, or conshock, or haart failure. List only immediate Ceuse (Finel disaase or condition resulting in death)  Sequentielity list conditions, if any, laeding to Immadiata ceuse. Enter Underlying Ceuse (Diseese or injury that initieled events	e	Dua to (c		ence of):		6	Alws		ntarval Between Onsel and Death		
P.O. Box 6	The law requires thet the death certificate be executed ate hes been signed by the attending physician and page 2 should be detached for use es the buriel-trensit	Physician/Me	Pert II. Other significant conditions	dcontributing to dec		2021		ven in Pert I.	23b. Did 1	V	ntribute to t	the cause of death?		
Vital Records,	aw requires t as been signe 2 should be	Completed by								en eutopsy rmed?	com	e autopsy findings lebie prior to pletion of causa eath?		
tal R			25. Was cese referred to medical		·			OR Disease of I	1 D		10	Yes 2 No		
of Vi	hysicle this cert al direct	To Be	exeminer? 1 ☐ Yes 2 X No	Hospitel: 1 🗆 In	patient 2	ER/Outpatient	3□ DOA Oth	er V	Deeth (Check only of g Home 5 ☐ Resid		er (Specify)			
Division o	ffer mer	Certification:	27. Manner of Deeth  Naturel  Naturel  S Pending investigation	1/ 1	Injury Pey Year)	28b. Time of Injury	28c. Injur Wor M 1 □	y at k? Yes 2 No	28d. Describe	now Injury occur	red			
Div	PARE	Certifi	3 Suicide 6 Could not determine	d 286. Piece o	g, etc. (Specif	y) \	et, fectory, office		City or Tow	NA				
	To the Hospital within 24 hours a To the Funeral i complately filled	Medical	(Check only one) 2 Medicai Exa	hysician: To the beaminer: On the beamin	sis of exemine	wiedge, death o tion end/or inve	stigation, in my o	pinlon, deeth o	ece, and due to the occurred et the time,	dete end piace,	and due to t	he ceuse(s)		
	5 1 5 8		29b. Signative and title of certifier		MD		D U	2_01	g	29d. Dete signe	19	- 1999		
_	(3)		MEAN (+	completed ceusa	war	7 11	TO TO	135	LAURA	L L	181	20707		
	Sta Registr	_	FEB 2 5 1990		gistrar's Signa	Aure 4	land					, ,		

DHMH 16 Rev 6/95

# Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9

IEPHERD					Cert	ificate	of I	Death		F	Reg. No.			
	sician edical	1. Decedent's Name (First, Middle DENISE ARNI		RD						2. Date of Dee Month		Year	3. Time of Death J.O:45 PM	
No.	miner	4a Facility Name (If not institution NORTH ARUNDEI					4	-		ation of Deeth	4c. County		DET	
Fune Direc		5. Social Security Number 578–78–7828	8. Sex 1 ☐ M 2 🔀 F	7. Age (In yrs. last b 40	Yrs.	If Under 1 Months		If Under 24 Hours	Min.	8. Date of Birth (Month, Day July 7,	, Year)	9. Birth	place (State or Foreign htry)  D.C.	
aryland		Usual Residence of Decedent  10a. State 10b. County		10c. City, To	wn or Loc	ation						1	10d. inside City Limits	
the M	ecto	Md, P.G.		Laurel		101 781 6					0.000	MP C	11	
20 after death with the Maryle or items 23s or 28s-f ehor	ai Dir	10e. Street and Number 14612 Shiloh Co	urt #102			10f. Zip 0	768				10g. Citizen of What Country? U.S.A.			
5-0020 72 hours after death with the Maryland hatural', or flerne 23s or 28s-f show	6	11. Marital Stetus  X⊠ Never Married 2□ Marr  3 □ Widowed 4 □ Divorcad	ed 1 Yes	Armed Forces? If Yes 1 ☐ Yes 2 🕅 No		Yes, specif	Decedent of HispenIc Origin? (Specify Yes or s, specify Cuben, Mexican, Puerto Rican, etc.) Yes 2 No Specify:			city Yes or No-	No- 14. Race - American Indian, Black, White, etc. Specify:		etc.	
15-002 72 hours natural'.	-	15. Deceden		College (1-4or 5+) (Give life. I		ent's Usuel	Occup	ation	of work in		16b. Kind of B	Blac usiness/In		
21215-0020 d within 72 hours at giena. rr then "netural", or	To Be Completed	(Specify only highes	-			(Give kind of work done during most of working life. DO NOT use retired)  Mail Carrier				Federal	Corr	oramont.		
Hygin d	Ü	17. Father's Name (First, Middle,		5	110	III (	111		s Neme		Maiden Sumar		:timent	
should be filed within and Mentel Hygiena.  marked other than market other than	0	Russell Shepher	d					Earli	stin	e D. S	loane			
Maryland nd 2 should be file lith and Mentel Hy 27 is marked other	_	19a. Informant's Name/Relations Russell Shepher									r, City or Town		Code)	
Baltimore, Maryland 21215-C semit. Pages 1 end 2 should be filled within 72 h. Department of Health and Mentel Hygiene. The mortal mortal is frem Try is marked other than "net in the property of other trainments went marked.		20e. Method of Disposition  1 XBurial 2 Cremation 4 Donation 5 Other (S)		State 20b. Plece cemer	ery, cremi	atory or oth	er plac		/27/	Date	20c. Location Washin			
Baltim permit. Pag Department Important: I	once.	21. Signeture of Funeral Service		Ko i a)	22.	Name end	Addre	ss of Facility	Joh	nson &	Jenkin	s Inc	3.	
Physici /Medic		23a. Part1. Enter the disease, or shock, or heert failure. List	only one cause on e	ach line.	o not ente	r the mode	of dyin	g, such es ca	ardiac or	w. was	h. D.C.	200	Approximete Interval Between Onset end Deeth	
Examir	er	disease or condition resulting In death)	a. Mu	Hiple In	Consequ	ence of):						1		
68760, tificate be executed g physician end	ai Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury	b	Due to (or as	a consequ	ence of):								
Box 68760, eeth certificate be execut ettending physician end	<	resulting In death) Lest  Due to (or as a consequenca of):									gazanin			
O. Bo	Physician	Part II. Other significant conditions contributing to death but not resulting in the underlying cause give								23b. Dld 1	obacco use co	ontributa t	to the cause of death	
P. hat the	-									10	Yes 2E No	3 ☐ Pro	obably 4 🖸 Unknow	
S been s	pieted									24a. Was perfo	an autopsy med?	a\ cc	Vere autopsy findings vallable prior to completion of cause I death?	
	E									18	res 2 No	1	eres 2 No	
Vital Principal The delination page	Be	25. Was cese referred to medice examiner?							of Death	(Check only o	ne)			
- 5 00	1	1 X Yes 2 □ No		-	Dutpatient		-	4 🗆 14013	-		lence 6 Ot		<i>ት</i> )	
VISION O Attending Ph r death. ector: After th	ation:	27. Manner of Death  1 Naturel 5 Pendir 2 Accident investi	9	h, Day Year)	Time of Injury	, M	i. Injur Wor	yat k? Yes 2.⊠N			how injury occu			
- Page -	Certification:		3 Suicide 6 Could not be determined 28e. Place of fnjury - At home, farm, street, factory, o									al Route Number		
To the Hospital within 24 hours To the Funeral	edical	29a. Certifier 1 Certifyin (Check only one) 2 Medical	g Physician: To the Examiner: On the ba and mann	isis of examination a	ge, death and/or inve	occurred at estigation, i	the tir	ne, date and pinion, death	place, a occurre	nd due to the od at the time,	ceuse(s) and m date and placa	anner as a	stated. to the cause(s)	
of the	¥.	29b. Signature and title of certifie	10.			29c.	Licens	e number			29d. Date sign	ed (Month	Day, Year)	
6	)	Nerun	1 Chip	lone	N / Tr :	Pales N		O.C.M.	Ε.		FEB. 22	2, 19	99	
(e)		Dennis J	Chuten	e of death (Item 23e $\Omega$			eet	, Balt	timo	re, Mar	yland 3	21201		
Reg	State istrar	31. Date filed (Month, Day, Year) FEB 2 5 1	199 32/1	egistrar's Signature	6.	Lon	M	,						

DHMH 16 Rev 6/95

Registrar

IDEA I V

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 🕦 🗅 Certificate of Death

Physician	
/Medical	ŀ
Examiner	

**Funeral Director** 

with the Meryland 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, ins Modical Examiner must be notified at permit. Peges 1 and 2 should be filed within 72 hours efter death 1 Department of Health and Mentel Hyghen. Important: if item 27 is marked other than "natural; or items 23s any injury or other traumatic avain

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

physician end s the buriel-trans 89 980 signed by t page 2 has

Box 68760.

Division of Vital Records, P.O.

Hospital or Attending Physician: funeral director, this sid 24 hours after death. Funeral Director: Al completely filled within 2 To the

2. Date of Death 1 Decedent's Name (First Middle Last) 3. Time of Death Month 11:25 A.M. GEORGE SYLVESTER STEPHENS FEBRUARY 14, 1999 4b. City, Town, or Location of Death 4a Facility Nama (If not institution, giva street and number) 4c. County of Death PRINCE GEORGE'S 5813 BRYN MAWR ROAD COLLEGE PARK If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) Months Days Hours 1 X M 2 □ F Yrs. 578-10-6191 85 APR. 22, 1913 WASHINGTON, DC Usual Residence of Decedent 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2X No Directo MARYLAND PRINCE GEORGE'S COLLEGE PARK 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5813 BRYN MAWR ROAD 20740 UNITED STATES Funeral 12. Was Decedant Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 11 Marital Status 1 ☐ Yes 2 ☒ No If Yas, Give Year or Dates: 1 ☐ Never Married 21 Married 1 Yes 2 No Specify: Specify: WHITE P 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16h Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) TRANSPORTATION BUS DRIVER 11 18. Mother's Name (First, Middla, Maiden Surname) 17. Father's Name (First, Middle, Last) Be GEORGE S. STEPHENS, SR. GOLDIE ISABEL BURCH 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 5813 BRYN MAWR ROAD, COLLEGE PARK, MARYLAND 20740 ELLA M. STEPHENS, WIFE 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 X Burial 2 Cremation 3 Removal from Stata 2/18/99 4 ☐ Donetion 5 ☐ Other (Specify) FORT LINCOLN CEMETERY BRENTWOOD, MARYLAND 22. Name and Address of Facility 21. Signature of Funeral Service License FORT LINCOLN FUNERAL HOME 3401 BLADENSBURG RD., BRENTWOOD, MARYLAND 20722 23a. Partf. Enfer the disease, or computations that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Advanced Demen Immediate Ceuse (Final disaase or condition resulting in death) Due to (or es e consequence of) Examiner Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? -ilis Afrial Fibrillation 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? Completed completion of causa of death? openia, Depression h-ombocy 1 ☐ Yes 2 ☑ No 1 ☐ Yes 2 € No 25. Wes case referred to medicel examiner? Be 26. Plece of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No P 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of tnjury (Month, Day Year) 27. Menper of Deeth 28d. Describe how Injury occurred 28b. Time of 28c. tnjury at Work? Certification: 1 Natural 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office bullding, etc. (Specify) 4 Homicide 1 Certifying Physictan: To the best of my knowledge, death occurred et the time, date end piece, and due to the cause(s) end manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. edical 29a. Certifier (Check only one) 29d. Data signed (Month, Day, Year) 29c. License number 29b. Signature and title of certifier 03/00/ 23/99 30. Name and address of person who company cause of death (Item 23a) (Type, Print) 7500 G-eenvery Cate. Dr. #430

Green belt

MD. 20770

M.D.

32 Registrar's Signature

2

lurkew;

State Registrar Stuort

31. Date filed (Month, Day, Year) FEB 2 4 1999

**DHMH 16 Rev 6/95** 



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month VIOLA STERRETT 0610 tebruar 1499 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth SINAI HOSPITAL OF BALTIMONE BALTIMORE If Under 1 Year | If Under 24 Hrs. 8. Date of Birth J. Days Year 908 ANDERUNDEL CO.MD 5. Social Security Number 7. Age (In yrs. last birthday) 6. Sex 1□ M 2□ F Months Days Hours Min 218-30-6220 90 Yrs Usual Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 □ No BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5711 GWYNN OAK AVENUE U. S. A. 14. Race - American Indian, 21207 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 Yes 2 No Specify: BLACK BLACK 3/☐/Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupation
(Give kind of work done during most of working
DOME'S TOWOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) N/A 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) FRANK THOMAS DELIA CHAMBERS 19a. Informant's Name/Reletionship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) ESTELLE D. EDGERS - SISTER 2601 MADISON AVENUE #610 BALTIMORE MD 21217 20e. Method of Disposition 20b. Placa of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 ☐ Burlai 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 2/20/99 BELTSVILLE, MD CHESAPEAKE CREMATORY 21. Signature of Funeral Service Licens TAYLOR'S FUNERAL HOME 1722 NORTH CAPITOL ST., NW WASH., DC 20001 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart felture. List only one ceuse on each line. Approximete intervet Between Onset and Deeth immediate Cause (Final disease or condition resulting in death) TDAYS FAILURE Due to (or as a consequence of). HYPOVOLEMIC Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es e consequenca of): Due to (or es e consequence of) Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings available prior to 24e. Wes an autopsy completion of cause of death? 1 Yes 2 No 1 Tyes 2 No 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 □ ER/Outpatient 3 □ DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28a. Date of injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. injury at Work? 28d. Describe how injury occurred 1 Naturet 5 Pending investigation 1 TYes 2 No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 ☐ Suicide 28e. Piece of injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide

certificate be executed attending physician and for use as the buriel-tran use as the signed by t this funeral After

**Physician** 

Examiner

**Funeral** 

Director

Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examinar must be notified at

permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If Item 27 is marked other than any Injury or other traumatic event, the May any Injury or other traumatic event, the May a

**Physician** 

/Medical

Examiner

Atman as Sterrest, Viola

Funeral Director

P

Completed

2

Examiner

Physician/Medicai

py

Completed

Be

P

Certification:

Medical

MD

/Medical

Division of Vital Records, P.O. Box 68760 after deeth. Hospital 24 hours

To the Vithin 2

Registrar

29b. Signeture end title of certifier Naved Vonta

29a. Certifier

(Check only one)

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) DAVID PARVER, Simi Hospital

FEB 2 6 1999

31. Date filed (Month, Day, Year)

MD

, 230 i West 32 Registrer's Signature

Beliedere Akue

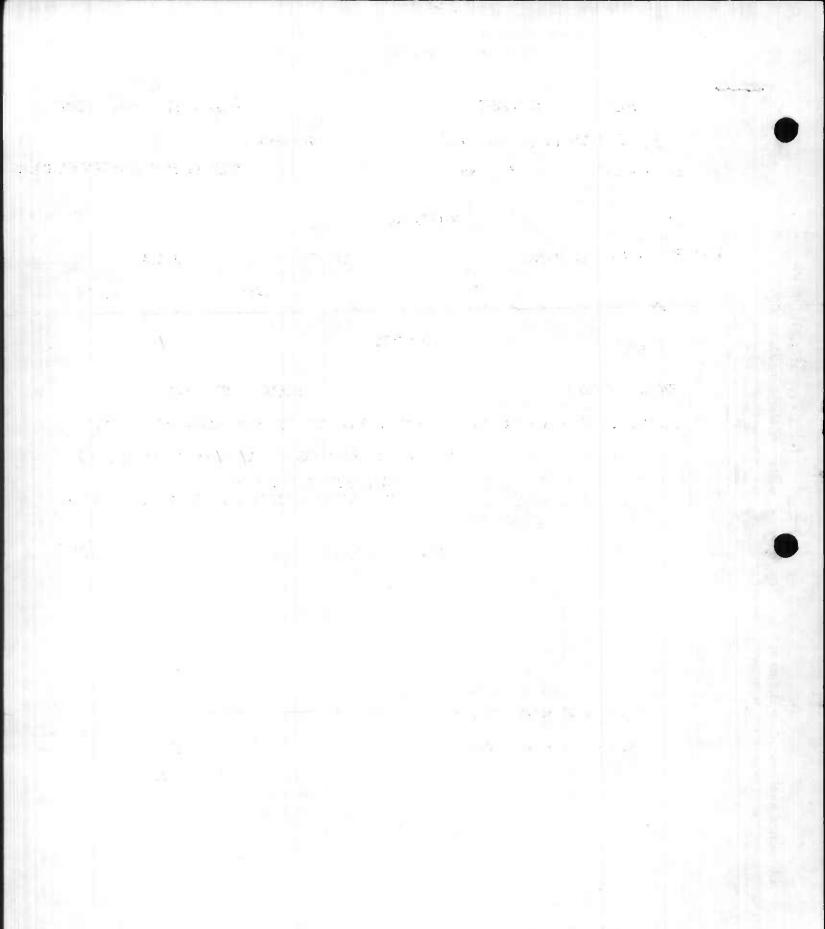
12 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the cause(s) and menner as atated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end menner stated.

29c. License number

29d. Date signed (Month, Day, Year)

Buttimore,



Same A

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No 1. Decedant's Nama (First, Middla, Last) 2. Date of Death 3. Time of Deeth Month Day **Physician** WILLIAM EDWARD TRICE FEB. 22, 1300 1999 /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Nama (If not institution, giva street and number) Examiner 25122 Richardson Road Federalsburg Caroline If Under 1 Yaar | If Under 24 Hrs. | 8. Data of Birth (Months | Days | Hours | Min. | (Month, Day, Year) 5. Social Sacurity Number Birthplace (State or Foreign Country) 6. Sax 7. Aga (In yrs. last birthdey) **Funeral** Days 1 M 2 F Months Yrs. 78 214-12-6056 Director 09/08/20 Maryland Usual Rasidance of Decedant with the Marylenc 10d. Insida City Limits 10a. State 10c. City. Town or Location show 10b. County Pages 1 end 2 should be filed within 72 hours efter death with the Marylei nent of Health end Mental Hygiene.
ant: If Item 27 is marked other then "netural", or Items 23a or 28a-f show ury or other traumatic event, the Medical Examiner must be hollfred. MD Caroline 1 Yas 2 No Federalsburg Directo 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 25122 Richardson Road United States 21632 Funeral 12. Wes Decedent Ever in U,S. Armed Forcas? 1 ☐ Yas ≥ ☐ No If Yas, Giva Yaar or Datas: 14. Race - American Indian, Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puarto Rican, atc.) Black, Whita, atc. 1 □ Naver Married 2 □ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: Specify. White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Bustness/Industry 15. Decedant's Education (Specify only highast grada complated) Elementery/Secondary (0-12) College (1-4or 5+) John Deer/Hardware Dealership/Owner 12 18. Mothar'a Nama (First, Middla, Maiden Surname) 17. Fathar's Nama (First, Middla, Last) Be Brantley H. Trice Pauline Willis 10 19b. Maiting Addrass (Straat and Number or Rural Routa Number, City or Town, State, Zip Coda) 19a. Informent's Name/Relationship (Type, Print) 5873 Harmony Road, Preston, MD 21655 Dennis D. Trice/ Son 20b. Placa of Disposition (Nama of comatary, cramatory or other placa) 20e. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Othar (Specify) permit. Page Department of Important: If any injury or page. Cambridge Crematory 2/25/99 Cambridge, MD 22. Name and Address of Facility 21. Signature of Funaral Sarvice Licansee Framptom-Hawkins-Eskow Funeral Home, PA when Espon PO Box 43, Federalsburg, MD 21632 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) Bladder Cancer /Medical a years Examiner Due to (or es a consequenca of): Examiner physician end s the buriel-trensit The lew requires that the deeth certificate be axecuted Sequentially list conditions, if any, leading to Immadiate cause. Enter Undarfying Cause (Disaasa or injury that Initieted evants resulting in death) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medicai Dua to (or as a consequence of): 98 use 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown signed t by 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to Completed complation of causa of death? hes page 2 1 Yas 2 No 1 ☐ Yes 2 ☐ No certificate or Attending Physician: funeral director, Be 25. Wea case referred to medical axaminer? 26. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Homa 5 Phasidance 6 Other (Specify) 10 1 Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this 27. Mannar of Death 28e. Data of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Deacribe how Injury occurred Certification: 1 PNeturel 5 Panding within 24 hours efter death. To the Funeral Director: Al 1 ☐ Yas 2 ☐ No 2 Accident invastigation 6 Could not be datarmined 3 Sulcida 28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Spacify) 28f. Location (Streat end Number or Rural Routa Number, City or Town, Stata) filled in by 4 Homicide Hospital 29a. Certifian 1 Cartifying Physician: To tha best of my knowladge, daath occurred at tha tima, data and placa, and dua to tha causa(s) end manner sa steted. Medicai

Registrar

(Check only one)

29b. Signature and titla of certifier

David H. Smith, M.D., 31. Dete filed (Month, Day, Year) FEB 2 5 1999

30. Name end eddress of person who completed cause of daeth (Item 23e) (Type, Print)

509 Idlewild Ave. 32. Registrar's Signeture

2 Medical Examinar: On the bests of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stetad.

29c. License number

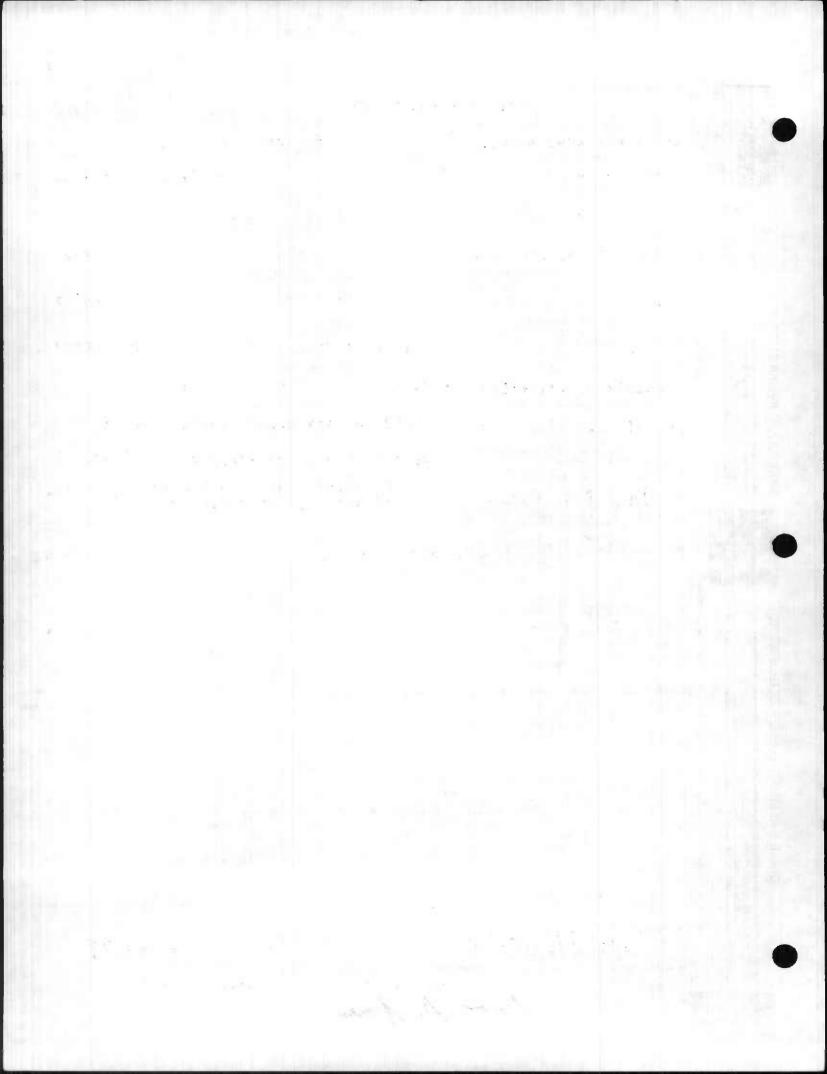
239887

29d. Data sloned (Month. Dav. Year)

Easton, MD 21601

**DHMH 16 Rev 6/95** 

To the



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Nama (First, Middle, Last) 2. Date of Death **Physician** 8:57. AM CARLETON TURNER /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** FORT WASHINGTON FORT WASHINGTON HOSPITAL PRINCE GEORGES If Under 1 Year | If Under 24 Hrs. Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) **Funeral** Days 1 X M 2 □ F Months 578-56-5769 57 Yrs. **Director** July 10. 1941 Washington, D.C. Usual Residence of Decedan 10c. City, Town or Location 10a. State 10b. County 10d. Inside City Limits 28a-f ahon the Medical Examiner must be notified at 1 X Yes 2 No Director Maryland Prince George's Fort Washington 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? ò items 23s 8702 Dover Street 20744 U.S.A. Funeral 12. Was Decedent Ever in U.S.
Armed Forces?
1 Tyes 2 No 1962
If Yes, Give
Year or Dates 1966 Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11. Marital Status permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiena. Important: if them 27 Is marked other than "natural", or than any Injury or other traumatic event, the Hedgell Examples once. Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 Black 1 ☐ Yas 2 X No Specify: à 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupetion (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Auditor Government 4 years 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumema) Be Rebecca Harvey Edward Leroy Turner 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8702 Dover Street, Fort Washington, MD 20744 Marjorie Turner/Wife 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 02/26 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State Harmony Memorial Park 4 ☐ Donation 5 ☐ Other (Specify) 1999 Landover, Maryland 22. Name and Address of Facility
J.B.JENKINS FUNERAL HOME 21. Signature of Funaral Service Licensee N ance 7474 Landover Road, Landover, Maryland 20785 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or haar failure. List only one causa on each line. Approximate Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical - IBRILLAMAA 1 HOUR Examiner Due to (or as a consequence of) Examiner physician and s the burial-transit that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Dua to (or as a consequence of): Box 68760 Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? certificate has 1 ☐ Yes 2 BNo 1 ☐ Yes 2 ☐ No or Attanding Physician: 25. Was case referred to medical examiner? Medical Certification: To Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Yes 2 No 2 FR/Outpatient 3□ DOA this 28a. Dete of Injury (Month, Day Year) To the Hospital or Attanding Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral 27. Marner of Death 28c. Injury at Work? 28d. Describe how injury occurred 1 Netural 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 ☐ Could not be determined 3 Sulcida 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier f Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end menner es stated. (Check only one) 2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) and manner stated. 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) CSUTER WALDONF, AND . 2060 12070 OLD 31. Data filed (Month, Dey, Year) 32 Registrar's Signature State

DHMH 16 Rev 6/95

Registrar

FEB 2 5 1999

1901 0 5 937

Physici /Medic	an	MAS ITEMS: #23 PART I, 27 PER MEO G769 3-11-99 WR  m #17.Per FH PGC 3-2-99 cr  1. Decadent's Nama (First, Middle, Last)  Julius Thomas							2. Data of D Month FEB	Death Day	eath Day Year 3. Tima of Death		3. Tima of Death 1035 AM			
Examin		4a Facility Nama	(If not institution				#22		4	b. City, To		Location of Death  4c. County of Death  PRINCE GEORGES				
uneral		5. Social Security		6. Sex		7. Aga (In y	rs. last birthday	If Under 1		If Undar Hours	24 Hrs.	8. Data of B	lirth Day, Year)			placa (Stata or Foraig
Director		578-66 Usual Rasidance		154[	201		50 Yrs.					07-26	-48		Was	h., D.C.
a m		10a. Stata	10b. Count				City, Town or L	ocation								10d. Insida City Limits
within 72 hours after death with the Maryland ene. than "naturel", or itema 23e or 28e-f ehow he Medical Exeminational be notified at	Director	Md.		ce G	eorge	e's	Largo	101 7: 0	4.				10- 01		10-10-	1) Yas 2□No
	ò	10e. Street and No						10f. Zip Co							of What Country?	
	by Funeral	201 Harry S. T.  11. Marital Status  ↑☑ Navar Marriad 2☐ Married			. Was Deced Armed For 1 X Yas	dant Evar in cas? 2 □ No		Was Decedent If Yas, specify	t of Hi Cuba	ispanic Or an, Maxica	n, Puarto	pecify Yas or N Rican, atc.)	USA  14. Race - Amarican Indian, Black, Whita, atc.			, atc.
Exe.	l by	3 Widowed	4 Divorce	d	If Yas, Give Yaar or Da	tas: 19	68	1□ Yas 2€	ΧNO	Specify.	:			Specify: B1		lack
thin 72 hours e. an "neturel", Med cel Exe	Completed	15. Decedant's Edu (Spacify only highest gradi Elemantary/Secondary (0-12)		ast grada c		4or 5+)	(Giv lifa.	edant's Usual O a kind of work o DO NOT usa r	lona d etired	during mos d)	st of work	dng	16b. Ki	ind of B	usinass/Ir	ndustry
ther the		12th					Stan	ıp Exai	miı				_		rnme	nt
ges 1 and 2 should be filed within 72 hr t of Health and Mental Hygiene. If Item 27 is marked other than "nature or other treumatic event, the Medical	To Be	17. Fathar's Nama Aarron Aaarron	-Thom	as						Edn	a W	e (First, Middleright				
7 Is n		19a, Informant's N						ing Addrass (S								
		Andrea 20a. Mathod of Di	sposition			20b	. Place of Disp	osition (Nama	of		, 0:	On Hill, Md. 20745 Data 20c. Location - City or Town, Stata				
		t Bunal 2 □ Cramation 3 □ Ramoval from Stata 4 □ Donation 5 □ Othar (Specify)  Lincoln Memorial							2-27-9	-27-99 Suitland, Md.						
mportant: any injury		21. Signature of	uneral Service	e Licensee	1	2 4	. 2	2. Nama and A	ddras	ss of Facili	ity		1 0			11/4 / 1/1/4 -
ESS		1/6	als	161	110										1 Ce	
- 1			- 8		1	u						Funera				0003
/sician ledicai		Immediata Causa	art failura. Lls a (Final	or complica st only ona	itions that ca cause on as	ich lina.	aath. Do not a	17 11 tar the mode o	th f dyin	St.	, S	.E., V	lash.			Approximata Interval Batween Onsat and Death
	er	shock, or ha	art failura. Lls a (Final ion	or complica st only ona a	itions that ca cause on as	ich lina.	aath. Do not a	S17 11: Iter the mode o	th f dyin	St.	, S	.E., V	lash.			Approximata Intarval Batween
ledicai aminer	Examiner	Immediate Causa disease or condit resulting in death Sequentially list of if any, leading to locause. Enter Unc	art failura. Lis a (Final ion ) conditions, immadiata dartying	or complica st only ona a b	tions that ca	Dua to	carbiac	S 1 7 1 1 to that the mode of	th f dyin	St.	, S	.E., V	lash.			Approximata Intarval Batween
ledical aminer	0	Immediata Causa disaasa or conditi	art failura. Lis a (Final ion ) conditions, immediata darlying or injury	or complica st only ona a	tions that cacause on aa	Dua to	CARDIAC o (or as a conse	of 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	th f dyin	St.	, S	.E., V	lash.			Approximata Intarval Batween
ledical aminer	0	Immediate Causa disaasa or condit rasulting in daath Sequantially list of if any, laading to causa. Entar Uno Causa (Disaasa o that initiated avan	art failura. Lis a (Final ion ) conditions, immediata darlying or injury	or complicated at only one at only one at only one at only one at	tions that cacause on as	Dua to	CARDIAC  o (or as a conse	of 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	th f dyin	St.	, S	.E., V	lash.			Approximata Intarval Batween
ed by the attending physician and detached for use as the burial-transit of the standard of th	Physician/Medical	Immediate Causa disaasa or condit rasulting in daath Sequantially list of if any, laading to causa. Entar Uno Causa (Disaasa o that initiated avan	art failura. Lis a (Final ion ) conditions, immadiata sarying or injury its	a	cause on as	Dua to	CARDIAC o (or as a conse	517 11: star the mode of the m	th dyin	St.	s cardiac	· E · / W or respiratory	Vash arrast,	o use co	DC 2	Approximate Interval Batween Onsat and Death
been signed by the attending physician and up a should be detached for use as the burial-transit	by Physician/Medical	Immediate Causa disaasa or conditi rasulting in daath.  Sequantially list of if any, leading to causa. Entar Uncausa Chasa Oissaas of that initiated avan rasulting in death)	art failura. Lis a (Final ion ) conditions, immadiata sarying or injury its	a	cause on as	Dua to	CARDIAC o (or as a conse	517 11: star the mode of the m	th dyin	St.	s cardiac	E., Wor raspiratory  23b. Di	Vash arrast,	o use co	DC 2	Approximate Interval Batween Onsat and Death
has been signed by the attending physician and up of 2 should be detached for use as the bunal-transit of 1	by Physician/Medical	Immediate Causa disaasa or conditi rasulting in daath.  Sequantially list of if any, leading to causa. Entar Uncausa Chasa Oissaas of that initiated avan rasulting in death)	art failura. Lis a (Final ion ) conditions, immadiata sarying or injury its	a	cause on as	Dua to	CARDIAC o (or as a conse	517 11: star the mode of the m	th dyin	St.	s cardiac	23b. Di	d tobacco	o use co	ontribute to a contribute to a	Approximate Interval Batween Onsat and Death Obably Ownknow Vara autopsy findings valiable prior to ompletion of cause
has been signed by the attending physician and up of 2 should be detached for use as the bunal-transit of 1	Completed by Physician/Medical	Immediate Causa disaasa or conditor rasulting in daath.  Sequantially list of if any, leading to causa. Enter Uncausa. Enter Uncausa that initiated avan rasulting in death.)  Part tt. Other sign.	conditions, immediate sarrying or injury its ) Last	a	cause on as	Dua to	CARDIAC o (or as a conse	517 11: star the mode of the m	th dyin	St.  ig, such as  an In Part	s cardiac	23b. Di	d tobacco Yes 2 as an autor	o use co	ontribute to a contribute to a	Approximate Interval Batween Onsat and Death Onsat and Death Onsat and Death Obably Office Of
is certificate has been signed by the attending physician and up director, page 2 should be detached for use as the burial-transit up in	Be Completed by Physician/Medical	shock, or ha  Immediate Causa disaasa or condit rasulting in daath,  Sequantially list c if any, laading to causa. Entar Unc Causa (Disaasa o that initiated avan rasulting In death)  Part tt. Other sign	art failura. Lis a (Final ion ) conditions, immediate darlying r injury t) Last  ificant condit	a	buting to dea	Dua to  Dua to  Dua to	CARDIAC o (or as a conse	517 11: Itar the mode of HYPERTROP quance of): quance of):	th dyin	St.  ig, such as  an In Part	s cardiac	23b. Di 24a. Wa per	d tobacco Yes 2 as an autorformad?	o use co	ontribute s  3 Pro	Approximata Infarval Batween Onsat and Death Onsat and Death Obably Ownknow Wara autopsy findings valiable prior to ompletion of cause I daath?
After this certificate has been signed by the attending physician and the funeral director, page 2 should be detached for use as the burial-transit of the principle of the prin	To Be Completed by Physician/Medical	Sequentially list of if any, leading to cause. Enter Unc. Cause (Disasse of that initiated avan rasulting in death)  Part tt. Other sign  25. Was casa rafe axaminar?  YAY 22  27. Mannar of Death  1 Natural  2 Accidant	iart failura. Lis a (Final ion ) conditions, immediata sarlying its	a	buting to dea	Dua to  Dua to  Dua to	CARDIAC o (or as a conse	of 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Oth Injury	St.  ig, such as  an In Part  26. Plac  ar: 4 N	S cardiac	23b. Di 24a. Wa pei	d tobacco Yes 2 as an autorformad?  Kas 2 y ona) sidance	o use co 2 No psy	ontribute s  3 Pro  24b. Was as on the second secon	Approximata Infarval Batween Onsat and Death Onsat and Death Obably Ownknow Wara autopsy findings valiable prior to ompletion of cause I daath?
of a street this certificate has been signed by the attending physician and cross. After this certificate has been signed by the funeral director, page 2 should be detached for use as the burial-transit of the funeral director, page 2 should be detached for use as the burial-transit.	To Be Completed by Physician/Medical	Sequentially list of if any, leading to Causa. Enter Unc Causa (Disaasa or that initiated avan rasulting In death)  Part It. Other algn.  25. Was casa rafa axaminar?  YAY Yas 2  27. Mannar of Death 20 August 1 12 August 1 2 2 2 2 3 2 3 2 3 3 3 3 3 3 3 3 3 3 3	int failura. Us  (Final ion )  conditions, immediate darlying or injury is injury inju	a	buting to dea	Dua to  Dua to  Dua to  Dua to  Dua to  Althorized the properties	CARDIAC o (or as a consection of the consection	HYPERTROP equance of):  quance of):  quance of):  underlying caus  ont 3 DOA	Oth Injury Word	St.  ig, such as  an in Part  26. Plac  ar: 4 \( \) Ni  k?	S cardiac	23b. Di 24a. Wa per th (Chack only 28d. Describe	d tobacco Yes 2 As an autorformad?  Kes 2 Yona) sidence e how injure	o use co	DC 2  pontribute to 3 Pro  24b. W  according to the second of the second	Approximata Infarval Batween Onsat and Death Onsat and Death Obably Ownknow Wara autopsy findings valiable prior to ompletion of cause I daath?
toor. After this certificate has been signed by the attending physician and too stoor. After this certificate has been signed by the funeral director, page 2 should be detached for use as the burial-transit of the funeral director.	To Be Completed by Physician/Medical	Sequentially list of if any, leading to causa. Enter Unc	art failura. Lis  (Final ion )  conditions, immadiata dartyling or injury its ) Last  ifficant condit  arrad to medic  No ath 5	d	buting to dea	Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Apatiant 2  I Injury , Day Year;  of Injury - Aig, atc. (Spa	CARDIAC o (or as a consection of the consection	that the mode of the transfer of the mode of the transfer of transfer of the transfer of transfer of the transfer of t	Oth Injun Word	st.  ig, such as  g, such as  an In Part  26. Plac  ar: 4 N  y at  k?  Yas 2	s cardiac  I.  I.  I. I.	23b. Di 10 24a. Wa pei 24b. Chack only oma XM Ra 28d. Dascrib	d tobacco Yes 2 as an autorformad?  Kas 2 y ona) sidance e how injur (Streat an own, State a causa(s)	o use co	annar as	Approximate Infarval Batween Onsat and Death Onsat and Death Onsat and Death Obably Office Of

State Registrar

31. Data filed (Month, Day, Year)

MAR 0 2 1999

32 Ragistrar's Signatura

pass

SE TOTAL COST . HINCOME

# Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 3 Time of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 20,1999 Month **Physician** February 1:45 A.M. PATRICIA A. THOMAS /Medical 4b. City, Town, or Location of Deeth 4c. County of Deeth 4e Fecility Neme (If not institution, give street end number) **Examiner** Silver Spring Holy Cross Hospital Montgomery If Under 1 Year Date of Birth (Month, Day, Year) 6/2/56 Birthplece (State or Foreign Country) 7. Age (In yrs. lest birthdey) **Funeral** Months Deys Hours Min 1□M 2\ F 42 Yes Director Maryland 215-68-9255 Usuel Residence of Decedent with the Marylend 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show r than "natural", or items 23a or 28a-f show the Medical Examinar must be notified at Prince George's Lanham Md. 1X Yes 2 No Director 10g. Citizen of What Country? 10e. Street end Number 10f. Zip Code 20706 U.S.A. 3201 Reed St. # 2934 deeth v Funeral Was Decedent of Hispanic Orlgln? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) Rece - American Indien, Bleck, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? 11. Maritei Status permit. Pages 1 and 2 should be filed within 72 hours after Depertment of Haaith and Mental Hygiena. Infraportant: if item 27 is marked other than "natural", or ite important: if item 27 is marked other than "natural", or item any injury or other traumatic event, the Mexical Examina PAGE. 1 ☐ Yes 2X No If Yes, Give Yeer or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: þ Black 3X Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Bowie State University Administrative Aid 12th 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Mildred D. Stewart Daniel W. Thomas 19e. informant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 8106 M.L.King, Jr. Hwy. #624, Lanham, Md. Mildred D. Thomas/Mother Baltimore, 20b. Plece of Disposition (Name of cametery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete Buriel 2 Cremetion 3 Removel from State 2/25/99 Landover, Md. Harmony Mem. Park 4 Donetion 5 Other (Specify) 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility H.S. Washington & Sons Co., Inc. iale am 4925 Burroughs Ave., N.E., Wash., D.C. 23e. Pert1. Enter the disease or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart fallure. List only one cause on each line. Approximete Intervei Between Onset end Death Physician tmmediate Cause (Final disease or condition resulting in deeth) /Medical ACUTE RESPIRATORY NISTRESS PYNDROME **Examiner** Due to (or as e consequence of) Examiner The law requires that the death certificete be assecuted physician and the burial-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Lest Due to (or es e consequence of): Box 68760. Physiclan/Medical Due to (or es e consequence of): d for use as SBS bethed f P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 2 signed to Division of Vital Records, þ been sig 24b. Were autopsy findings eveileble prior to completion of ceuse of death? Completed 24e. Wes en eutopsy parformed? has e 2 s page 2. No 1 Yes 1 Yes 2 No certificate or Attending Physician: 25. Wes case referred to medical exeminer? Be 26. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No 2 1 ≤Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28e. Dete of injury (Month, Day Year) 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. injury et Work? Certification: 5 Pending 1 Natural 1 TYes 2 No Investigation eftar death. ector: / 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 6 4 Homicide 24 hours eftar Funeral Dire lately filled In b Hospital 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and plece, end due to the cause(s) and menner es steted. edical To the Hosp within 24 hot To the Fune complately fi 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, dete end place, and due to the cause(s) end menner steted. (Check only one) 29b. Signeture end titie of certiful h (item 23e) (Type, Print)
10810 Connecticut Ave. Kensington MD 20895
Signeture 29c. License number 30. Name end address of person who complete the end death (item 23e) (Type, Print) VICTOR 31. Dete filed (Mer 32 Registrer's Signeture 5 1999 State Registrar

DHMH 16 Rev 6/95

# Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Dete of Deeth 3 Time of Death 1. Decedent's Name (First, Middle, Last) Month **Physician** February 23, 1999 Agnes Marie 6:20 am Weber /Medical 4e Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Prince George's Hospital Center Cheverly Prince George's If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dev. Year) Birthplece (State or Foreign Country) **Funeral** 1□M 2\ F Months Deys Hours Min Yrs 577-42-1760 **Director** 66 March 20, 1932 Indiana Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r 28a-f show 1 Yes 2 No Directo Maryland Prince George's Lanham 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7 is marked other than "natural", or items 23s or traumatic event, the Medical Examiner must be r 9116 Rolling View Drive 20706 U.S.A. permit. Pages 1 and 2 should be filed within 72 hours efter deeth 1 Department of Health and Mentel Hyglene. Important: If item 27 is marked other than "natural", or itema 23s eny injury or other treumetic event, the Medical Examera mana Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14 Race - American Indian Bieck, White, etc. 1 ☐ Yes 2 No If Yes, Give Yeer or Detes: 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: à 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Homemaker 10 Own Home 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Ramsey Gailmard Agnes Carev 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) John C. Weber - Husband 9116 Rolling View Drive, Lanham, Maryland 20706 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 X Buriel 2 □ Cremetion 3 □ Removel from Stete Maryland National Memorial Park02/27/99 4 ☐ Donetion 5 ☐ Other (Specify) Laurel, Maryland 22. Name end Address of Fecility
Gasch's Funeral Home, P.A. 21. Signeture of Funeral Service Licensee ette d. 4739 Baltimore Avenue, Hyattsville, MD 20781 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Physician immediete Ceuse (Finel disease or condition resulting In death) /Medical Examiner Examiner attending physicien and for usa as the bunal-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Division of Vital Records, P.O. Box 68760, that the death certificate be Physician/Medicai Due to (or es e consequence of): usa as t Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. ed by the a 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings aveilable prior to completion of cause of death? 24e. Wes en eutopsy performed? Completed page 2 s has No No 1 ☐ Yes 2 No certificata or Attending Physicien: 25. Wes case referred to medical exeminer? Be 26. Piece of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 npatient 2 ER/Outpetient 3□ DOA this funeral 28a. Defe of Injury (Month, Dey Year) 27. Menner of Deeth 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? Certification: After 1/Naturel 2 Accident 5 Pending investigation aftar daeth. Director: Aft 1 ☐ Yes 2 ☐ No 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, State) 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide hours a Hospital 24 hours Certifying Physicien: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end manner es steted.

| Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end place, and due to the ceuse(s) end manner steted. 29a. Certifier Medicai (Check only one) To the within 2 29c. License number 29d. Date signed (Month, Dey, Year) 29b. Signeture end title of certifier 23 30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print) MINCE 31. Date filed (Month, Day, Year) 32. Registrer's Signeture FEB 2 4 1999 Registrar

**DHMH 16 Rev 6/95** 

11. 65 164 3

and the second

7 3/3 /

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 9 0 7 5 8 2

			Ce	ertificate o	f Death		Reg	. No.				
	1. Decedent's Name (First, Middle, L	ast)					Dete of Death	Dev	Year	3. Time of Deeth		
Physician /Medical	Clayton Cha	rles Wern	er				bruary	20, 1		7:25 am		
Examiner	4b City Town of							4c. County	of Death			
	Springbrook Nursing Center Silver S							Mont	gomei	су		
eral	Sociat Security Number     6.	Sex 7. Age 1 M 2 F	(In yrs. last birthde	Months Dey			Date of Birth Month, Dey, Yo	ear)	9. Birthp	lace (State or Fore		
or	295-12-7520	TAN M ZUT	75 Yrs.			Ju	ly 28,	1923	Oł	nio		
	Usual Residence of Decedent  10a, State 10b, County		10c. City, Town or	Location					1	0d. Inside City Lim		
by Funeral Director										1 ☐ Yes 2)()		
Director	Maryland Prince	George's	Hyatts	10f. Zip Code			100	Citizen of V	zen of What Country?			
	3414 Purdue Str			207			10g. Citizen of What Country?					
8	3 12 1 2 2 2 2 2 2 2	12. Wes Decedent Ev	ror in II C 13	2U / 3. Was Decedent o		nin? /Snacihi	Vee or No-	U.S		en Indian,		
Funeral	11. Maritel Stetus  1 □ Never Married 2K Married	Armed Forces?		If Yes, specify C	uban, Mexicen	, Puerto Rica	n, etc.)		k, White,			
by F	3 Widowed 4 Divorced	1 X Yes 2 ☐ No If Yes, Give Year or Dates:	WWII	1□ Yes 2X N	o Specify:			Specify	Whi	te		
Pa	15. Decedent's			edent's Usuel Occ	upation		16	b. Kind of Bu				
Completed	(Specify only highest g	rade completed)	(Giv	e kind of work dor DO NOT use ret	e during most	t of working		oard C				
E	Elementery/Secondery (0-12)	College (1-4or 5+	Ho	rticultu	rist				cati	on		
	17. Father's Name (First, Middle, Las				18. Mothe	r's Neme (Fir	st, Middle, Ma			OII		
To Be	Clayton Henry	Werner			He	len R	uth He	erroon				
-	19a. Informent's Name/Relationship		19b. Ma	iting Address (Stre					Stete, Zip	Code)		
	Barbara Werner -			Purdue								
	20e. Method of Disposition	WIIC	20b. Plece of Dis	position (Name of				c. Location -				
	1 ☑ Burial 2 ☐ Cremetion 3			ematory or other p		02/2	1.100 0	holtor	a b a m	Manual an		
	4 ☐ Donation 5 ☐ Other (Spec 21. Signeture of Funeral Service Lice			Veterans C	-		4/99 0	nertei	mam,	Marylan		
	21. Signeture of Funeral Service Lic	- 1 0 h	A .	asch's F		,	P. A.					
	laudett	ed. Da		739 Balt	imore	Ave.,	Hyattsv	ville,	MD	20781		
	23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate Interval Between											
an			,		)	0	0			Onset and Death		
al .	Immediate Cause (Final disease or condition resulting in deeth)  e. Cerebroras cula Accial month  Due to (or as/a)consequence of):  Sequentially list conditions, if any, leading to immediate rise and interesting to immediate rise prior Underlying.  Due to (or es e consequence of):											
Je Je												
аш	Sequentially list conditions.  Due to (or es e consequence of):											
E	if any, leeding to immediate ceuse. Enter Underlying											
edicai	Cause (Disease or Injury that initiated events presulting in death) Last Due to (or es e consequence of):											
Med	resulting in death) cast											
		l d							1			
by Physician/	Part II. Other significant conditions	contributing to death but	not resulting in the	underlying cause	given in Pert I.		23b. Dld tobe	acco uee co	ntribute to	o the cause of dea		
, h	kl. 0 10 1						1 Yes	2□No	3 Pro	bebly 4 tokn		
y F	17 yperten	1 am	_									
Pa	Notate	. A. (1)	1 -				24a. Was an	autopsy	24b. W	ere autopsy findin ailabte prior to		
Completed	Daslell)	Meser					ponomic	, ,	CO	moletion of ceuse death?		
E O							1 ☐ Yes	2 1 No	1[	Yes 200		
	25. Was cese referred to medical				26 Place	of Deeth /Ci	neck only one)					
o Be	examiner?	Hospital:	t 2 ER/Outpet	ient 3 DOA	Whore /		5 Residen	00 6 DO4h	ar (Casai	6.1		
: To	27. Manney of Death	1					Describe how			<i>y</i> )		
Hon	1 Neturel 5 ☐ Pending	28a. Date of Injury (Month, Day	Year) Injury		njuryat Vork? □Yes 2□			, , , , , , , , , , , , , , , , , , , ,				
ca	3 Suicide 6 Could not	be Diese of Initia	y - At home, farm,				Location (Stre	et and Numb	er or Run	ai Route Number,		
Ē	4 ☐ Homicide determine	building, etc.	(Specify)	Street, lactory, only		201.	City or Town,		707 01 11011	arriosio risinos.,		
ပိ												
edical Certification:	(Check only 2 Medical Ex	hysician: To the best of miner: On the basis of e	xamination and/or									
Med	one)	and manner state	ed.	00a 1 la	ana aumbas		204	1 Data stone	d /Month	Day Vand		
~	29b. Signature and title of certifier			29C. LICE	ense number			d. Date stgne				
	1600		- CE	30 0	417	5/	F	ebruar	y 23	, 1999		
CI	30. Name and eddress of person wh											
4	Ronald Shumacher	, M.D., 230	9 Shoref	ield Road	l, Whea	ton, M	arylan	d 209	02			
tate	31. Date file Figure Pay Year)	37. Registrar	's Signature									
strar	6 ± 1995	position and	B.	Spark								
6/95	· · · · · · · · · · · · · · · · · · ·	-1		- Course								

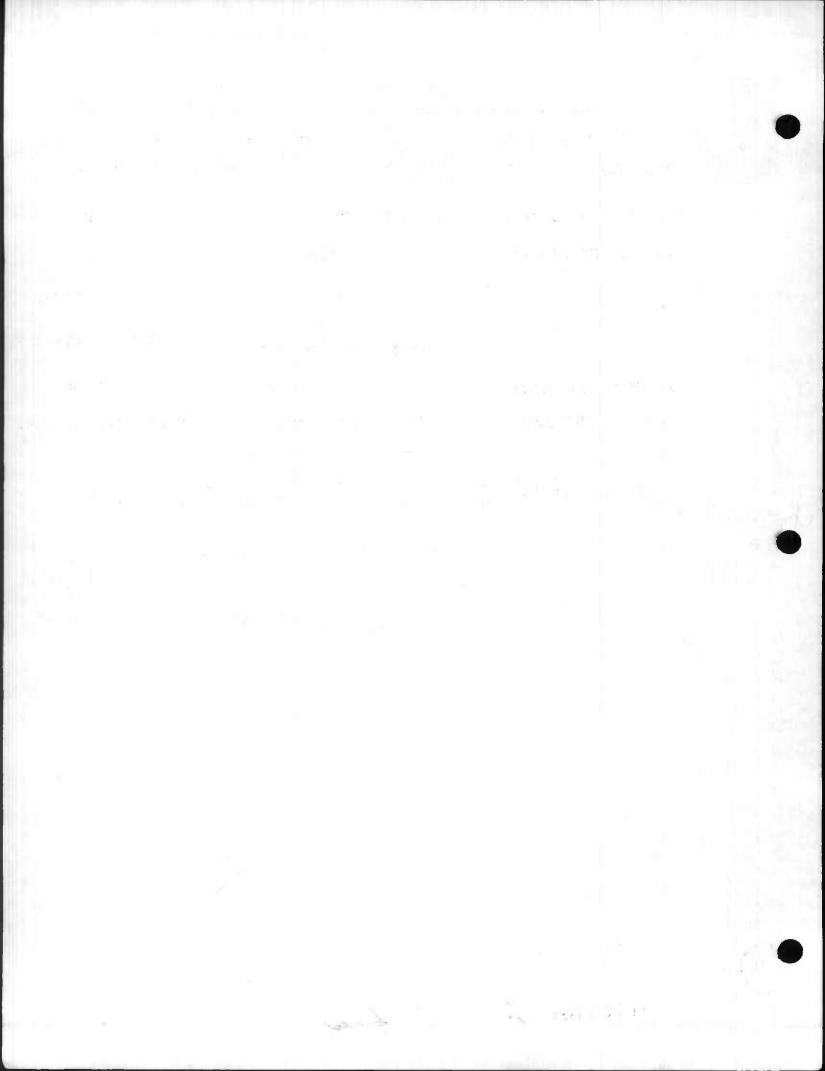


# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

					,	Certifica	te of	Death		Reg. No.	) U	1203	
DI-			1. Decedent's Neme (First, Middle, L	ast)	ri I				2. Dete of D Month		Yeer	3. Time of Deeth	
	rysick Medic		THELMA ERNEST	INE WILKIN	SON WIM	S			FEBRUA			08:30 AM	
	camin		4e. Facility Neme (If not institution, gi	ve street end number)				4b. City, Town, o	r Location of Dee				
			HOLY CROSS	HOSPITAL				SILVER	SPRING	MONT	GOMER	RY COUNTY	
	neral ictor			Sex 1□ M 2XXF	o (In yrs. last bir 72	Yrs. If Under Months	Deys	If Under 24 H	n. 8. Dete of Bi	15, 192	9. Birthp Cour WAS	plece (State or Foreign http://discourse.com/ DHINGTON, D	
P.			Usuel Residence of Decedent  10a. Stete 10b. County		40-03-7								
anylar		_		EODGEG	10c. City, Tow		CMON				1	10d. Inside City Limits	
5-0020 72 hours after death with the Maryland naturel', or items 23s or 28s-f show Mari Examiner must be notified at	outfile	Director	MARYLAND PRINCE G	EURGES	FI.	WASHIN						1)(C)(Yes 2 □ No	
	unt be n		10e. Street end Number 2525 CORNING AV	E. #104		10f. Z	p Code 2	0744		10g. Citizen of UNITED			
	Examiner in	by Funeral	11. Meritel Status  1 Never Married 2 Merried  \$(X)\(X)\(X)\(X)\(X)\(X)\(X)\(X)\(X)\(X)\	12. Wes Decedent Ever in U, Armed Forces? 1 ☐ Yes 2XQ\000000000000000000000000000000000000		<ol> <li>Was Decedent of Hispenic Origin? (Spif Yes, specify Cuban, Mexican, Puerton 1 ☐ Yes 2 ○ (No Specify:</li> </ol>			(Specify Yes or Nerto Rican, etc.)			American Indien, White, etc.	
15-002 72 hours	noisal	B	15. Decedent's E (Specify only highest gi	ducation	16e.	Decedent's Usi	el Occu	pation	and in a	16b. Kind of B	usiness/in	dustry	
vithin ena.	De A	Completed	Elementery/Secondery (0-12)	Coilege (1-4or 5	+) GEI				ADMINISTRATION		EDERA	L GOVERNME	
o êfs	vent	Be C	17. Fether's Neme (First, Middle, Las	)				18. Mother's N	eme (First, Middle	, Meiden Sumer	ne)		
yian buld be Mental	tic e	To	ALPHONSO WILK	INSON				HAZEL			WILK	INSON	
2 should and Men	E I		19e. informent's Name/Reletionship	(Type, Print)	19b	. Mailing Addres	s (Stree	t end Number or i	Rural Route Numi	er, City or Town	Stete, Zip	Code)	
end 2 ealth m 27 i	er tru		HAROLD B. MINOR	/SON	20	600 QUI	EENS	CHAPEL	RD. #701	, HYATTS	SVILL	E, MD 2078:	
T rof H	6		20e. Method of Disposition 1   ↑   ↑   ↑   ↑   ↑   ↑   ↑   ↑   ↑		cemeter	Disposition (Nerry, cremetory or OOD CEM	me of other ple	ece)	Dete 2-23-99	20c. Location WASHIN	- City or To	own, Stete	
Datemit. Pages Department of H	any injury page.		21. Signeture of Funeral Service Lice		-00.		nd Addr	ess of Fecility	RAL HOME				
0.02	- 0		duard	EDWARI	M. DUI	OKEY	320	O RHODE	ISLAND A	VE. MT.	. RAI	NIER, MD	
		-	23a. Pert1. Enter the diseese, or con shock, or heart feilure. List only	plications that caused	the death. Do r	not enter the mo	de of dy	lng, such as cardi	ac or respiratory	errest,		Approximete Interval Between	
	Physician			0.1	1.	1		1	1 -			Onset and Deeth	
/Med Exam	1		immediate Ceuse (Fine! disease or condition	Oll	stru	tup	/	uns 1	Nuclas	0		10 years	
CXAIII			resulting in death)	6.	Due to (or es e	consequence of	):					mian 1	
D.	75	림		, 1/2	Mari	001	nu	12			i	a years	
and and	-tren	Examine	Sequentially list conditions,		Due to (or es e	consequence of	:	4 /	- 1 -		I	7 1	
se ax	s the burial-trensit		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury	Kes	rovint	ory	1	ulet	TOU		1	Slay	
ficete be ay	the	edicai	thet initiated events resulting in deeth) Lest	[	Ou to (or es e o	onsequence of)	:	0				1	
eath certific attanding p	0	2		d									
death ce	od for	Physician	Pert ii. Other significant conditions	contributing to death bu	t not resulting in	the underlying	cause di	ven in Pert I.	23b. Dld	tobacco use co	entribute to	o the cause of death?	
et tha	tached	ž.		0-2110		, ,				Yes 2□ No		bably 4 Unknown	
s the		by F							7				
requir	should b	Completed								s en eutopsy ormed?	ev	fere eutopsy findings reileble prior to ompletion of cause deeth?	
a has	page 2	Ĕ								Yes 2X No		-1	
	or, p		25. Wes case referred to medical					ac plan of p				Yes 21 Yolo	
Physician: this certific	director,	o Be	exeminer?	Hospitel:	• • □ ED/O		Ot Ot	hor	eeth (Check only				
		5	27. Menner of Death	28e. Dete of injur	v 28b 1		UA	4 🗆 Nursing	Home 5 ☐ Res	how injury occur		у)	
ding Afte	funer	흐	1 Naturel 5 Pending investigation	(Month, Dey	Year) i	njury M	28c. inju Wo	rk? ]Yes 2 □ No					
f or Attending efter death. Director: After	n by tha	Certification:	2 Accident Investigation 3 Suicide 6 Could not to determined	OB Disease of their	ry - At home, fe . (Specify)				28f. Location City or To	28f. Location (Street end Number or Rural Route Number, City or Town, State)			
To the Hospital or Atta within 24 hours eftar de To the Funeral Directo	ly filled		29e. Certifier 1 Certifying Pl	nyeiclan: To the best o	f my knowledge	, deeth occurred	l et the ti	me, date end pla	ce, and due to the	cause(s) end m	anner es s	iteted.	
10 H	pleta	edicai	one) 2 Medical Exa	niner: On the basis of end menner star	examinetion end ted.	d/or investigation	n, in my	opinion, deeth oc	curred et the time	dete end piece,	end due to	o the ceuse(s)	
vithin To the	COM	Σ	29b. Signeture end title of certifier			29	c. Licen	se number		29d. Dete signe	d (Month.	Dey, Year)	
M			Submode	esser	2 <u> </u>		7	5843	)	2	18/5	29	
10)			30. Neme end address of person who	completed cause of de	eth (Item 23e) (	Type, Print)	214	Rd S	Dungs Ca	lain 1	ALM	20 912-	
	Stat	e	31. Dete filed (Month, Dey, Year)	32 Registre	r's Signeture		-00	14 0	7	r wy	MU.	- 0 11 0	
Re	gistra		FEB 2 2 1999	Bour	~ 6	la	1						
DHMH 16 R	av 6/95			-		190	1						

DHMH 16 Rav 6/95



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month WILLIAMS 7:40 PM MARY 6. FEBRUARY 17,1999 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death LANHAM PRINCE GEORGE'S DOCTORS COMMUNITY HOSPITAL 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Country) 8. Date of Birth (Month, Day, Year) Deys Hours 1□M 2√F Yrs. 61 240-60-7998 JULY 18, 1937 SNOW HILL, NC Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 No Yes 2 No PRINCE GEORGE'S **GLENARDEN** MARYLAND 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1409 8th St. 20706 USA 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, 11. Marital Status Black, White, atc. 1 ☐ Yes 2 No If Yes, Give Yaar or Datas: 1 Never Married 2 Married BLACK 1 ☐ Yes 2 No Specify: 3 Widowed 4 □ Divorced 16a. Dacedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highast grada completed) Elementery/Secondary (0-12) College (1-4or 5+) PVT. - NURSING FACILITY HOUSEKEEPING 12th 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) MARY TERRY WILBUR NOBLES, SR. 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) GLENARDEN, MARYLAND 1409 8th ST. LISA WILLIAMS/ DAUGHTER 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Burial 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 2-24-99 LANDOVER, MARYLAND HARMONY MEMORIAL PARK 21. Signature/of Funeral Service Licansee 22. Name and Address of Facility MARSHALL'S FUNERALHOME OF MD, INC 20746 SUITLAND, MARYLAND 4308 SUITLAND RD. 23a. Part1. Entar tha disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth Immediate Cause (Final disease or condition resulting in death) STOMACH CARCINOMA OF Due to (or as a consequence of): BLEEDING ABNORMALITY Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseasa or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequenca of) Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No HYPERTEN SION 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? completion of causa of death? 1 Yea 2 No 1 Yea 2 No

/Medicai Examiner physician end s the burial-transit 88 ettending nse

jo

the

peen

Box 68760.

P.0.

Records,

**Physician** 

**Physician** 

/Medicai

Examiner

Director

Funeral

à

Completed

Be

**Funeral** 

Director

show

item 27 is marked other than "naturel", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 Is marked other than any injury or other traumatic.

the Maryland

Examiner Physician/Medicai ð Completed Be

signed by I Certification: To

Medical

certificate Division of Vital is or Attending Physician: T setter death. I Director: After this certificat Hospital or 24 hours eft e Funeral Di To the within 2

State Registrar

25. Was case rafarred to medical 26. Place of Death (Check only one) Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 1 Watural 5 Pending investigation 1 Yes 2 No 2 Accidant 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stefe) 4 Homlcide 29e. Certifier Certifying Phyalctan: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as atated. (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, end due to the cause(s) and manner stated. 29b. Signeture and title of certifier

29c. License number D0050 951 29d. Date signed (Month, Day, Year) 2118199

RIVERDALE M.D

30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print) KENILWORTH AVE REVA . S. GILL

Benel

6510 31. Date filed (Month, Day, Year) FEB 2 2 1999

32. Registrar's Signature

Sparke

1,2 1,3 2 3 4

E. Line

State Registrar 32. Ragistrer's Signeture

30. Neme end eddress of person complated causa of death (Itam 23a) (Type, Print)

31. Dete filed (Month, Dey, Year)

MARCH 1, 1999

OCME

111 Penn Street, Baltimore, Maryland 21201

Raymond Watki

Please Type or Print in Black Indelible Ink Assure All Conies Are Legible

		icase Type of Fillt in black indelible link. Assure All copies Are Legible.	
ns		State of Maryland / Department of Health and Mental Hygiene 9 9 0 7 5 8	1
15 . #23 PART	7 27	PER MED C769 3-10-99 WP Certificate of Death	

Physician	ı
/Medical	L
Examiner	ľ
	ı

**Funeral** 

Director

pemit. Pages 1 and 2 should be filed within 72 hours efter death with the Meryland Department of Health end Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23s or 23s-f show any injury or other traumatic event, the Madical Exercise must be not that any ence. 3altimore, Maryland 21215-0020

Physician /Medical Examiner

attending physician and for use as the burial-trensit use as t signed by the a page 2 s certificate hes After this funeral 24 hours after death.

the death certificate be execu P.O. Box 68760,

Division of Vital Records,

or Attending Physician:

Hospital

within 2 To the

13. Was Decedent of Hispanic Ortgin? (Specify Yas or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Evar in U,S. Armed Forcas? 11. Marital Status 1 Yes 2 No
If Yes, Give
Year or Dates: 1 Nevar Marriad 2 Married 1□ Yas 2HNo Specify: à 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) 12th Laborer 17. Father's Name (First, Middle, Last) Be George L. Lewis 19a. Informant's Name/Relationship (Type, Print) George L. Lewis/Father 20b. Place of Disposition (Nema of cametery, cremetory or other place) 20a. Method of Disposition Date 1X Burial 2 ☐ Cremetion 3 ☐ Removal from State Forest Hills Mem. Gardens 2/27/99 4 □ Donation 5 □ Other (Specify) 21. Signature of Funeral Service Licenses 23a. Part1. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) DILATED CARDIOMYOPATHY Due to (or as a consequenca of) Examiner Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last Due to (or es a consequence of) Physician/Medicai Dua to (or as a consequence of): Part II. Other elanificant conditions contributing to death but not resulting in the underlying cause given in Part I. þ Completed 1 Yas 25. Wes case referred to medical examiner? 26. Place of Death (Check only one) Be Hospital: 1 Yes 2 No 10 1 Inpatient 2 KER/Outpetient 3 DOA Dete of Injury (Month, Day Year) 27. Manner of Deeth 28b. Time of tnjury Certification: 28c. Injury at Work? 1 X Natural 5 Pending investigation 1 Yes 2 No 2 ☐ Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Streat and Number or Rural Route Number, City or Town, Stete) Plece of Injury - At home, farm, street, fectory, offica building, etc. (Specify) filled in by 4 Homicide 29s. Certifie 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and menner as stated. Medical Medicat Examiner: On the basis of examination and/or Investigation, in my opinion, death occurred at the time, date end placa, and due to the ceuse(s) and manner stated. 29b. Signa 29c. Licensa number 29d. Data signed (Month, Dey, Year) O.C.M.E. February 19, 1999

> address of person who completed cause of death (Item 23a) (Type, Print) M

32. Registrar's Signature

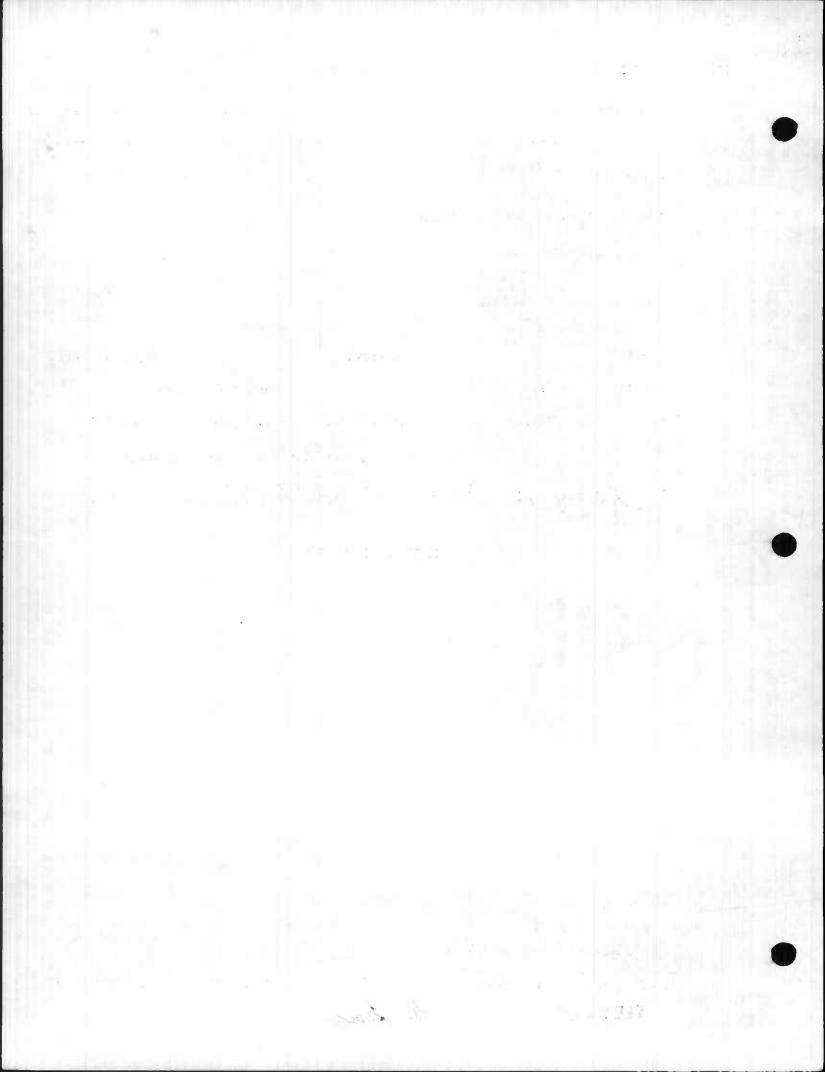
ITEMS: #23 PART I, 27, PER MEO G769 3-10-99 WR. Certificate of Death Reg. No. 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death Month Year Raymond D. Watkins 17 1999 February 5:45 P.M. 4a Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Fort Washington Profit Under 24 Hrs. Hours Min. B. Data of Birth (Month, Dey, Year) 2/21/53 Fort Washington Hospita Prince George's If Under 1 Year 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) Months Days 1 X M 2 □ F Yrs 45 578-68-8738 Wash., D.C. Usual Residence of Decedent 10a. State 10c. City, Town or Location 10d. Inside City Limits 10b. County 1 XYes 2 No Md. Charles Director Bryans Road 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3109 Jacqueline Way 20616 U.S.A. Funeral 14. Race - American Indian Black, White, etc. Black 16b. Kind of Business/Industry Private Industry 18. Mothar's Nama (First, Middle, Meiden Sumema) Marsha D. Greene 19b. Mailing Address (Streat end Number or Rurel Route Number, City or Town, Stete, Zip Code) 1217 Larchmont Ave., Capitol Hgts., Md. 20743 20c. Location - City or Town, State Clinton, Md. 22. Name end Address of Facility
H.S. Washington & Sons Co., Inc.
4925 Burroughs Ave., N.E., Wash., D.C. 20019 Approximate Interval Between Onset and Death 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings availabla prior to completion of cause of death? 24a. Was an autopsy performed? 2 No Yas 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

111 Penn Street, Baltimore, Maryland 21201

State Registrar

31. Date filed (Month, Dey, Year)

FEB 2 5 1999



### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Month ELIZABETH ADANS 0.7 1999 March Reclity Neme (If pot Institution, give street end number) Town, or Location of Deeth Deys Months Hours 10e. Steta 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 □ No 10f. Zip Code 10g. Citizen of Whet Country? 26 2 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No Wes Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien. 11. Marifal Status Bleck, Whita, atc. 1 ☐ Never Merried 2 ☐ Married 1□ Yes 21 No If Yes, Give Yeer or Dates: Specify: 3 Widowad 4 ☐ Divorced 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Dacedant's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elamentary/Sacondery (0-12) College (1-4or 5+) 17 Fether's Name (First, N Mother's Name (First, Middle, Meiden Surneme) First, Middla, Last, 20a. Method of Disposition 1 ■ Burial 2 □ Cremation 3 Removal from State Other (Specify) 4 Donetion 21. Signature of Funeral Servica License Approximeta Intarval Batween Onset and Death Imm stat Ceuse (Finel disease or condition resulting in deeth) LIVER DISEASE Due to (or es a consequenca of): ENLEPHALO PATHY Sequentially list conditions, if eny, leeding to immadiate cause. Enter Underlying Causa (Disaasa or injury thet initieted evants rasulting in deeth) Lesf Due to (or es e consequence of): Due to (or es e consequence of): Pert il. Other significant conditione contributing to death but not resulting in the underlying cause givan in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown 24b. Wara eutopsy findings availebla prior to 24e. Wes en eutopsy performed? completion of cause of daeth? 1 ☐ Yes 21 No 1X Yes 2 □ No 26. Placa of Daath (Check only ona) Other: 4 ☐ Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify) 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28c. Injury et Work? 28d. Describe how injury occurred 28b. Time of

**Physician** /Medical Examiner Division of Vital Records. P.O. Box 68760

Examiner

Physician/Medical

by

Completed

Certification:

Medical

(Check only one)

**Physician** 

/Medical

Examiner

Director

Funeral

by

Completed

**Funeral** 

Director

item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Magical Examinal mast be notified at

filed within 72 hours after Hygiene.

permit. Pages 1 and 2 should be filed within 72 hours aft Depertment of Heelth and Mentel Hygiene. Important: If flem 27 is marked other than "natural", or any Injury or other traumatic average.

Baltimore, Maryland 21215-0020

the Maryland

ettending physiclan and signed by the e hes

certificate or Attending Physician: funeral director, 24 hours efter death.

Funeral Director: After this

To the Hosy within 24 ho To the Function

Hospital

State Registrar 25. Was case raferred to medical exeminer? 1 Yas 2 No 28a. Deta of Injury (Month, Dey Year) 27. Manner of Deeth **N**□Naturel 5 Panding investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Place of Injury - Al homa, farm, street, factory, office building, etc. (Specify) 4 Homicida 29a. Cartified 1 Certifying Phyaician: To the best of my knowledga, daath occurred at the time, dete end plece, end due to the ceuse(s) end menner es stated.

2 Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner steted. 29b. Signeture epd titla of certifier 29d. Date signed (Month, Dey, Year)

30. Name end eddrass of parson who complated causa of death (Itam 23a) (Type, Print) YLVANUS 600d

32. Registrer's Signeture

Samaritan Hospital Baltimore MD21239

31. Date filed (Month, Day, Yaar) 1999 MAR 10

#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Q [QQ] 4c. County of D Marc am /Medical 4b. City, Town, or Location Facility Name (If not institution, give street and number) Examiner SPITA or 24 Hrs. 8. Date of Birth Min. Month, Day. ∩6. Sex 5 Social Security Number 7. Age (In yrs, last birthday) 9. Birthplace (State or Foreign **Funeral** Days 1MM 2DF Months Hours Director Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mentel Hyglens. Important: If item 27 le marked other than "natural", or hems 23a or 28a-f show any injury or other traumatic avent, the Medical Fig. 10a. State 10b. County 10c/City, Town or Location 10d. Inside Pity Limits 1 Yes 2 No Director and Number 10f. Zin Code 10g. Citizen of Whet Country? 2122 Funeral 12. Was Decedent Eyer in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 11. Marital Status nt of Hispanic Origin? (Specify Yes or No y Cultan, Mexican, Puerto Rican, etc.) 14. Race - American Indian Black, White, etc. 1 Never Married 2 Married 1 Yes 2M No à 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) 17; Father's Name (First, Middle, Last) 20a. Method of Disposition Location - City or Town, State 1 Burial 2 Crumation 3 DRemoval from State 4 □ Donation & Other (Specify) e, or completations that caused the death. Do not e List only one cause on each line. Approximata Intervel Between Onset and Death **Physician** /Medical KWM Examiner Due to for as Physician/Medical Examiner eumonic Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last to (or as a conse nce of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by the should be detached 12 Unknown 1 ☐ Yaa 2 ☐ No 3 Probably Be Completed by 24b. Were autopsy findings 24a. Was an autopsy performed? available prior to completion of cause of death? Director: After this certificate has 215 No 1 Yes 1 Yes 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Medical Certification: To 1 Inpatient 2 ☐ ER/Outpatient 3□ DOA To the Hospital or Attending Ph within 24 hours ettar death. To the Funeral Director: After th completely filled in by the funera 27. Manner of Deat 28d. Describe how injury occurred 1 Netural 2 Accident 5 Pending investigation 1 Yes 2 No 6 Could not be 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide

Robert

AMOS

Division of Vital Records, P.O. Box 68760,

Registrar **DHMH 16 Rev 6/95** 

29a Certifier

(Month, Day, Year)

0

tem 23s) (Type, Print)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated.

29c. License numbe

29d. Date signed (Month, Day, Year)

LEWIS ALLEN 99-1203-510

DDG

## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygi

ITEMS: #23 PAR I, 27, 28A-F PER MEO G769 Certificate of Death

Jie	rie	Q	1	4	R
	0	1	1	0	V
	Min				

	Physician
	/Medica
17	Examine

2931 OAKLEY AVENUE

1238 PM

3 Time of Death

10d. Inside City Limits

NOYes 2 No

Funeral Director

Director

Funeral

by

Completed

the Marylend the Medical Examiner must be notified at 5 238

deeth nit. Pages 1 and 2 should be filed within 72 hours effer arment of Heelih and Mentel Hygiene. ortant: If item 27 is marked other than "natural; or ite injury or other traumate event, tra Medical Estamina Maryland 21215-0020 Baltimore, permit. Pege Department Important: If any injury or pnce.

**Physician** /Medical Examiner

certificate be exec Box 68760

P.0.

Records,

Division of Vital

Examiner buriel-tren pue physician Physician/Medicai the ed by the e signed t by Completed peen has Be 10 this funeral Certification: After deeth. or Attendation of the Attendatio

1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth . 1999 MARCH 2, Louis Alexander Allen 4b. City, Town, or Location of Deeth 4e Fecility Neme (If not institution, give street and number) 4c. County of Deeth BALTIMORE n/a If Under 1 Yeer if Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. last birthdey) 8. Date of Birth (Month, Dev. Year) Birthplece (State or Foreign Country) Deys Hours X M 2□ F 220-38-6964 57 Yrs Dec. 12, 1941Washington DC Usual Residence of Decedent 10e State 10b. County 10c. City, Town or Location Md. n/a Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 2931 Oakley Avenue 21215 USA 12. Wes Decedent Ever In U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bieck, White, etc. 1 Yes 2 No If Yes, Give Yeer or Detes: 1 ☐ Never Merried 2 Married 1 Yes PNo Specify: Specify: Black 3 Widowed 4 Divorced Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Handyman Self-employed 6th Grade 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Louis Hunter Allen Lillian Theresa Smith 19e. Informent's Neme/Reletionship (Type, Print) daughter 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 2814 Oakley Avenue Baltimore, Md. 21215 Jacqueline M. Taylor 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Steta Daurial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Zion Cemetery March 8 Baltimore, Md. 22. Name and Address of Facility Nutter Funeral Homes, Inc. 21. Signature of Funeral Service License 2501 Gwynns Falls PKWY Baltimore, Md. 23a. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heart feilure. List only one ceuse on each line. Immediate Cause (Final disease or condition resulting in death) COCAINE INTOXICATION Due to (or es e consequence of): Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events Due to (or es e consequence of) that Initieted events resulting in deeth) Lest Due to (or es e consequence of)

1 XXes 2 □ No

27. Menner of Deeth

29a. Certifier

Medicai

Pert II, Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco usa contributa to the cause of death? 4 Unknown 1 Yes 2 No 3 Probably

24e. Wes an autopsy performed?

2 No

24b. Were autopsy findings eveileble prior to completion of cause of deeth? 2 No

Onset end Deeth

25. Was case referred to medical exeminer? 26. Place of Deeth (Check only one)

w

32. Pegistrer's Signeture

Other: 4 Nursing Home 5 Steeldence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 28e. Dete of Injury (Manth, Dey Year) Found: 3-2-99 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work?

ound: 1 Naturel 1 ☐ Yes 2 No investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 - Homicide

28f. Location (Street end Number of Rytal-Route Number City or Town, State) 2931 UAKLEY AVENUE FOUND: RESIDENCE BALTIMORE, MARYLAND

UNKNOWN

(Check only one) 2 Medical Examiner: On the besis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. 29b. Signeture end title of certifier

5 Pending

HEUDORE MKIN MAR 1 0 1999

29c. License number O.C.M.E.

1 Cartifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) end manner es steted

29d. Date signed (Month, Day, Year) MARCH 3, 1999

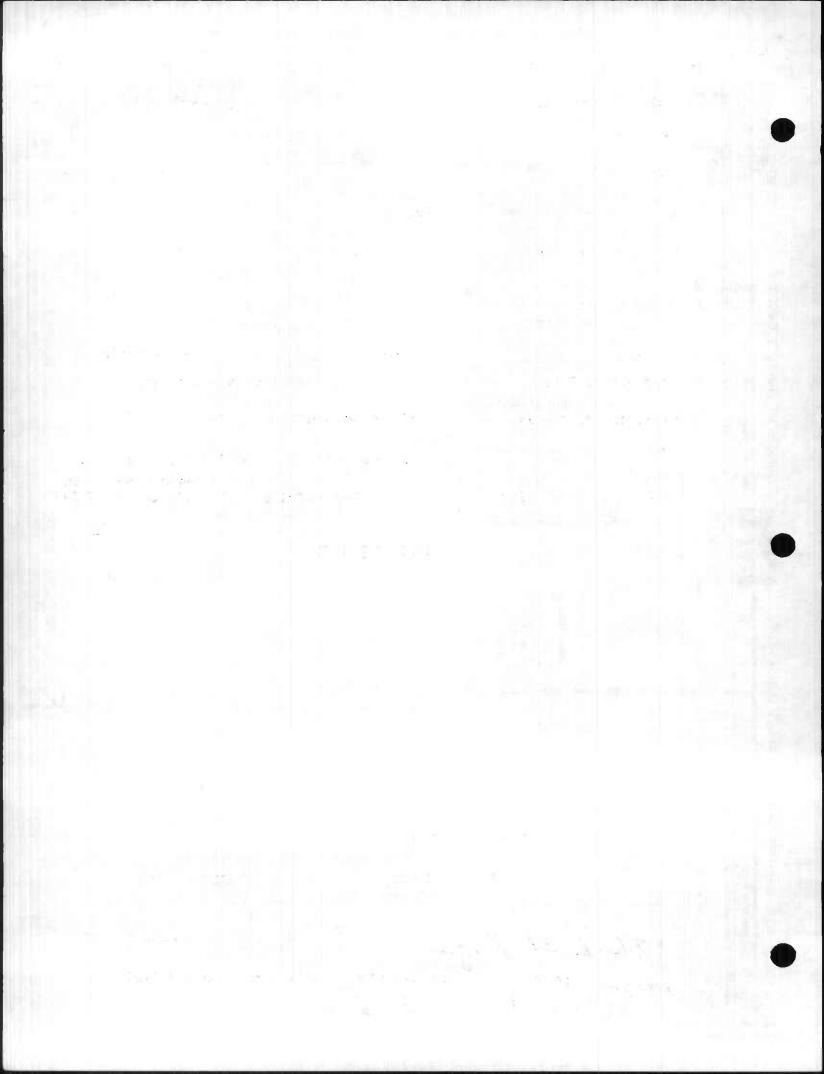
30. Name and address of person who completed cause of south (Item 23e) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

State Registrar

Hospital • Funeral

To the Hosp within 24 hor To the Fune completely fi



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Yaar **Physician** 2:00 pm IARY FRANCES March HOTTLEY 1999 /Medical 4e Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) GERERAL HOSPITAL FALLSTON HARFORD If Under 1 Yeer 5. Social Security Number 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** Deys Months 1 M 2 F AUG. 15, 1923 Usuel Residence of Decedent Director 14 0833 IARY the Marylend 10e. Stete 10b. County 10c. City, Town or Location 10d. Insida City Limits Pages 1 and 2 should be filed within 72 hours after death with the Manylen neat of Health and Mertell Hygiene. Into if them 27 is marked other than "natural", or items 23a or 28a-f show any or other traumatic event, if a Manical Examine main be notified as any or other traumatic event, if a Manical Examine main be notified as 1 ☐ Yas 2 No Directo MARYLAND HARFORD WHITEFORG 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? V.S.A KOAD 2813 2 FORD 211160 Funeral Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? 14. Race - American Indien, 11. Meritel Stetus Bleck, White, etc. 1 Never Marriad 2 Married 1 ☐ Yes 2 No 1 ☐ Yes 2 No Specify: 3altimore, Maryland 21215-0020 þ WHITE 3 ☐ Widowed 4 ☐ Divorcad Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 1 YRS. URESS 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be -iLiPowica LOUSTINITE -RAMES 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 21160 19e. Informent's Neme/Relationship (Type, Print) KOAO WHITEFORD MARMADO 20c. Location - City or Town, State 2813 WHITEFORD 0. KITTOH 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) MARCH 9 20e. Method of Disposition Burial 2 Cremetion 3 Removal from State permit. Page Department of Important: If any injury or HARFORD MEM. 4 ☐ Donetion 5 ☐ Other (Specify) ALDING, PPP1 : 2130 SAN 22. Name and Address of Facility THAPSI - BSI ATR, P.A. EVANS FUNERAL THAPSI - BSI ATR, P.A. 21. Signature of Funeral Sarvice Licensee 21050 23a. Perl 1. Enter the disease, of complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. FOREST HILL MARYLAND **Physician** Acute Myocardial Inforction Due to (or es e consequenca of): /Medical Immediete Ceuse (Finel 5 minutes diseese or condition resulting In death) Examiner Examiner Artery Disease physicien end the burial-transit Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Physician/Medical Due to (or as a consequenca of): Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings avellable prior to 24e. Wes en eutopsy performed? Completed completion of cause of deeth? 1 ☐ Yes 2 10 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner? Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 Inpatient 1 Yes 2 No 2 ER/Outpetient 3 DOA 28e. Date of Injury (Month, Day Year) 27, Manner of Deeth 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury et Work? 1 Maturel 5 Pending 1 Yas 2 No death. Invastigation 2 Accidant or Attend efter death Director: 6 Could not ba 3 ☐ Suicida 28e. Plece of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 4 - Homicide To the Hospital Within 24 hours To the Funeral Medical 29e. Certifier 1 Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es steted. 2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, deeth occurred et the time, dete end place, end due to the cause(s) and manner stated. (Check only one) 29d. Dete signed (Month, Dey, Year) 29b. Signeture end title of certifier 29c. License number D35012 March 6, 1959 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Bel Air, Md. 21014 Ave. North J. Kevin Z MO

DHMH 16 Rev 6/95

State

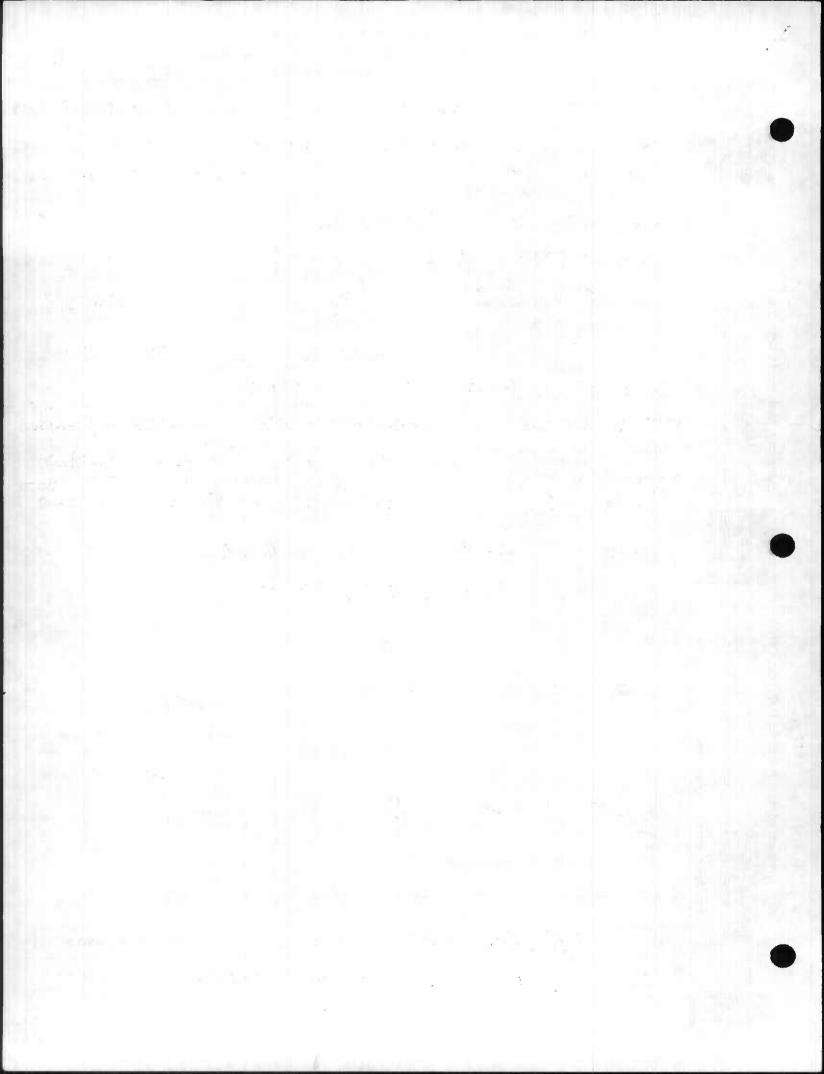
Registrar

31. Dete filed (Month, Day, Year)

MAR 1 0

32. Registrer's Signeture

1999



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** -UBY L. ALLEN 12:30 p. m MARCH 1990 /Medical 4b. City, Town, or Location of Death 4a Facility Neme (If not institution, give street and number) 4c. County of Deal **Examiner** BALT( MO RE

If Under 24 Hrs. 8. Date of Birth
Hours Min. (Month, Dey, Year) HOSPITAL CENTER HAKBOR If Under 1 Year 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) 5. Social Security Number 6. Sex **Funeral** 1 □ M 2 🖺 F Months Deys 83 W. Virginia Director May 4, 1915 224-26-4140 Usuel Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Pages 1 and 2 should be filed within 72 hours efter death with the Manylen neart of Hatilh and Menlet Hygiene. Int: If fem 27 is marked orfer than "natural; or frems 23a or 28a-f show ury or other treumstic event, ins Manical Examines must be notified as ury or other treumstic event, ins Manical Examines must be notified as 1 ☐ Yes 2 No Directo Md. Anne Arundel Linthicum 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6313 Orchard Road 21090 U.S.A. Funeral Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indien. Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2√☐ No Specify 3√ Widowed 4 Divorced ģ White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 8th 0 Homemaker Home 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Father's Name (First, Middle, Last) Bailey Hattie Williams Brice 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Diana L. Smith ( Daughter ) 6313 Orchard Road Linthicum, Maryland 21090 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stete ortant: If it 1 X Burlal 2 Cremation 3 Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Meadowridge Memorial Park 3/9/99 Elkridge, Maryland 22. Name and Address of Facility
McCully-Polyniak Funeral Home P.A. 2 Signature of Funeral Service Licensee Kevin E. Ecker 237 E. Patapsco Avenue Baltimore, Maryland 21225 23a. Pert1. Enter-the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Deeth **Physician** Immediate Ceuse (Final disease or condition resulting In death) /Medicai Examiner Examiner CAKDIOVASCULAR DISEASE ATHEROSCLEROTIC physicien and s the buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Last Due to (or es e consequence of): Physician/Medical Due to (or as a consequence of) signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert f. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No à 24b. Were autopsy findings eveilable prior to completion of cause of death? 24e. Was an eutopsy Completed certificate hes b 1 🗆 Yes 25. Wes case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient Certification: To 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending 1 ☐ Yes 2 Accident Investigation 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 ☐ Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner es stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) end manner steted. 29a. Certifier edical

law requires that the deeth certificate be executed Division of Vital Records, P.O. Box 68760 Hospital or Attending Physician: 24 hours efter death. Funeral Director: After this certifici To the Hospital or within 24 hours aft To the Funeral Di completely filled in

the Marylend

Baltimore, Maryland 21215-0020

Department of Important: If

0

After this

in by

State

Registrar **DHMH 16 Rev 6/95** 

29b. Signature end title of certifier 29c. License number

32. Registrar's Signature

SOUTH

nd eddress of person who completed ceuse of death (Item 23a) (Type, Print)

GANT

MAR 1 0 1999

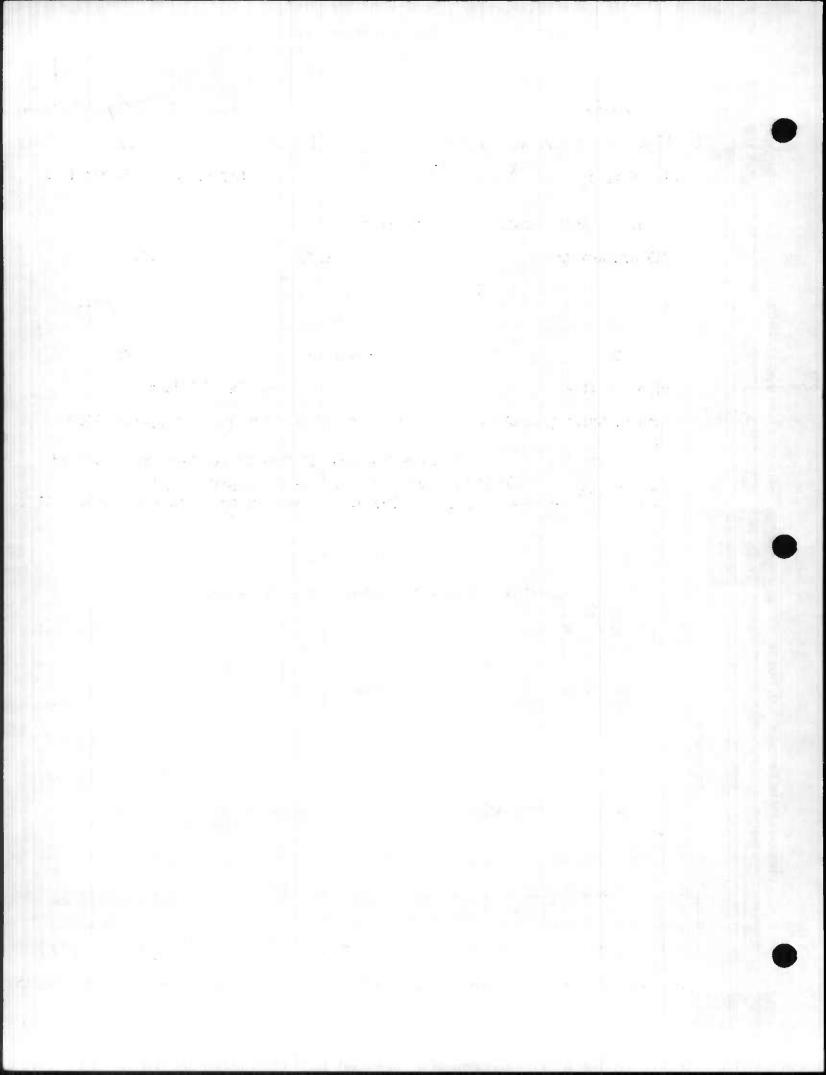
31. Dete filed (Month, Day, Year)

3001

29d. Date signed (Month, Dey, Year)

STREET, BALTIMORE, MARYLAND

HANOVER

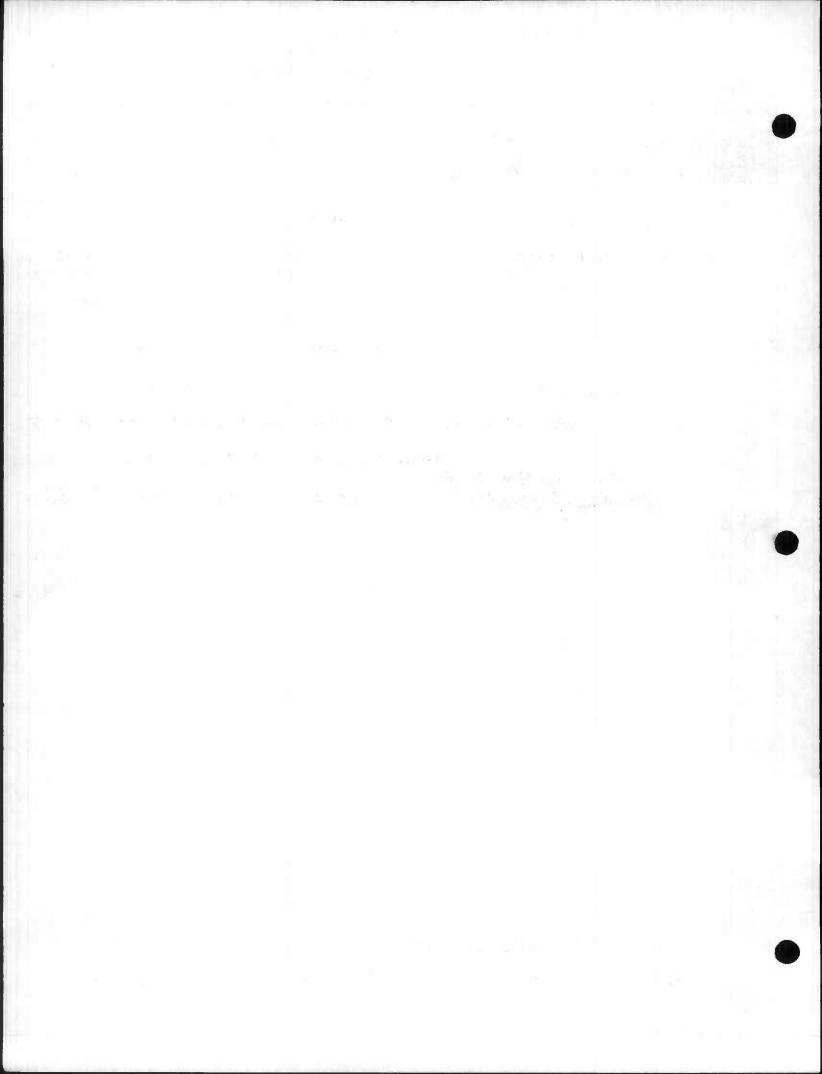


State of Maryland / Department of Health and Mental Hygiene 07592 Certificate of Death Reg. No. 1. Decedant's Neme (First, Middle, Last) 2. Dete of Deeth 3. Tima of Deeth MARCH **Physician** ANNETTA ADAMS M 1999 10:20 AM 09 /Medical 4a. Facility Nama (If not institution, give street and number) 4c. County of Daath 4b. City, Town, or Location of Deeth **Examiner** SAMARITAN HOSPITAL, BALTIMORE MD RALTIMORE CITY If Under 24 Hrs. Hours Min. 8. Data of Birth (Month, Day, Year)

January 22, 1903 If Under 1 Yaar 7. Age (In yrs. lest birthday) 9. Birthpleca (Steta or Foreign **Funeral** Deys 1 M 2 F Months 21505191 Maryland Director Usuel Rasidence of Decadent 10a. Stata 10b. County 10c. City, Town or Locetion 28a-f show 10d. Inside City Limits Pages 1 and 2 should be filed within 72 hours efter death with the Marylan near of Health and Mental Hygiene.

Internal Nem 27 is marked other than "naturel", or Name 23a or 28a-f show any or other traumatic event, the Madical Examiner must be notified as 1 Yes 2 No Director N/A Baltimore Maryland 10e. Street end Number 10f. Zip Coda 10g. Citizen of Whet Country? 6215 Everall Avenue 21206 United States Funeral 12. Was Decadent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yaar or Dates: Was Decedent of Hispanic Origin? (Spacify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Raca - Amarican Indian. Bleck, White, etc. 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by 3 Nidowed 4 Divorcad Specify. White Be Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working lifa. DO NOT use retired) 15. Dacedent's Education (Specify only highest greda completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Homemaker Own Home 17. Father's Neme (First, Middle, Last) 18 Mothar's Nama (First Middle Meidan Surname) 2 John L. Pfaff Louise Schminke 19a. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) <u>Mr. Melvin S. Schaefer/Son-in-Law</u> 406 Rockfleet Road Apt. 202 Timonium, MD 20b. Plece of Disposition (Neme of cemetery, cramatory or other plece) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete permit. Pages Department of I Important: If Ne any Injury or or 1 Burial 2 □ Cremetion 3 □ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Parkwood Cemetery 3/12/99 Baltimore, Maryland 21. Signature of Puneral/Bervice Liperale Ruck Sr. 22. Name end Address of Fecility Michael/J. 5305 Harford Road who LEONARD J. RUCK, INC. Baltimore, MD 21214 liplications thet causad the death. Do not enter the mode of dying, such es cardiac or raspiratory errast, ly one ceusa on each line. Approximate Intervel Between Onset end Deeth **Physician** /Medical Immediete Ceuse (Final diseesa or condition rasulting in deeth) SePSIS DAYS Examiner Due to (or es e consaquenca of): Physician/Medical Examiner ENCEPHALOPATHY 5 DAYS sician end burial-trensit The law requires that the death certificete be executed Sequantielly list conditions, if eny, laading to immadiata cause. Entar Underlying Causa (Diseese or Injury that Initiated evants resulting in deeth) Last Dua to (or es e consequance of): Box 68760. the Dua to (or es e consequance of) 98 signed by the el P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco uea contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, þ page 2 should Completed 24b. Were eutopsy findings availabla prior to completion of cause of daeth? 24e. Wes en eutopsy performad? certificate 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: director. Be 25. Was case rafarrad to medical 26. Placa of Deeth (Check only one) examiner? Hospitel: 1 Munpatient 2 ER/Outpetient 3 DOA 1 Yes 2 No Other: 4 ☐ Nursing Homa 5 ☐ Residence 6 ☐ Other (Specify) Certification: To this funeral 28a. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28h Time of 28c. Injury et Work? 28d. Describe how Injury occurred After 1 Natural 5 Panding ours efter deeth. eral Director: Aft filled in by the fur 2 Accidant 1 Yas 2 No Investigation 3 ☐ Suicide 6 Could not be determined 28f. Location (Straat end Number or Rural Route Number, City or Town, Stata) 28e. Plece of Injury - At home, ferm, street, factory, offica building, atc. (Specify) 4 Homicida To the Hospital within 24 hours a To the Funeral C completely filled Tertifying Phyaiclan: To tha best of my knowledga, daath occurred et tha tima, data and plece, end dua to tha causa(s) end mannar as stated.

2 Madical Examiner: On tha basis of axamination end/or invastigation, in my opinion, daath occurred et tha tima, data and place, and dua to tha causa(s) and menner stetad. Medicai 29a. Certifier (Check only one) 29b. Signeture end titla of certifier 29c. License numbar 29d. Date signed (Month, Dey, Year) P-12556 PALA MARCH 09, 1999 CHAWLA MD 30. Neme end addrass of person who complated causa of deeth (Item 23e) (Type, Print) GOOD SMMPRITAN HOSPITAL, BALTIMORE MD 21239 AJAY CHAWLAMD, 31. Date filed (Month, Day, Yeer) MAR 1 0 1999 32. Registrer's Signeture State مصدين Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Tima of Death Month Vear **Physician** Ora Mae Banks March 7, 12:45 AM 1999 /Medical 4a Facility Name (If not institution, give street end number) 4h. City. Town, or Location of Death 4c. County of Death Examiner 4209 Liberty Heights Avenue Baltimore If Under 1 Year Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral** Hours Months 1 M & F 219-14-1778 92 Yes Director July 23, 1906 Usual Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits tiem 27 is marked other than "naturel", or home 23a or 28a-f show other traumetic event, the Madical Examinar must be notified at Md. n/a Director Baltimore 1 Nes 2 No 10e. Street and Number 10f Zin Code 10g. Citizen of What Country? 2811 Presbury Street 21216 USA death Funeral 13. Was Decedent of Hispanic Origin? (Specify Yes or No-ff Yes, specify Cuban, Mexican, Puerlo Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indian, 11. Marital Status Black, White, etc. hours after 1 Never Married 2 Merried 1 Yes 2 No Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: Black p 3 Widowed 4 □ Divorced Completed permit. Pagas 1 and 2 should be filed within 72 l Department of Health and Mental Physiena. Important: if item 27 is marked other than "natuenty highly or other traumatic event, the Medical page. 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Edgewood Arsonel 12th Grade Supervisor 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be John Dixon Millie Boyd 19a. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) son Wendell Dixon 2318 Dukeland Street Baltimore, Md. 21216 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State March 1 Burial 2 Cremation 3 Removel from State
4 Donation 5 Other (Specify) Baltimore National Cemetery Baltimore, Md. 22. Name and Address of Facility Nutter Funeral Homes, Inc. 21. Signefure of Funeral Service Licensee 2501 Gwynns Falls PKWY Baltimore, Md. 21216 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Intervet Between Onset and Death **Physician** /Medical Immediate Cause (Final MONTY disease or condition resulting in deeth) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Lesf Due to (or as a consequence of) Box 68760. physician Physician/Medical tha Due to (or as a consequence of): esn Part fl. Other afgnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Records, P.O. 94 signed by t 1 Yes 2 No 3 ☐ Probably 4 ☐ Unknown OSCIEROTIC p 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? Completed RTENSIVE VASCULAR 1 ☐ Yes 2 ☐ No certificate Division of Vital or Attending Physician: director. 25. Was case referred to medical axaminer? Be Other: 4 Nursing Home 5 Residence 6 Other (Specify) FAST LIVE 26. Place of Deeth (Check only one) Hospitel: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 Yes 2 No Certification: To this After this funaral 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury af Work? 1 Netural To the Hospital or Attending within 24 hours effar death.

To the Funeral Director: Afte completally filled in by the fun. 5 Pending 1 Yes 2 No investigation 2 Accident 6 ☐ Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 Suicide Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide edical 29a. Certitier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner es stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signatural end fitte of certifie 30. Name and address of person who completed cause of death (Item 23st) (Type, Print)

DONALD W. STEWART, MID: BALTO, M 0 GARRISON

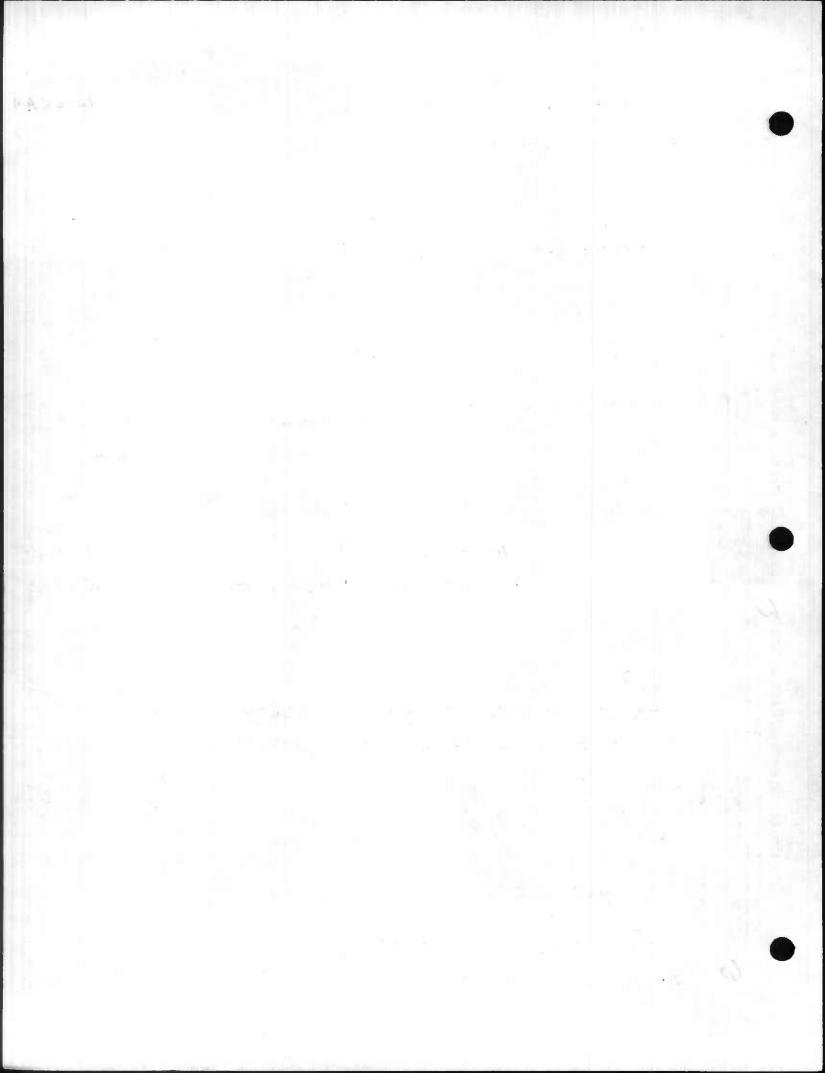
State Registrar

31. Date filed (Month, Day, Year)

WAR 1 0 1999

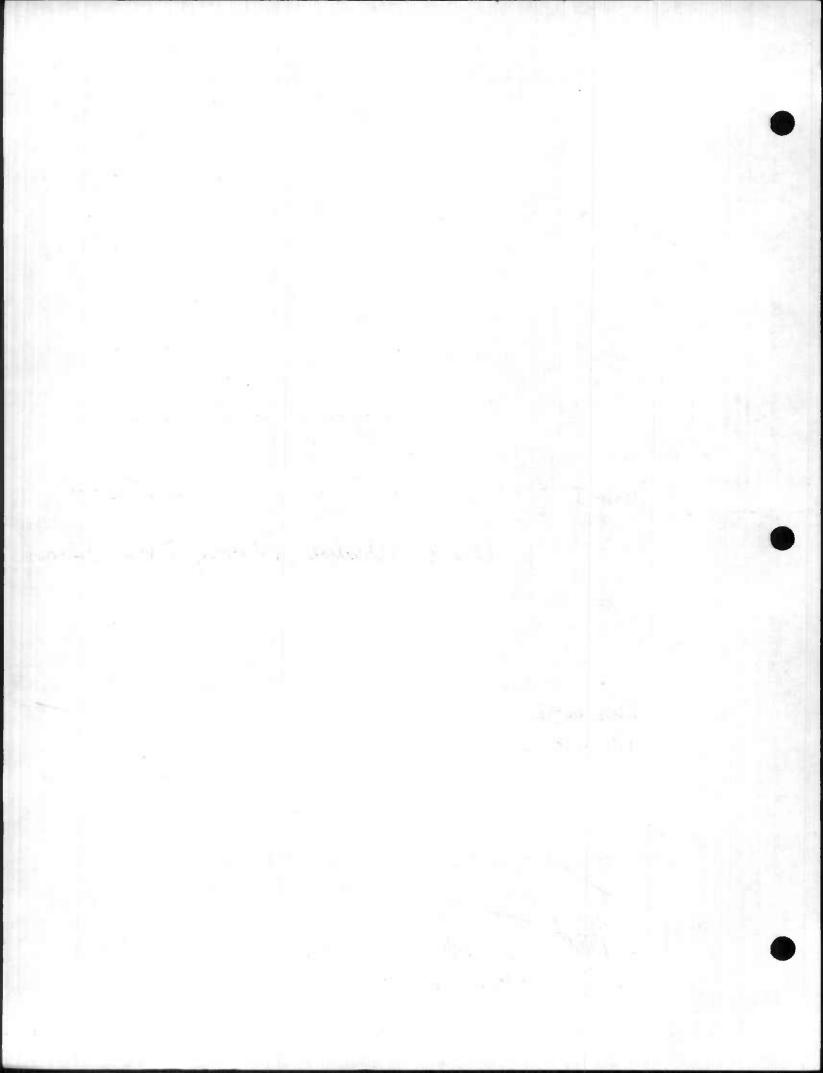
**DHMH 16 Rev 6/95** 

32. Registrar's Signature



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No 1. Decedant's Neme (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** March 5, 7:44a.m. Floyd Brooks 1999 /Medical 4e Fecility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Genesis Elder Care Randallstown Baltimore If Under 1 Year | If Under 24 Hrs. | Hours | Min. 5. Sociel Security Number 7. Aga (In vrs. last birthday) **Funeral** 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foreign Country) Months 1 XX 20 F 216-12-2834A 86 Director 2, 1912 Nov. Usual Rasidance of Dacedent the Maryland 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits Md. Baltimore Randallstown 1 ☐ Yes 2 → No Directo notifie 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 8 9109 Liberty Road 21133 USA Norms 23a Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ ¥es 2 ☐ No If Yes, Giva Was Decedent of Hispanic Origin? (Specify Yas or No If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indian. 11. Marital Status Black, Whita, atc. 72 hours after 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 8 1 ☐ Yas 2 ☐ No Specify: Specify: Black þ "natural", o 3 ₩idowed 4 Divorced Yaar or Datas: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Businass/Industry 15. Decedent's Education (Specify only highast grada completed) Pages 1 and 2 should be filled within next of Health and Mental Hygiene, exit. If them 27 is merited other than "I ary or other traumatic event, the Med Elementary/Secondary (0-12) College (1-4or 5+) Laborer Goetz Meat Company 6th Grade 17. Fathar's Nema (First, Middla, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be Albert Brooks Pearl Wright 19a. Informant's Name/Reletionship (Type, Print) sister 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 3801 Schnaper Drive Randallstown, Md. 21133 Christine King 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Burial 2 Cramation 3 Ramoval from Stata 4 Donation 5 Othar (Specify) Garrison Forest Veterans March 11 Owings Mills, Md. 22. Name and Addrass of Facility Nutter Funeral Homes, Inc. 21. Signeture of Funaral Sarvice Licensee 2501 Gwynns Falls PKWY Baltimore, Md. 21216 23e. Part1. Entar the disease, or complications that caused the deeth. Do not entar the mode of dying, such es cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. Approximata interval Between Onset and Death **Physician** Immediate Causa (Final diseasa or condition resulting in deeth) /Medical Examiner Dua to (or as a consequence of) Examiner burial-transit The law requires that the death certificata be executed Sequentially list conditions, if any, leeding to immadiata causa. Enter Underlying Cause (Diseasa or injury that initiated events rasulting in death) Last Dua to (or as a consequence of) Box 68760, Physician/Medical Due to (or as a consequenca of) USB signed by the a P.O. Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 1 Yea 2 No 3 Probably 4 Unknown Medical Certification: To Be Completed by Records, 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an eutopsy performed? 1 Yas 2 No 1 ☐ Yas 2 ☐ No of Vital Physician: 25. Was casa referred to medical axaminar? 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 20 No 1 Yas 1 inpatient 2 ER/Outpatient 3 DOA this funeral 27. Menne of Death 28b. Time of Injury 28d. Describe how injury occurred 28a. Dete of injury (Month, Day Year) 28c. Injury at Work? After Division or Attanding 5 Panding investigation 1 TYas 2 TNo 24 hours after death.

Funeral Director: A 2 Accidant 6 Could not be detarmined 28a. Plece of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 3 Suicide filled in by 4 Homicida Hospital 29a, Cartifian Certifying Physician: To tha best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. completely (Check only 2 Medicat Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) within 2 \$ 29b. Signature and title 29c. License number 29d. Data signed (Month, Day, Year) 30. Nama and addrasslot o completed gause of death (item 23a) (Type, Print) eman 0 31. Data filed (Month, Day, Year) Registrar's Signatura State Registrar 0



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Item: 7 per F.H G-769 3/10/99 reb Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death March 4, **Physician** Mary M. Berry 1999 12:50a.m. /Medical 4a Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Robosson Nursing Home Randallstown Baltimore If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Days Months Hours 1 M 2 5 <del>87</del> 84 219-22-1552 Director July 14, 1914 MD Usual Residence of Decedent the Maryland 10a State 10h Counts 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Madical Examinar must be notified at Md. n/a Baltimore 1 XXes 2 No Director 10e Street and Number 10f. Zin Code 10g. Citizen of Whet Country? death with 1600 Mount Royal Avenue 21217 Apt. 1303 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black White etc. filed within 72 hours after 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ Mo Specify: Specify: Black à 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 72. Department of Health and Mental Hygiene. Important: If item 27 ia marked other than "na, any injury or other traumatic event, the Marian page. Morgan State Elementary/Secondary (0-12) College (1-4or 5+) Dietician/Housekeeper University 9th grade 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Alexander Rheubottom Emma Belle Broadus 19e. Informent's Name/Relationship (Type, Print) daughter 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Marie Clarke 3700 Courtleigh Drive Randallstown, Md. 21133 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Mathod of Disposition Dete 20c. Location - City or Town, State 12 Burial 2 Cremation 3 Removel from Stete March 9 Baltimore National Cemetery 4 Donation 5 Other (Spe Baltimore, Md. 22. Name and Address of Facility Nutter Funeral Homes, Inc. 21. Signature of Funeral Service L 2501 Gwynns Falls PKWY Baltimore, Md. 21216 ari 23a Part1. Entar the disease, or complications that based the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failura. List only ona cause on aadd line. Approximate tnterval Between Onset end Death **Physician** immediate Cause (Finet disease or condition resulting in deeth) /Medical Examiner Examiner law requires that the deeth certificate be exacted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or trijury that initiated events resulting in death) Last Due to (or as a consequence of) P.O. Box 68760. physiclan Physician/Medical the Due to (or as a consequence of): attending p Pert It. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by the 3 Probably 4 Unknown 24 SIDIFFUZU 1 ☐ Yee 2 ☐ No Records, þ cate hes been signate. 24b. Wera eutopsy findings available prior to Completed 24e. Wes en eutopsy completion of cause of death? The 1 ☐ Yes 2 1 No 1 ☐ Yes 2 ☑ No certificate Division of Vitai or Attending Physicien: director. 25. Was case referred to medical Be 26. Place of Deeth (Check only one) Hospital: Other: 4 Noveing Home 5 Residence 8 Other (Specify) 1 Yes 2 Na Medical Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Menner of Deal 28d. Describe how injury occurred 28b. Time of 28a. Dete of Injury (Month, Day Year) 28c. Injury at Work? After 5 Pending 1 Naturel death. 1 ☐ Yes 2 ☐ No investigetion Ne Hospital or Attending 24 hours after death 2 Accident 8 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, streel, factory, office building, atc. (Specify) 4 Homicide filled in 29a. Certifier 1 Cortifying Physician: To tha best of my knowledga, death occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated. To the Hosp within 24 hos To the Fune completely fi (Check only one) 2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner stated. 29b. Signature end titte of certifier 29c. License number 29d. Date signed (Month, Day, Year)

31. Date filed (Month, Day, Year) MAR 1 0 1999

000g

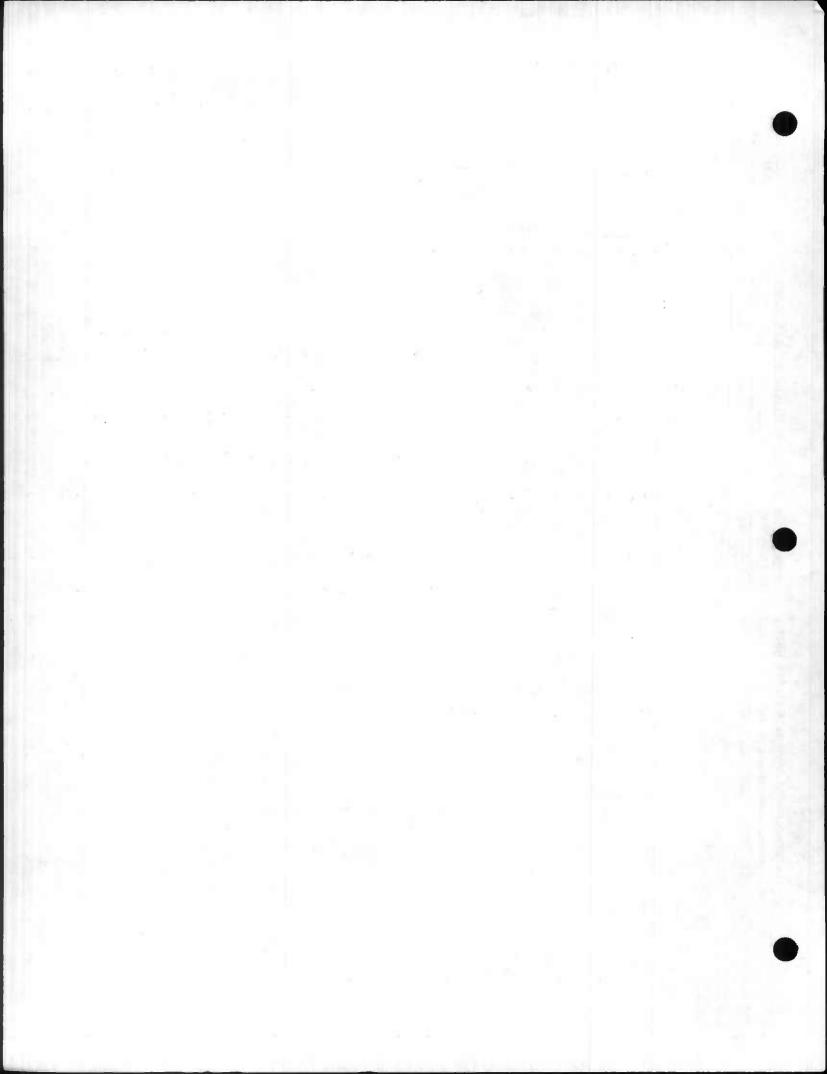
Old Court Road

30. Nama and addrass of person who completed causa of death (Item 23a) (Type, Print)

N. Karvilla, MN 2120

State Registrar

32. Registrar's Signature



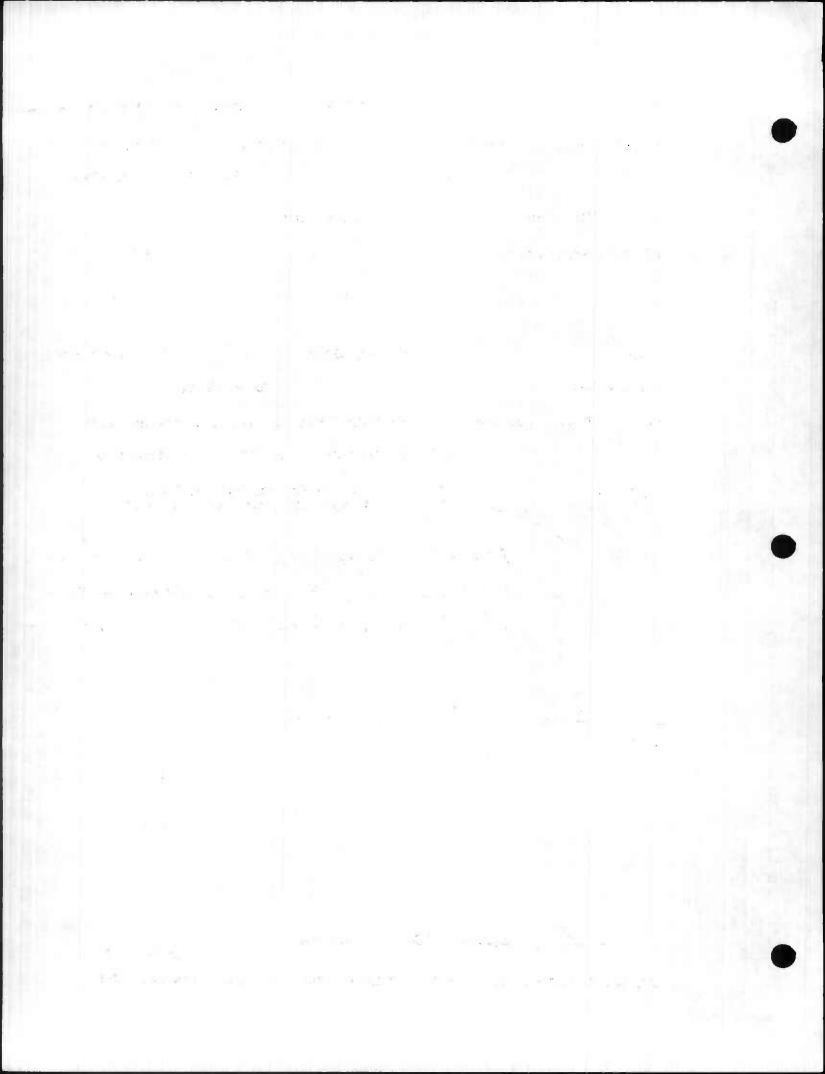
State of Maryland / Department of Health and Mental Hygiene 9

0	more	lune.	0	
11	- 1	Seed.	V	1
U		U	d	V

		ama (First, Middle	e, Last)						2. Date of Dec		V.	3. Time of Deeth
ician dical	BEATRI	CE					BORAM		MARCH	<b>07</b>	1999	11:56 A.M.
niner	4a Facility Name	e (If not Institution	n, giva street a	and numbe	er)			4b. City, Town, or	Location of Death	4c. Count	y of Death	
		in Nur					W.D. des & Ves	Ber		Wo:	rces	
al or	5. Social Security 212–09–9	9187	6. Sax 1 ☐ M 2		Age (In yrs. le	Yrs.	If Undar 1 Year Months Deys					placa (Stete or Foreign ntry) Land
	Usual Residence 10a. Stata	of Decedent			10c. City,	, Town or Loc	cation				1	10d. Insida City Limits
lo	Md.	Worce	ester				Ocean	City				1 ☐ Yas 2 ☐ No
Director	10e. Street and N	Number		7			10f. Zip Code	-		10g. Citizen of	What Cou	ntry?
al D	601 6	Gulf Str	eam Dr	ive			21	842		US	A	
by Funeral		s arried 2 Marr	led 1 [	as Decedar ned Forces Yes 2X Yes, Give ar or Dates	□ No		Vas Decedent of f Yes, specify Cul	Hispanic Origin? (S ban, Mexican, Puer Specify:	Specify Yes or No- to Rican, atc.)	14. Re Ble	ck, Whita,	can Indian, atc. nite
		15. Decedent	t's Education			16e. Deced	lent's Usual Occu	pation		16b. Kind of E	Business/In	dustry
Completed		econdary (0-12)	T	eleted) liege (1-4o	or 5+)			upation e during most of wo ed)	rking			
Con	10t	h				Bil:	ling Cle	1				t Store
Be		ne (First, Middle, Lam Cooke							ma <i>(First, Middl</i> a, nna Hari		me)	
70		Name/Relations		int)		19b. Mailin	a Address (Street	et and Number or R			. State 7ii	o Code)
		cia Misl			r			ream Dri				
	20a. Method of D	Disposition			20h Pla	ace of Dispos	sition (Neme of		Data	20c. Location		
		2 Cramation  5 Other (S)		i from Stat	ta Oak	Lawn (	netory or other placemetery	3/10	0/99	Baltim	ore M	ld.
		Funaral Sarvice				22	. Name and Add	ress of Facility				
	R	Tin	10/0	1	5 11		Connol1	y Funera:	Liomo of	Fecov		
	23a. Part1. Ente	er the disease, or	complications	s that caus	ad the daath.	Do not enta	300 MAC ar tha moda of dy	e AVe. Barring, such as cardia	altimore c or respiretory ar	Md. 21	221	Approximete
	23a. Part1. Ente shock, or h Immediate Caus disease or condi resulting In death	e (Final	comblications only one cause	s that caus se on each	cut	Do not enta	300 MAC ar tha moda of dy	e AVe. Barring, such as cardia	altimore c or respiretory ar	Md. 21 rest,	221	Onset and Deeth
Medical Examiner	Immediate Caus	ce (Final tition h)  conditions, immediate derlying or Injury ints	e b c	s that causes on each	Due to (or Due to (or A Le	e 1	and MAC ar tha moda of dy uence off:	PANE Barring, such as cardia	altimore c or respiretory ar	Md. 21 rest,	221	Onset and Deeth
Aedicai	Immediate Caus disease or condi resulting in death Sequentially list if any, leading to cause. Enter Un Cause (Disease that initiated eve	conditions, immediate derlying or injury ints	e b c d	A Co	Due to (or Due to (or Due to (or in but not result	es a consequence as a c	and MAC ar tha moda of dy uence of):	e AVe. Baring, such as cardia  CDLO  ANTE  LEVOS  given in Part I.	altimore correspiretory and the second secon	Md. 21	221	Interval Between Onset and Deeth
by Physician/Medical	Immediate Caus disease or condi resulting in death section of the cause. Sequentially list it any, leading to cause. Enter Ur Cause (Disease that initiated everesulting in death	conditions, immediate derlying or injury ints	e b c d	A Co	Due to (or Due to (or Due to (or in but not result	es a consequence as a c	and MAC ar tha moda of dy uence of):	e AVe. Baring, such as cardia  CDLO  ANTE  LEVOS  given in Part I.	altimore correspiretory and the second secon	Md - 21- rest, -	ontribute t	intervel Between Onset and Deeth Onset and Dee
by Physician/Medical	Immediate Caus disease or condi resulting in death section of the cause. Sequentially list it any, leading to cause. Enter Ur Cause (Disease that initiated everesulting in death	conditions, immediate derlying or injury ints	e b c d	A Co	Due to (or Due to (or Due to (or in but not result	es a consequence as a c	and MAC ar tha moda of dy uence of):	e AVe. Baring, such as cardia  CDRO  ANTE	23b. Did to 124e. Wesperfo	Md - 21- rest, -	ontribute t 3 Pro	to the cause of death?  Joseph Manager of death?  Joseph Manager of death of the cause of death?
Completed by Physician/Medical	Immediate Caus disease or condiresulting in death Sequentially list it any, leading to cause. Enter Un Cause (Disease that initiated eve resulting in daeth	conditions, primmediate derlying or injury nist nitlcant condition	e b c d ena contribution  Pref  Black	A Co	Due to (or Due to (or Due to (or in but not result	es a consequence as a c	and MAC ar tha moda of dy uence of):	e AVe. Baring, such as cardia  CD NO  ANTE  VEYOR  given in Part I.	23b. Did 1 24e. Wes perfo	obecco use cover 2 No an eutopsy med?	ontribute t 3 Pro	to the cause of death?
Be Completed by Physician/Medical	Immediate Caus disease or condiresulting in death services of condiresulting in death services. Enter Un Cause. Enter Un Cause (Disease that initiated ever resulting in death servicesulting in death	conditions, immediate aderlying of injury nist and condition in the condit	e b c d ena contribution  Pref  Black	Per Composition of the compositi	Due to (or	es a consequence of the conseque	300 MAC ar tha moda of dy uence off:  uence off:  uence off:	PAVE. Baring, such as cardia  PATE  PATE  VEYOR  26. Plece of De	23b. Did 1 24e. Wes perfo	obacco uae c Yee 2 No an eutopsy med?  Yas 2 No ne)	ontribute t 3 Pro  24b. W as ccool	to the cause of death?
To Be Completed by Physician/Medical	Immediate Caus disease or condiresulting in death Sequentially list it any, leading to cause. Enter Un Cause (Disease that initiated everesulting in death Pert II. Other sign	conditions, or immediate identifing or injury nits in the condition of the	e b c d  Ina contribution  A A A A A A A A A A A A A A A A A A A	Policy of the second of the se	Due to (or	es a consequence as a c	300 MAC ar tha moda of dy  uence of):  uence of):  uence of):  defrying cause g  at 3 DOA 28c. Inji  M 15	PAVE. Baring, such as cardia  PALE  PLOS  Grant Part I.  26. Plece of De  wher: Nursing  uny et  ork?  Yas 2 □ No	23b. Did 1  24e. Wes perfo  1   1   1  24e. Wes perfo  1   1   1  24e. Wes perfo  28d. Describe 1	obecco use cover 2 No an eutopsymed?  (as 2 No ane)  Janca 6 Oi anow Injury occur	ontribute t 3 Pro 24b. W are of	to the cause of death?
Be Completed by Physician/Medical Examiner	Immediate Caus disease or condiresulting in death services in the cause of the cause. Enter Uncause. Enter Uncause. Enter Uncause of the cause of th	conditions, immediate inderlying or injury nis nistant condition.  Inflicant conditions in the investign of the investigation of the investigation of the investigation of the i	e b c d ana contribution  2 /2 e / Hospita  1 28e gation not be gation not be gation	Pace of Induiting, I	Due to (or	es a consequence as a c	300 MAC ar tha moda of dy  uence of):  uence of):  uence of):  anderlying cause g  t 3 DOA  28c. Inj  W  peet, factory, office	PAVE. Baring, such as cardia  PALE  PLUS  Given In Part I.  26. Plece of De  wher: Nursing lury et ork?  Yas 2 \( \text{Norsing} \)	23b. Did 1  24e. Wes perfo  1 1 2  28d. Describe 1  28f. Location (5 City or Tow	obacco uae contract of the second of the sec	ontribute to 3 Production of the contribute to t	Intervel Between Onset and Deeth Onset and Dee
Certification: To Be Completed by Physician/Medical Examiner	Immediate Caus disease or condiresulting in dealth standard in the cause. Enter unclasses that initiated everesulting in daelth standard in the cause in the caus	conditions, primmediate iderlying or injury nits in the condition of the conditions of the condition of the	e	Place of In building, I	Due to (or	es a consequence as a c	and MAC ar tha moda of dy uence of):  We we define the moda of dy uence of):  We we define the moda of dy uence of):  Manual and the moda of dy uence of):  Manual and the moda of dy uence of):  Manual and the moda of dy uence of dy uence of):  Manual and the moda of dy uence of dy uence of):  Manual and the moda of dy uence of dy uence of):  Manual and the moda of dy uence of dy uence of):  Manual and the moda of dy uence of d	PAVE. Baring, such as cardia  PALE  PLOS  Grant Part I.  26. Plece of De  wher: Nursing  uny et  ork?  Yas 2 □ No	23b. Did 1  23b. Did 1  24e. Wes perfo  1 1  24e. Wes perfo  24e. Wes perfo  25e. Location (3 City or You e. end due to the	obecco use control of the state	ontribute t  3 Pro  24b. W  accident of the contribute of the cont	Intervel Between Onset and Deeth Onset of Dee
To Be Completed by Physician/Medical Examiner	Immediate Caus disease or condiresulting in death states of condiresulting in death states of the cause. Enter Uncause. Enter	conditions, immediate deriving or injury ints the condition with the conditions of injury ints the condition with the condition of injury ints the condition of injury injury ints the condition of injury injury ints the condition of injury in	e	Ing to death	Due to (or	es a consequence as a c	and MACC ar tha moda of dy uence of):  uence of):  uence of):  uence of):  uence of):  deflying cause go a second at the castigetion, in my	PAVE. Baring, such as cardia  PALE  PLOS  Gring, such as cardia  PALE  PLOS  Gring, such as cardia  PLOS  AND	23b. Did to the curred at the time,	obecco use control of the state	ontribute t  3 Pro  24b. W  av  ord finered  and finered	Intervel Between Onset and Deeth Onset of Deet
edical Certification: To Be Completed by Physician/Medical	Immediate Caus disease or condiresulting in death stands and cause. Enter Un Cause (Disease that initiated everesulting in daeth stands and cause and cause). Enter Un Cause (Disease that initiated everesulting in daeth stands and cause	conditions, immediate deriving or injury ints the condition with the conditions of injury ints the condition with the condition of injury ints the condition of injury injury ints the condition of injury injury ints the condition of injury in	e	Ing to death	Due to (or	es a consequence as a c	and MACC ar tha moda of dy uence of):  uence of):  uence of):  uence of):  uence of):  deflying cause go a second at the castigetion, in my	PAVE. Boing, such as cardia  PALE  P	23b. Did to the curred at the time,	obacco uae cover 2 No an eutopsy rmed?  (as 2 No ane)  danca 6 Other anow injury occur  Street and Num any, State)	ontribute t  3 Pro  24b. W  av  ord finered  and finered	Intervel Between Onset and Deeth Onset of Deet

DHMH 16 Rev 6/95

Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First Middle Last) 3 Time of Death 2 Date of Death **Physician** Sa mue 150 4b. City, Town, or Location of Deal /Medical County of Death 4a Facility Name (If not Institution, give street and number) Examiner NORTH WEST MEDICAL CENTER BALTIMORE RANDALLSTOWN If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Months Days Hours Min. 8. Onto Day Year) 5. Social Security Number 6. Sex 12 M 2□ F Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) **Funeral** Months 229-18-3180 78 Yrs VA **Director** Usual Residence of Decedent nit. Pages 1 and 2 should be filed within 72 hours after deeth with the Maryland district of health and Mental Hygiena. ortant: if item 27 is marked other than "naturel", or items 23s or 28s-f show injury or other transatts event, in a Mental Eastmine man be notified at injury or other transatts event, in a Mental Eastmine man be notified at 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1X Yes 2 □ No Director MD. N/A BALTIMORE 10a. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3706 DENNLYN RD. 21215 US Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☑Yes 2 ☐ No If Yes, Give Year or Dates: Was Decedent of Hispanic Orlgin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian. 11. Marital Status Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: BLACK þ 3 Widowed 4 Divorced Completed 16a, Decedent's Usual Occupation 16b. Kind of Business/Industry 15. Decedent's Education (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) CLERK U.S. POST OFFICE 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Be JOHN G. BOYD HETTIE STEWART 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) JESTINE BOYD (WIFE) 3706 DENNLYN RD. BALTIMORE, MD 21215 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State permit. Page Department of Important: If any Injury or DRUID RIDGE CEMETERY 3 - 12 - 99BALTIMORE, MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility PHILLIPS FUNERAL HOME, P.A. 21. Signature of Funeral Service License Co 1721-27 N. MONROE ST. BALTIMORE, MD 21217 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Due to (or as a consequence of): Examiner physician and the burial-transit requires that the death certificata be executed Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in death) Last Due to (or as a consequence of): Box 68760, Physician/Medical Due to (or as a consequence of) use as jo 23b. Did tobacco use contribute to the cause of death? ed by the detached Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Division of Vital Records, P.O. 3 Probably 4 Unknown 1 Yes 2 No signed t by 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy performed? peen completion of cause of death? page 2 has 28 No 1 ☐ Yes 2 ☐ No certificeta 25. Was cese referred to medicel examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) To 1 Yes 2 No 1 Minpatient 2 □ ER/Outpatient 3 □ DOA Aftar this funeral 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? Certification: 1 Natural 2 Accident or Attending 5 Pending 1 Yes 2 No hours after death. investigation 6 Could not be 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homleide To the Hospital of within 24 hours a To the Funeral D 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) completaly 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

LONShwest

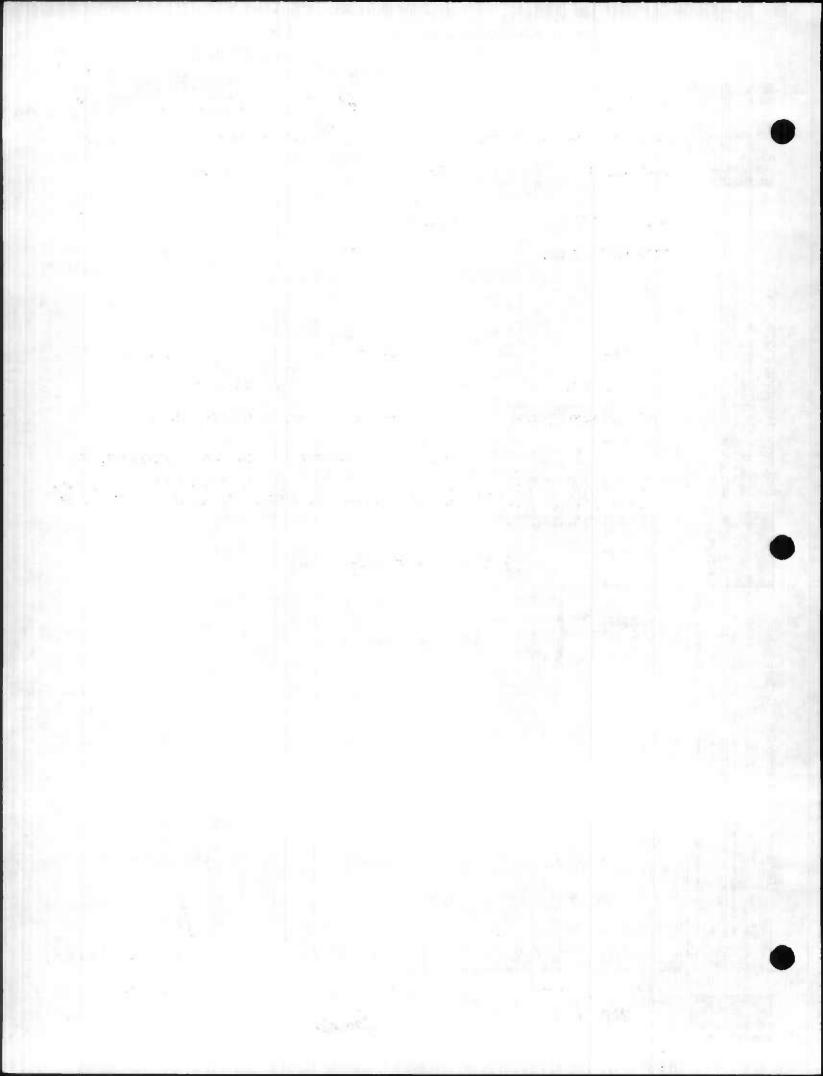
32. Registrar's Signature

MAR 1 0 1999

Randallstonn

Registrar

State



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, 2. Date of Death 3. Time of Death Month **Physician** 55 1999 narch Am /Medical 4b. City, Town, or Location of De Facility Neme (If not institution, give street and number) 4c. County of Deatl Examiner last birthday) If Under 1 Year 9. Birthplece (State or Foreign 7. Age (In vrs **Funeral** Months TEM 2 Deys Director the Maryland 10a State 10c. City, Town or Location 10d. Inside City Limits 28a-f show items 23s or 28s-f short insermust be notified at 1' Yes 2 □ No Director 10f. Zip Code 10g. Citizen of What Country? 22 Funeral death 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 € No 14. Race - American Indian, traumatic event, the Medical Examiner 1 ☐ Newer Married 2 ☐ Married 1□ Yes 2 No 6 If Yas, Give Year or Dates: Specify: þ 3 Widowed 4 □ Divorced Department of Health and Mentel Hygiene. Important: If item 27 is marked other than "natural", Be Completed 16a. Decadent's Usual Occupation (Give kind of work done during most of working life. 90 NOT use retired) 15. Decedent's Education (Specify only highest grade complated) 16b. Kind of Business/Industry College (1-4or 5+) 00 Mother's Name (First) Middle, Maiden Si Name (First, Middle, Last) any injury or other 20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 4 ☐ Donation 5 Øthar (Specify) neral Service Licenses 21. Signature of Ed Approximate Interval Between Onset and Death **Physician** /Medical Immediata Causa (Final disease or condition rasulting in death) **Examiner** Physician/Medicai Examiner Sequentially list conditions, if any, teading to Immediate cause. Enter Underlying Cause (Disease or injury fhat Inifieted evenfs resulting in death) Last Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Due to (or as a consequenca of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? s certificate has been signed by the a director, page 2 should be detached 2□ No 3 Probably 4 Unknown arcinoma þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy To the Hospital or Attending Physician: The law within 24 hours after death. To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2. 2 200 1 ☐ Yes 1∏Yes 2∏No Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 ER/Outpatienf 1 Yes 2 No Certification: To 1 Inpatient 3 DOA 27. Mannar of Death 28b. Time of Injury 28c. tnjury at Work? 28d. Describe how Injury occurred 1 Natural 5 Pending investigation 1 🗆 Yes 2 🗆 No 2 Accident 6 Could not be determined 3 Suicide Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the causa(s) and mannar as stated. Image: Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. Medicai 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature end fitte of certifier D26256

State Registrar 31. Data filed (Month, Day, Year)

181 CL

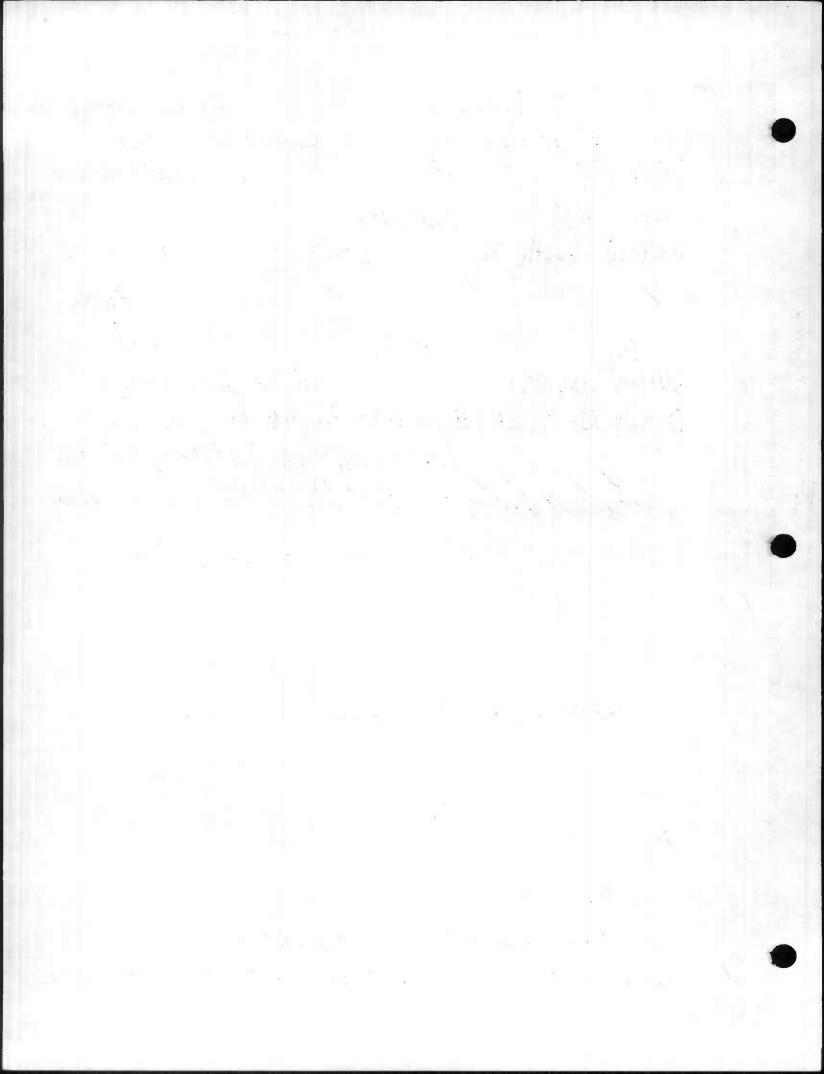
30. Nama and addrass of parson who completed causa of death (Itam 23a) (Type, Print)

DUANG

MAR 10

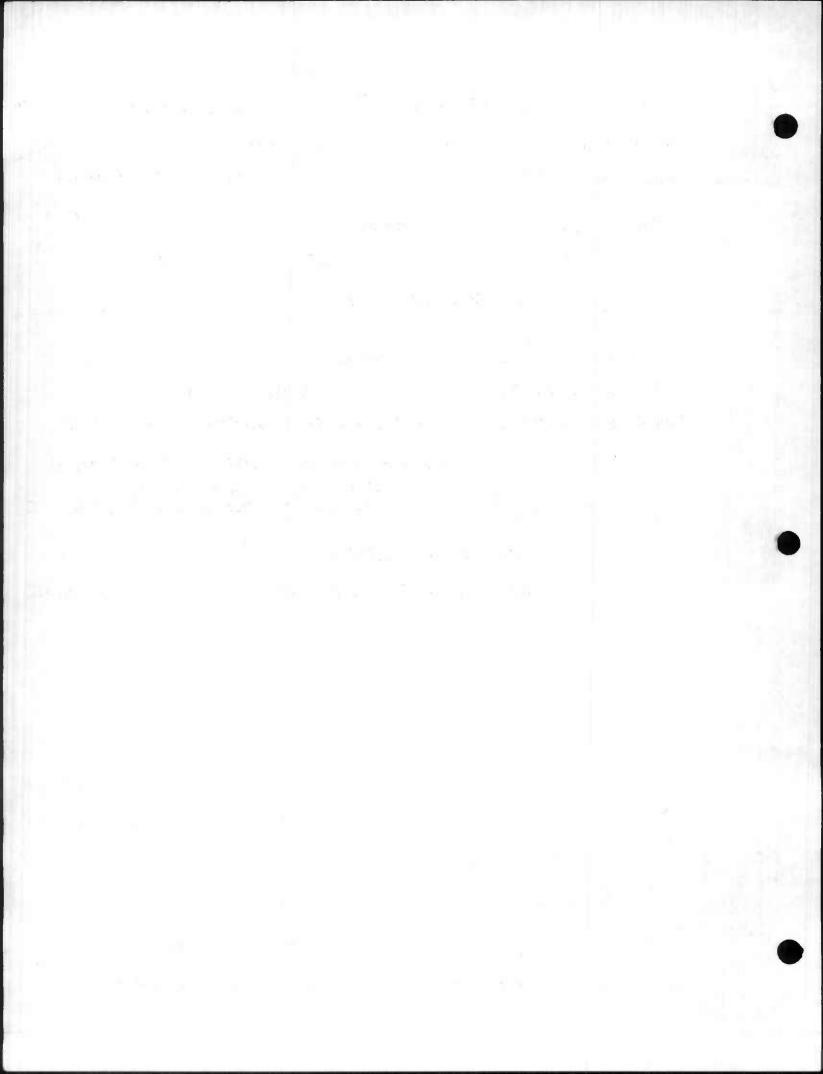
rMD

2000 Wi Sallimon St Ballimon MD 2/223 32. Registrar's Signature



State of Maryland / Department of Health and Mental Hygiene

				,	C	ertifica	ate of	Death	ormar rry	Reg. No.			
	Physic		1. Decedent's Name (First, Middle, Last)		DON		JR.		2. Dete of Do Month		CYCY CY	3. Time	e of Deeth
	/Medi- Examir Funeral Director		4e. Fecility Name (If not institution, give :  HARSON HOS (III)  5. Social Security Number  6. September 10	streat end number)  ( 7. Age (In yi	rs. lest birthda	y) If Unc	der 1 Yea	r If Under 24 Hr	Location of Deal	th ey, Yeer)	N/A 9. Birthpl Count	-	ite or Foreign
	D		213-26-1422 Usuel Residence of Decedent		69				July 3	1, 1929		rylaı	
	e Maryla la-f shov	ctor	Md N/A	106.	City, Town or						10		e City Limits
	23a or 28	rai Director	10e. Street and Number 5021 Pennington A	venue	Dure		Zip Coda	226		10g. Citizen of V		ry?	
020	d within 72 hours after death with the Maryland ilene. Then "natural", or fterms 23a or 28a-f show the Medical Examiner must be notified at	by Funeral	11. Maritel Status  1 Navar Married 2 Marriad  3 Widowed 4 Divorced	12. Was Decedent Evar in Armed Forces?  1 ☑ Yes 2 ☐ No If Yes, Give Oct.	u,s. eb 1952			Hispanic Origin? ( ban, Mexican, Pue	Specify Yes or No rto Rican, etc.)	- 14. Rac	a - America ck, Whita, a		i,
Maryland 21215-0020	jana. r than	Completed	15. Decedent's Edu (Specify only highest grede Elemantary/Secondery (0-12)		(Giv	edent's Use kind of DO NOT	work don use retir	e during most of we	orking	16b. Kind of Bu	usiness/Ind		
/land	D = 0 0	To Be C	17. Fether's Neme (First, Middle, Last)  Louis Edgar Condo			TOFE	ilia ( I —		ame (First, Middle tine W.		na)		
	2 9 8 8		19e. Informant's Name/Reletionship (Ty) Alma Condon (Ex-W	pe, Print)				et end Number or F	lural Route Numb	er, City or Town,			7
Baltimore,	Pages 1 end 3 lent of Health nt: if Item 27 lery or other tr		20a. Method of Disposition  1 Burial 2 Defermetion 3 R  4 Donetion 5 Other (Specify)	20b emovel from State	. Plece of Disp cemetery, cr	position (A emetory o	verne of r other pl	aca)	Dete	20c. Location -	City or Tov	wn, Stete	
Balti	permit. Par Depertmen Important: any injury once.		21, Signature of Funeral Service Chense	۳. //		22. Name	end Add	tery ress of Fecility olyniak f					
	Physician		23e. Pert1. Enter the diplease, or compli- shock, or heert favore. List only of	Atlions that caused the de cause on each line.	eath. Do not a	nter the m	- Pa oda of dy	tapsco Al ring, such as cardia	/enue_Ba ac or respiretory e	ltimore,	Maryl	Approxir Interval Onset e	21225 mate Between nd Deeth
	/Medical Examiner		Immediate Ceuse (Finel disasse or condition resulting in deeth)	PirLMW.	4RY (or es e cons	EMB equence o	OLIS	M	· · · · · · · · · · · · · · · · · ·			Me	DAY
68760,	rificeta be axecuted ng physician and es the bural-transit	ai Examiner	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet initieted events	CARCINOI	YA CF (or es e cons	121	ZI C	OLON			CA	ve i	youth
Box 687	ding ding	an/Medical	resulting In daeth) Lest		(or es e conse	equence o	f):						
P.O. E	0 0 0	Physician/	Pert II. Other eignificant conditions con	tributing to death but not re	esulting in the	underlying	g cause g	iven in Pert I.	23b. Did	tobacco uae cor	ntribute to	the cau	se of death?
s, P.	as that the de	by Ph							10	Yes 2□ No	3 Prob	ably 4	M Unknown
of Vital Records,	aw requir	Completed							24a. Wes	en eutopsy ormed?	ava	re eutop: ileble pri npletion d leeth?	sy findings or to of causa
a	ician: The L certificate ha rector, page		05 W						10	Yes 2 No	10	Yes 2	20 No
5	Physician: this certific al director,	o Be	25. Wes case referred to medical examiner?  1 Ves 2 No	ospital: Inpatient 2	□ EB/Outpati	oot 201	0	thor	eth (Check only		(0it-		
on of	Attending Physician: or death. octor: Aftar this certific by the funeral director,	-	27. Manner of Deeth NNaturel 5 Pending Accident investigation	28e. Dete of Injury (Month, Dey Year)	28b. Time Injury	of	28c. Inju	4 Li Nuising	Home 5 Resi	how Injury occurr		!	
Division	afte Dir	Certification:	3 Suicide 6 Could not be determined	28e. Plece of Injury - At building, etc. (Spec		street, fact	ory, office		28f. Location ( City or To	Street end Numb wn, State)	er or Rural	Route N	fum <i>ber</i> ,
	To the Hospital within 24 hours. To the Funeral completely filled	edical (	29a. Certifier (Check only one)  Certifying Phys  Certifying Phys  Medical Examin	Iclan: To the best of my kiler: On the basis of exemile end menner steted.	nowledge, dea netion end/or i	th occurre	ed et the ton, in my	ime, dete end plec opinion, deeth occ	e, end due to the urred et the time,	ceuse(s) and me date end plece, o	nner es sta end due to	ited. the caus	ie(s)
	within 24 To the Fu	Me	29b. Signature end title of certifier			2	9c. Licer	se number		29d. Date signed	d (Month, E	ley, Yea	r)
			1000	MID			10	24076		MARCH.	07.1	990	1
	0		30. Neme and eddress of person who con	mpleted cause of deeth (It	em 23e) (Type	e, Print)	7-	2 2 . / 5	11.	VC 2	1-1	w/	245
	Sta	te	31. Dete filed (Month, Dey, Year)	mpleted cause of deeth (It	neture	L CER	An	1360 5	MALGUE	R > 1. 15/4	LIMER	G-M	D



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First Middle Last) 2. Dete of Death 3. Time of Death Month 4;25P.M. 4a. Fecility Name (If not institution, glya street end number) 1110 99 4b. City, Town, or Location of Death 4c. County of Death BAITIIIOIE

If Under 1 Year If Under 24 Hrs. 8. Date of Birth
Months Deys Hours Min. (Month, Dey, Ye
Feb. 12, Mercy Hospital N/A 5. Social Security Number 7. Age (In yrs. lest birthday) Birthpleca (State or Foreign Country) 1□M 24 F Yrs. 88 101-12-0507 Maryland Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Maryland N/A Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 600 Light St. #704 21230 U.S.A. 12. Was Decadent Ever in U,S. Armad Forces? 1 ☐ Yes 24☐ No If Yes, Give Yaar or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puarto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 11. Merital Status 1 Navar Married 2 Married 1 ☐ Yes 2 No Specify: Specify: White Widowed 4 □ Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) 12th Grade Clerk Retail Store 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Gustav Kraft Bertha Kaffenberger 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) George O. Campbell Son 1108 Delaware Dr. Matamoras PA 18336 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 ☐ Buriai 2 XCremation 3 ☐ Removei from Stata Metro Crematory 3/8/99 4 ☐ Donetion 5 ☐ Other (Specify) Baltimore, Maryland 21. Signature of Funerel Service Licensee 22. Neme end Address of Fecility McCully-Polyniak Funeral Home
130 E. Fort Ave. Balto. MD 21230
23a. Pert1. Enter tha disease, or complications that caused tha daath. Do not enter the moda of dying, such es cardiec or raspiratory errest, shock, or heer feiture. List only one ceuse on each line. Approximete Interval Betw Immediate Ceuse (Finai disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in deeth) Lest Due to (or as e consequence of): 10 Dua to (or as a consequence of): Pert II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

the Hospital or Attending Physician: The law requires that the death certificate be executed Division of Vital Records, P.O. Box 68760. ettending physician for use es the buria To the Hospital or Attendir within 24 hours efter death. To the Funeral Director: At completely filled in by the fu death.

**Physician** 

/Medical

Examiner

**Funeral** 

Director

28a-f show items 23a or 28a-f shov

ò

"natural",

tal Hygiene.

Pages 1 and 2 should be facent of Health and Mental I int: if Item 27 is marked of

permit. Pages 1 and 2 s Department of Health ar Important: if Item 27 Is any Injury or other trau

Physician /Medical

**Examiner** 

Physician/Medical

filed within 72 hours after death

Baltimore, Maryland

Directo

by

Completed

Be

	30 01	17697			
_				24a. Wes en eutopsy performed?	24b. Wera autopsy findings available prior to completion of cause of death?
				1 ☐ Yes 2 No	1 ☐ Yes 2 No
25. Wes case referred to medical exeminer?			26. Plece of De	eeth (Check only one)	
1D Yes 2□ No	Hospital: 1 Impatient 2	ER/Outpatient 3 0	OOA Othar: 4 Nursing	Homa 5 ☐ Residence 6 ☐ Oth	ar (Specify)
27. Manner of Death Neturei 5 Pending Accident investigation	28e. Dete of Injury (Month, Dey Year)	28b. Time of Injury M	28c. Injury et Work? 1 Yes 2 No	28d. Describe how injury occur	red
3 Suicida 6 Could not be 4 Homicide determined	28e. Placa of Injury - At h building, etc. (Speci	ome, ferm, street, factory)	ery, office	28f. Location (Street and Numb City or Town, Stete)	ber or Rurel Route Number,
29e. Certifier (Check only one) 11 Certifying Physical Examination (Check only one) 12 Medical Examination (Check only one) 13 Certifying Physical Examination (Check only one) 14 Certifying Physical Examination (Check only one) 15 Certifying Physical Examination (Check only one	sician: To the best of my kne ner: On the basis of exemine end menner stated.	owledge, deeth occurre ation end/or investigation	d et the time, dete end pied n, In my opinion, deeth occ	ce, end due to the ceuse(s) end mo curred et the time, dete and pleca,	enner es stated. and due to the cause(s)
29b. Signature and title of certifier		25	c. Licensa number	29d. Deta signe	d (Month, Dey, Year)

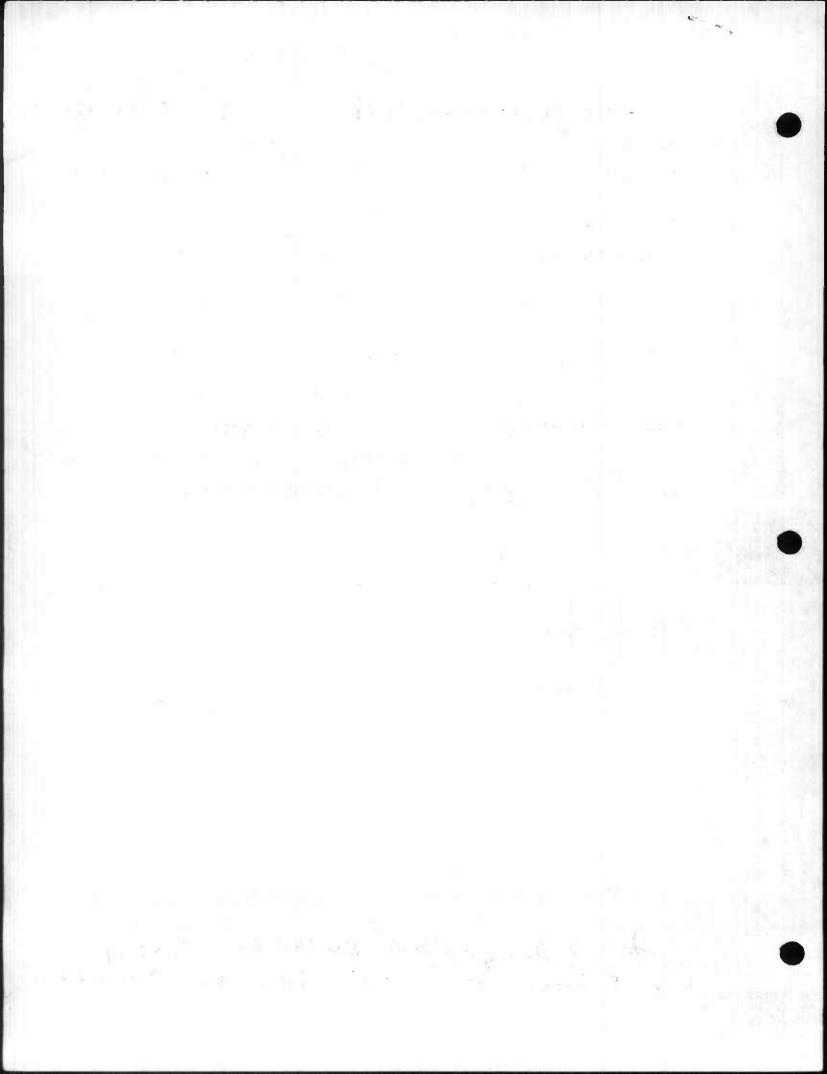
State Registrar

E. Grin 31. Dete filed (Month, Dey, Year) MAR 1 0 1999

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

MD. 30 32. Registrer's Signeture

St. p. - 1 Plice # 815 B. Ito Mid 21202



**Physician** /Medical Examiner

physicien and s the burial-trensit

980 Po ed by the a

signed by t

funeral

After

death.

or Attendi

by

Completed

Be

2

Certification:

**Physician** 

/Medical

Examiner

**Funeral** 

Director

r than "naturel", or items 23a or 28a-f show the Medical Examiner must be notified at

Director

Funeral

by

Completed

the Maryland

death

Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury that Initiated events rasulting in death) Last Physician/Medical

Part fl. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

1 Yes 2 No 3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Were autopsy findings available prior to completion of cause of death?

1□ Yes 2 No

26. Place of Death (Check only one)

1 Yes 2 No

25. Wes case referred to medical axaminer?

5 Pending

Investigation

6 Could not be determined

1 Inpatient 2 ER/Outpatient 3 DOA 28a. Dete of Injury (Month, Dey Year)

28b. Time of

28e. Place of fnjury - At home, ferm, streef, factory, offica building, atc. (Specify)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury at Work? 1 ☐ Yes 2 ☐ No

28d. Describe how Injury occurred

Location (Street end Number or Rurel Route Number, City or Town, State)

29a. Certifier (Check only one)

27. Manper of Death

1 Seletural

2 Accident

3 Suicida

4 Homicide

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the ceuse(s) end manner as stated. 2 Medical Examiner: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the ceuse(s) and menner stated.

29b. Signature and title of certifier Viguance Mediane HousesTARE 29c. License number RES 000 29d. Date signed (Month, Day, Year) March 3, 1999

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

CAMILLE PEART VIGILANCE - JOHNS HOPKINS BAYVIEW MEDICAL CENTER, BAITIMONE MARYLAND

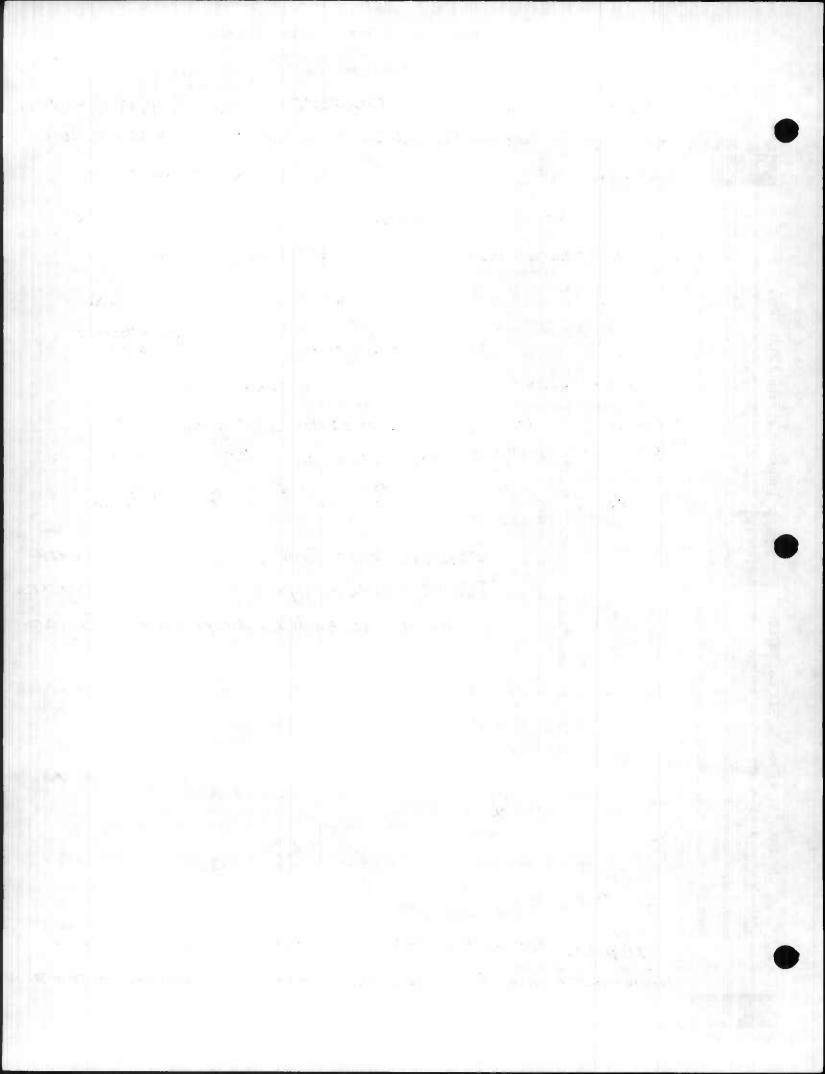
31. Date filed (Month, Dey, Year) MAR 1 0 1999 32. Registrer's Signeture

permit. Pages 1 and 2 should be filed within 72 hours after deat Department of Health end Mentel Hygiena. Important: If Item 27 is marked other than "natural!..."—Once.

Division of Vital

24 hours e To the Hosp within 24 ho To the Fune completaly f

Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2 Date of Death 3. Time of Deeth Day 1999 Month **Physician** Helen Kay Campbell March 3:31 AM /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 6231 Bellona Ave. Baltimore N/A 8. Date of Birth Jan. 18 1935 If Under 1 Year | If Under 24 Hrs. 9. Birthplece (State or Foreign Country)
1 e x a s 5. Social Security Number 6. Sex 7. Age (In vrs. last birthday) **Funeral** Months Days Hours 1□M X□XF 64 458-52-7508 Yrs. Director Usual Residence of Decedent with the Maryland parmit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health end Mental Hygiene.
Important: If item 27 is merked other than "natural", or items 23s or 28s-f show such injury or other traumatic event, the Mod cal Examiner must be notified at each. 10d. Inside City Limits 10a. State 10b. County 10c, City, Town or Location MD. N/A Baltimore 1 Ves 2 □ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6231 Bellona AVP. 21212 USA Funerai 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ੴ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 11. Marital Status Black, White, etc. 1 ☐ Never Married 2 X Married Baltimore, Maryland 21215-0020 1 Yes 2€No Specify: Specify: White þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 18. Mother's Name (First, Middle, Meiden Sumame) 17. Father's Name (First, Middle, Last) Clifford Crider Eunice McDuff 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informent's Name/Reletionship (Type, Print) Weldon Lee/ Husband 6231 Bellona Ave. Baltimore, MD. 21212 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Burial 2 【Cremation 3 ☐ Removal from State Hilltop Service Co. 3-8-99 Towson, MD. 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility wson Funeral Home, 21. Signature of Funeral Service Lie Inc. 21204 1050 York Rd. Towson, MD. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical advocucinana Examiner Due to (or as a consequence of) Examiner physician and s the buriel-transit The law requires that the death certificate be assecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760 Physician/Medicai Due to (or as a consequence of): signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the ceuse of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to completion of cause been si Completed 24a. Was an autopsy performed? certificate has b lirector, page 2 s 1 ☐ Yes 2 No 1 □ Yes 2 No or Attending Physician: director, 25. Wes case referred to medical exeminer? Be 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 0 1 ☐ Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Manner of Deeth 28e. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Certification: After 5 Pending 1 Yes 2 No death. Investigation after death.

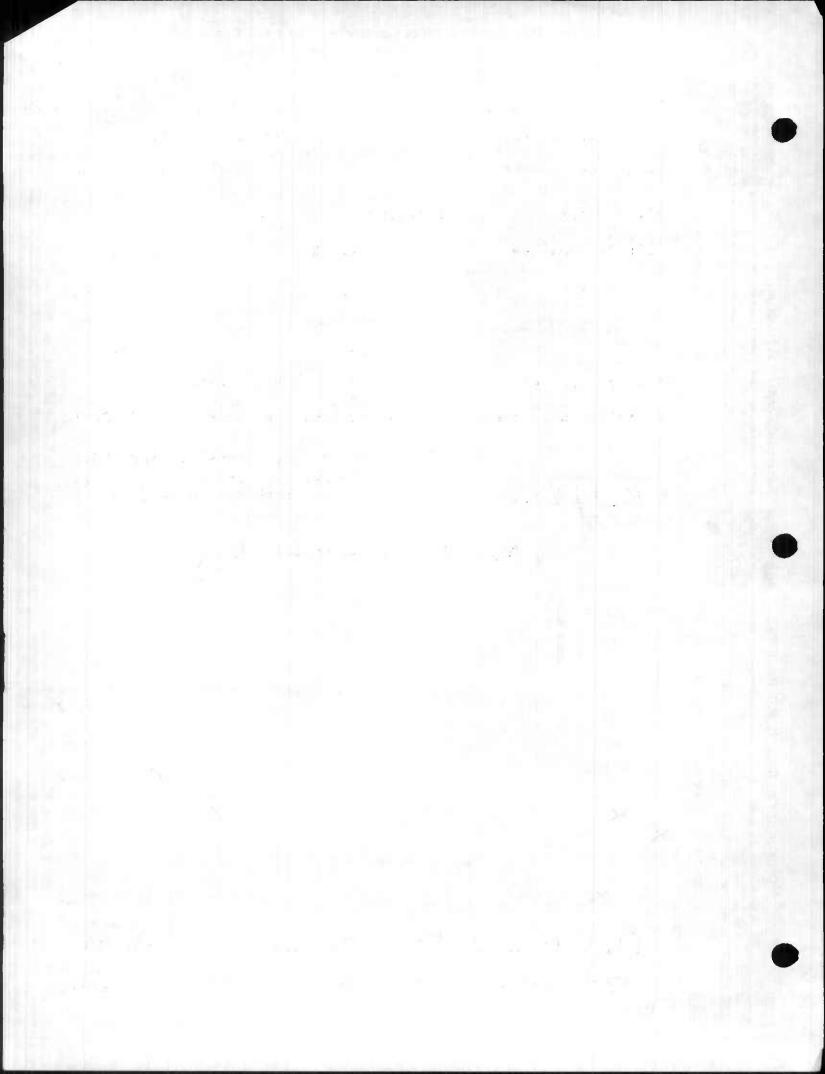
Director: A 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital or within 24 hours aft To the Funeral Di completaly filled in 29a. Certifier (Check only one) TixCertifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medicai 29d. Date signed (Month, Day, Year) 29c. License number 29b. Signature and title of certifier D38868 You RD Cockepsile MD. 30. Name and address of person who completed cause of death (Italian (Type, Print) 10155

State Registrar 31. Date filed (Month, Day, Year)
MAR 1 0 1999

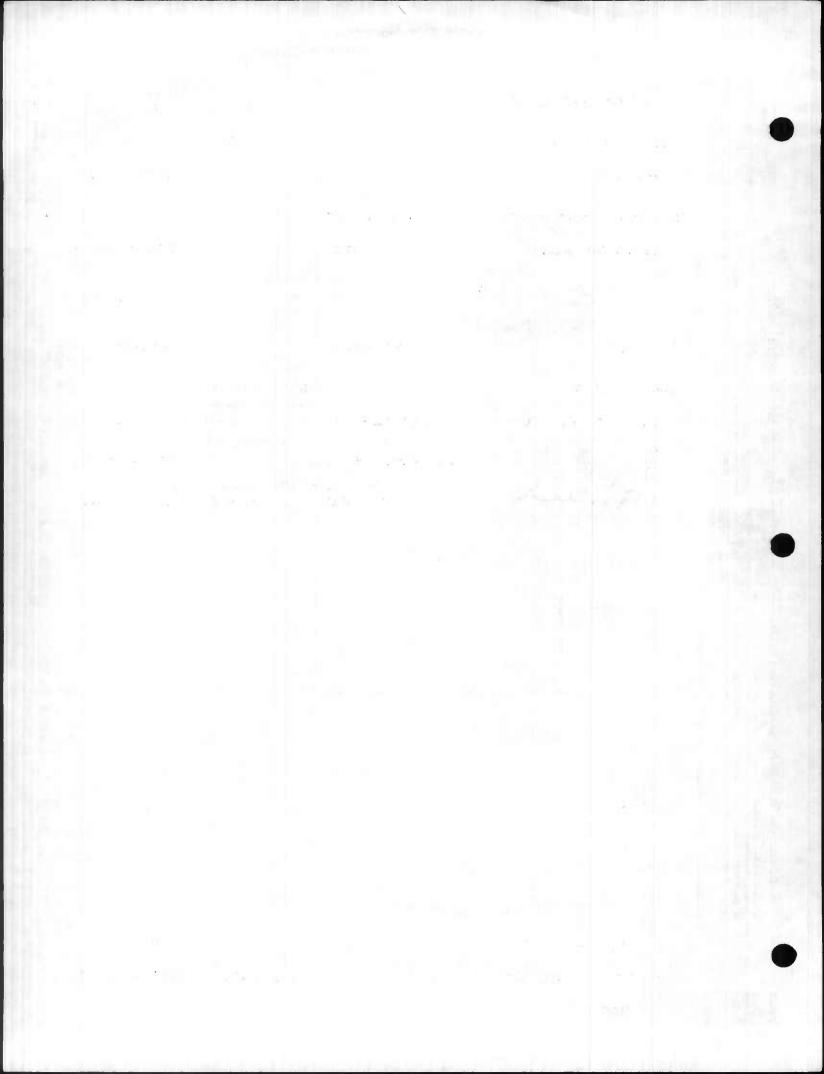
32. Registrar's Signature

Apails!



State of Maryland / Department of Health and Mental Hygiene 9 07603

				Ce	rtificat	e of	Death			Reg. No.			
Physician	Decedent's Nama (First, Middle BERTHA MAE								2. Date of De Month	eath Day	Yaar		of Death ) P.M.
/Medical Examiner	4e Fecility Neme (If not institution	n, give street and nu	umber)				4b. City, To		cation of Deet		y of Death	1	
Examiner	119 GERARD DRI	VE.					GLE	N BUI	RNTE	ANNE	ARUI	NDET.	
Funeral	5. Social Sacurity Number	6. Sax	7. Aga (In yrs	. lest birthday)			If Under	24 Hrs.	8. Data of Bir (Month, Da		9. Birth	placa (State	a or Foraign
Funeral Director	212-24-8586 Usual Rasidance of Decedant	1□ M 2⊠ F	83	Yrs.	Months	Deys	Hours	Min.		19, Year) .6, 1915		RGINIZ	A
and war	10a. Siele 10b. County		10c. C	ity, Town or Lo	ocation							10d. Insida	City Limits
vith the Marylan or 28a-f ahow be notified at	MARYLAND ANN	E ARUNDEI		GLE	EN BUI		}						as XXNo
th with the 23s or 2	119 GERARD DE	IVE			10f. Zip					10g. Citizen of UNITE			
dea dea	11. Maritel Status	12. Was Dec Armed F	cedant Evar in U	J,S. 13.	Was Dece	dant of	Hispanic Ori pan, Maxicar	igin? (Spe	city Yes or No		ce - Ameri	can Indien,	
15-0020  72 hours after death with the Maryland *natural*, or items 23s or 28s-f show polical Examinet must be notified at leted by Funeral Director		ried 1 ☐ Yas	2⊠ No iva		1□ Yas	_			, 100.1, 010.,		ty: WH		
od 2 ho	15. Decedan	t's Education		16a. Dece	dant's Usu	al Occu	pation			16b. Kind of E	Businass/Ir	ndustry	
	(Spacify only higha Elamantary/Secondary (0-12)		) (1-4or 5+)	lifa.	kind of wo DO NOT u DMEMAI	sa ratin	i during mos ed)	it of worki	ng	OWN H	IOME		
Hilled A		l ast)					18 Molhs	ar's Nama	/First Middle	, Maidan Suma	ma)		
Maryland 212: d 2 should be filed within th and Mental Hygiene. 7 is marked other than traumatic event, the IM To Be Comp									LUNDY				
2 sho and is ma	19a. informant's Name/Ralations	hip (Type, Print)		19b. Mail	ing Addrass	(Stree	t and Numb	er or Rura	I Routa Numb	er, City or Town	, State, Zi	p Coda)	
Tand 2 Health Health other tre	RALPH CONDO, JE	. /HUSBA	ND	119 (	GERARI	D DE	RIVE	GLEN	BURNIE	E, MD 21	.061		
	20a. Mathod of Disposition		Steta	Placa of Disponentary, cra	matory or o	thar pl		ARCH	Pata	20c. Location			
Baltimore, permit, Pages 1 a Department of Hee Important: If Hem any injury or othe page.	4 Denation 5 Other (S		G1.		2. Nema er	d Addr	ess of Fecili		NERAL H	GLEN BU	KNIE	, MD	
	And offer	~			421 C	RAIN	I HWY.	S.E	. GLEN	BURNIE,	MD	21061	
Physician /Medical Examiner	shock, or haart failura. List Immediata Causa (Final disease or condition rasulting in daath)	a	Con	or as a conse		9~	+ -fa	ulu	re		1	Onsat an	
FOOTORS, P.O. BOX 68/60, requires that the death certificate be executed seen signed by the attending physician and hould be delached for use as the burial-transit eted by Physician/Medical Examiner	Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or injury that initiated avants rasulting in daath) Lasi	c		or as a consa									
Both control for us													
hat the death cered by the attending detached for use	Part II. Other significant condition	ons contributing to d	daath but not ra	sulting in tha	undarlying o	ausa g	ivan in Part	l.		Yes 2 No			
() - 1100 =										s an autopsy omad?	6	Vara autops vailabla pric omplation of f daath?	or to
The law ata has paga 2									10	Yes 20 No	1	☐Yes 2	□ No
in: T	25. Was casa raiarrad to madica						OS Black	a of Dooth					
r VITAI Ke ysician: The is s certificate he director, page	axaminer?	Hospital:		Jenie :		. 0	41		(Chack only			** 1	
Of VIta Physician: this certific ral director,	1 ☐ Yas 2 ☒ No 27. Manner of Death	1		ER/Outpetie		JA	4 🗆 141			how injury occu		iry)	
Attending For death.  Sector: After by the funer iffication:	1 Natural 5 Pandir 2 Accidant Investi	gation	nth, Day Year)	28b. Tima o Injury	M	28c. Inje W	ork? ]Yas 2		280. Dascribe	now injury occu	Irred		
DIVISION ( but or Attending P rs after death. el Director: Attert ted in by the funer.  Certification:	3 Suicide 6 Could datam	ined 288. Plac	e of Injury - At I ding, atc. (Spec	homa, farm, st	reat, lactor	y, office			28f. Location City or To	(Street and Num own, Stata)	ber or Ru	ral Routa N	umber,
Division or To the Hospital or Attending Phr within 24 hours after death. To the Funeral Director: After thi completaly filled in by the funeral Medical Certification: 1	29a. Cartifiar 1 Certifylr (Check only one) 2 Medicat	ng Physician: To the Examiner: On that and mai	a best of my kn basis of axamin nnar statad.	owladga, daai ation and/or ir	th occurred nvastigation	at tha i	tima, data ar opinion, das	nd place, ath occurr	and dua to the	causa(s) and n , data and placa	nannar as , and dua	stated. to tha caus	a(s)
To the vithin To the compl	29b. Signatura end litle of cartifia	' di	NZ				3 (2 4	75		29d. Data sign			)
0	30. Nama and addrass of person BASANT K. KH			m 23a) (Type CRAIN	, Print)	s.		BURN	IE, MD	21061			
State	31. Data filad (Month, Day, Yaar)	32.	Registrar's Sign		-	7							
* Registrar	MAR 10	1333	juras	J.	000	Colle	3						



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Dete of Death 3. Time of Death 1. Decedent's Neme (First, Middle, Last) Month 4b. City, Town, or Location of Death 4c. County of Deeth Glen Burnie Anne Arundel If Under 1 Year 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) 1□ M 2₹9 F Months Deys Hours Min 61 Yrs June 2, 1937 Kentucky 10b. County 10c. City. Town or Location Glen Burnie 10f. Zip Code 10g. Citizen of What Country? 21061 United States

**Physician** 1:20 P.M. Joyce Camby /Medical 4a Facility Neme (If not institution, give street and number) Examiner North Arundel Hospital Birthplece (Stete or Foreign Country) 5. Social Security Number **Funeral** 213-32-4817 Director Usual Residence of Decedent 10a. Stete 10d. Inside City Limits Maryland Anne Arundel 1 ☐ Yes 2 No Director 10e. Street and Number 516 Oakwood Station Rd. Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien. 11 Marital Status Bleck, White, etc. 1 ☐ Yes 2 No If Yes, Give Year or Detes: 1 ☐ Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: White þ 3 Widowed 4 Divorced Completed 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondary (0-12) College (1-4or 5+) Secretary Printing 12 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) Martha Gulliam Cordie Adams 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) 19e. Informant's Neme/Relationship (Type, Print) 516 Oakwood Station Rd., Glen Burnie, MD 21061 Charles C. Camby / Husband 20b. Place of Disposition (Neme of cametery, cremetory or other pleca) 20e. Method of Disposition Date 20c. Location - City or Town, State March 1999 1 ☐ Burial 2X Cremetion 3 ☐ Removel from State Catonsville, Maryland Metro Crematory, Inc. 4 ☐ Danation 5 ☐ Other (Specify) 21. Signature of Eineral Service Licensee 22. Name and Address of Facility Kirkley-Ruddick Funeral Home, P.A. 421 Crain Hwy., S.E., Glen Burnie, MD 21061 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset and Death Immediate Cause (Final disease or condition resulting in deeth) PNELMONIA Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Last Physician/Medical Due to (or as a consequenca of): 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was en eutopsy performed? Completed 2 No 1 ☐ Yes 2 ☐ No 25. Was cese referred to medical examiner? Be 26. Plece of Death (Check only one) Hospital: 1 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 20 No John 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Dey Year) 28d. Describe how injury occurred 27. Manner of Death 28b. Time of 28c. Injury at Work? Certification: Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) end menner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. edical (Check only one) 29c. License number 29d. Date signed (Month, Dey, Year) 29b. Signeture and title of certifier

**Physician** /Medical Examiner

7 is marked other than "natural", or items 23s or 28s-f show traumetic event, the Medical Examinar must be notified at

Hygions. Ther than

2 should be fi and Mental H is marked of

Department of Health important: If Item 27

nding physician end use es the buriel-trans the signed by 99 peen certificate has paga 2 After this uneral

certificate be axecuted Box 68760, P.O. Division of Vital Records, To the Hospital or Attending Pl within 24 hours effer death. To the Funeral Director: After th completely filled in by the funera

> State Registrar

31. Date filed (Month, Dey, Year) MAR 1 0 1999

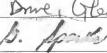
Moken

Orejens

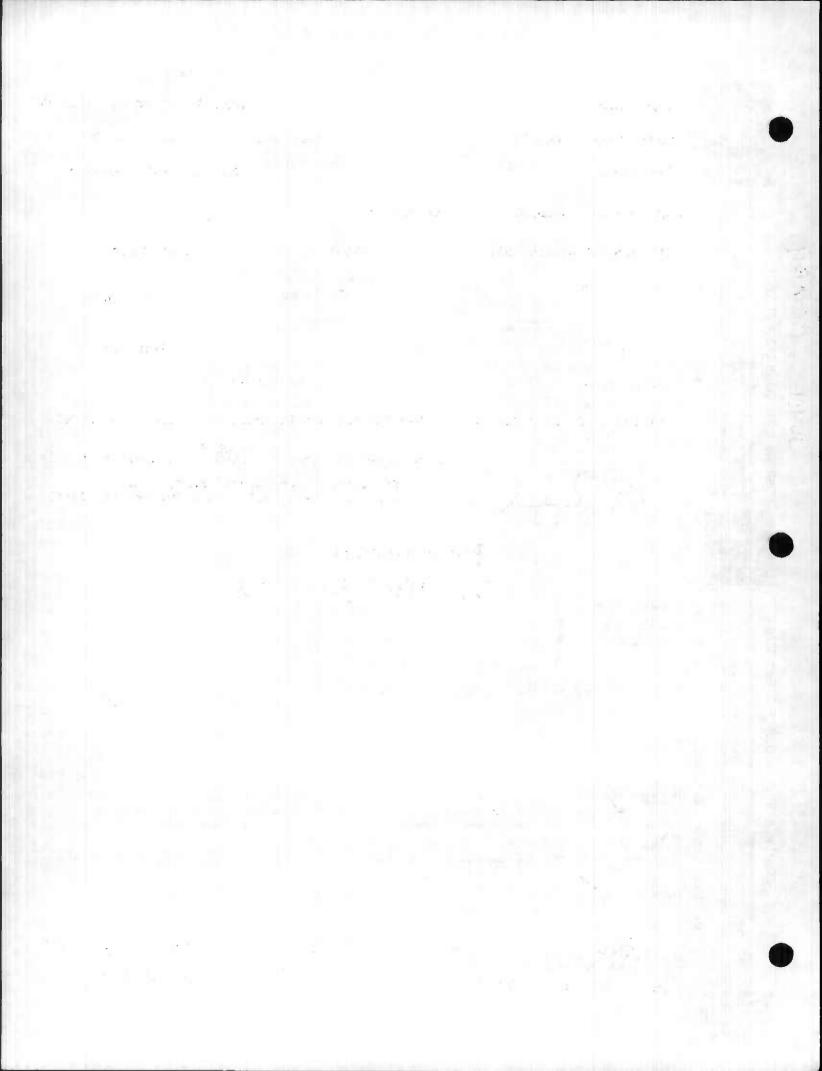


mas

30, Name and address of person who completed cause of death (Item 23e) (Type, Print)



Buns. Pus

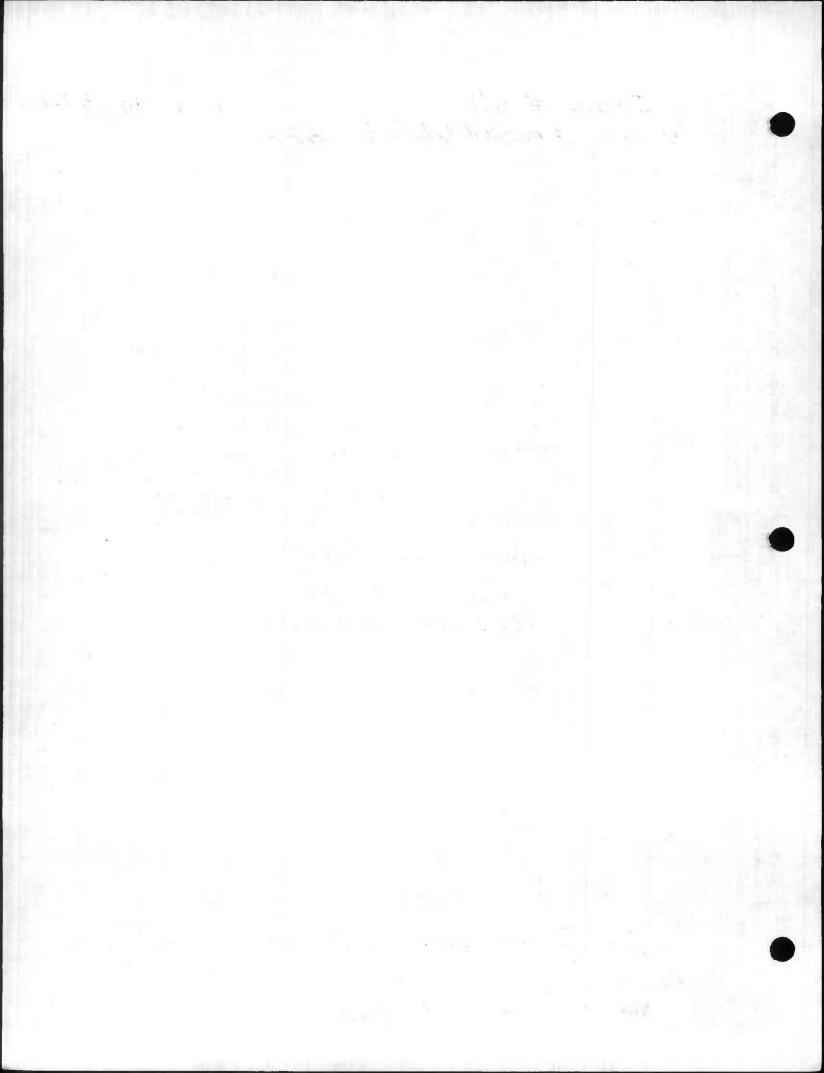


State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Nama (First, Middla, Last) 2. Date of Death 3. Time of Death Month **Physician** 3:15 pm. James Ewel 3 3 99 /Medical 4e Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner of Maryland Medical Center Baltimore University N/A 5. Sociel Security Number If Under If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) Funeral Days Months 15 M 2□ F Hours 217-42-6732 56 MD. Director Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at Director 1 Yes 2 No MD. N/A BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 23a or Funeral 11 W. 20th ST. APT 11B 21218 death 12. Wes Decedent Evar in U,S. Armed Forces? 1 Yas 2 No If Yes, Give X Year or Dates: "natural", or items Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, 11. Meritel Status Black, White, etc. filed within 72 hours after 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: BLACK P 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7 Department of Health and Mental Hygiene. Important: if fram 27 is marked other than "na any Injury or other traumatic avant and page. Elementery/Secondary (0-12) Collega (1-4or 5+) COOK FOOD 17. Fethar's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be GEORGE EWELL SR. CATHERINE JACKSON 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Intorment's Neme/Reletionship (Type, Print) 700 DEACON HILL CT. BALTIMORE, MD 21225 JUANITA EWELL (WIFE) 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 Buriel 2 ☐ Cremation 3 ☐ Removel from State 3-8-99 MT. ZION CEMETERY BALTIMORE, MARYLAND 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 22. Nama end Address of Facility PHILLIPS FUNERAL HOME, P.A. Deetn CFSP 1721-27 N. MONROE ST. BALTIMORE, MD 21217 23a. Part 1. Enter the disease, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiretory errest, shock, or heart tellure. List only one ceuse on each line. Approximete Intervel Between Onset end Death **Physician** /Medical Immedieta Ceuse (Finel disaesa or condition resulting in deeth) Examiner Examiner that the death certificate be executed and Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Diseese or Injury that initiated events resulting in deeth) Last Stage physician Box 68760 Physician/Medical the Due to (or as e consequence of) P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2N No 3 Probably 4 Unknown bengis be del Division of Vital Records, by 24b. Were eutopsy tindings available prior to 24a. Wes en eutopsy performed? Completed completion of cause of death? 200 No 1 ☐ Yes 2 ☐ No certificate Hospital or Attending Physician: Be 25. Wes case referred to medical exeminer? 26. Place of Death (Check only one) Hospitel: ← tnpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medical Certification: To 1 Yes 2 No this 27. Menner of Death 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred After Neturel 2 Accident 5 Pending investigation hours after death. 1 Yes 2 No 6 Could not be determined 3 Suicide 28e. Pleca of Injury - At home, term, street, fectory, office building, etc. (Specify) 28t. Location (Street and Number or Rural Route Number, City or Town, Stete) in by 4 Homicide within 24 hours aft To the Funeral Dis completaly filled in 18 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner steted. 29a. Certifier ş 29c. License number 29d. Date signed (Month, Day, Year) o Resident Physician 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) hidronsly 22 Girica 32. Registrer's Signeture State 1999

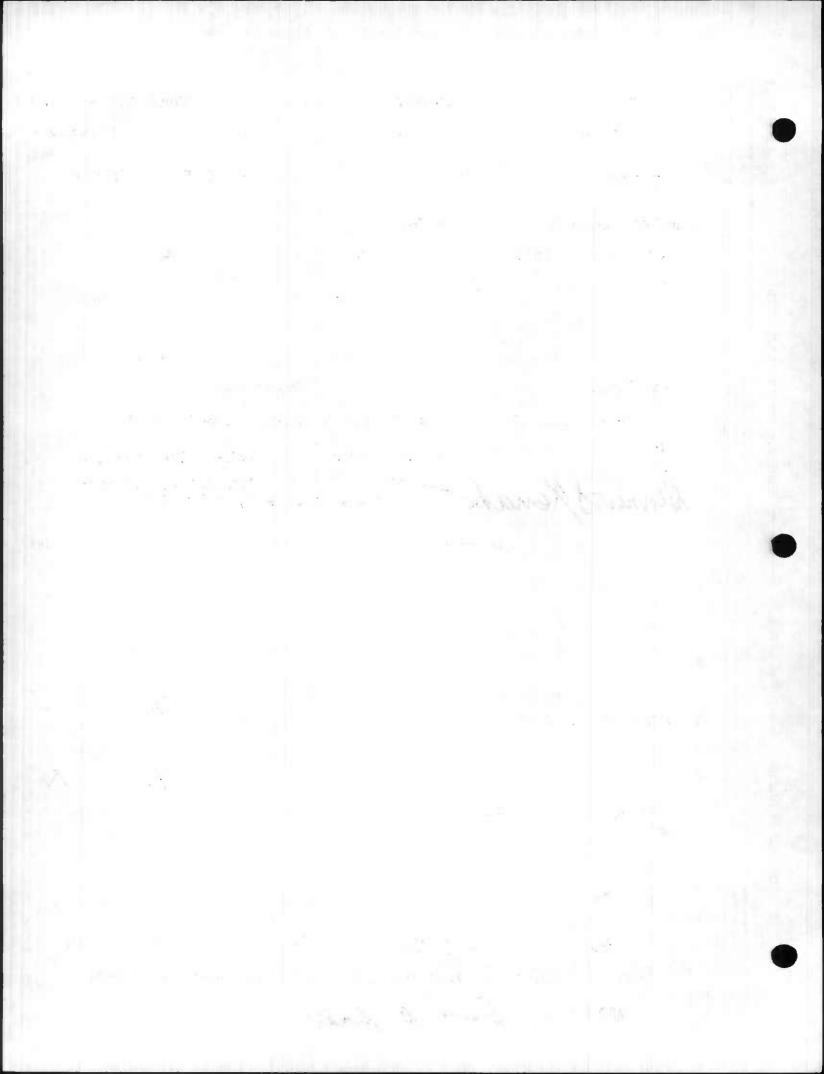
**DHMH 16 Rev 6/95** 

Registrar



State of Maryland / Department of Health and Mental Hygiene 9

				Certifica		Death		Reg. No.	01000
Physician /Medical	1. Decedent's Name (First, Middle, L MARY K		FLAHER	TY	S	TR	2. Date of Do Month	MARCH	3. Time of Dea 3.7:2
Examiner	4a Facility Name (If not Institution, gr	ve street and number) ph Medica	l Cent	er	1	b. City, Town, or	Location of Dear	th 4c. County	of Death Baltimor
Funeral Director		Sex 7. Age 7. Age 79	(In yrs. lest birth Y	Month	ler 1 Yeer s Deys	If Under 24 Hrs Hours Min			Birthplace (State or Fo Country)     Maryland
yland	10a. State 10b. County		10c. City, Town	or Location					10d. Inside City Li
e Mar Ba-f st diffed ctor	Maryland Baltimore		Baltimo	re					1 □ Yes 2√
3e or 2i	10e. Street and Number 6401 North Charles	Street			Zip Code 212			10g. Citizen of 1	What Country?
should be filed within 72 hours after death with the Maryland of Mantal Hygiene.  marked other than "natural", or items 23e or 28e-f show imatic event, the Madical Examinar must be notified at To Be Completed by Funeral Director	11. Marital Status  XX Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ev Armed Forces? 1  Yes 2  And of If Yes, Give Yeer or Detes:			cedent of Hoecify Cuba 2)(XNo	lispanic Origin? (S an, Mexican, Puer Specity:	Specify Yes or Note Rican, etc.)		ee - American Indian, ck, White, etc. y: White
72 ho natur dical	15. Decedent's E (Specify only highest gi	ducation rade completed)	18a. C	ecedent's Us	sual Occup	ation during most of wo	rkina	16b. Kind of B	usiness/industry
at and 2 should be filed within 72 h. Health and Mantal Hygiene. Im 27 is merked other than "naturother traumatic event, the Madical To Be Completed	Elementary/Secondary (0-12)	College (1-4or 5+)	)			3)		C11:	
Mantal Hygiene.  Priced other than aftic event, the Mantal Hygiene.  To Be Comp	17. Father's Neme (First, Middle, Las	<u> </u>		Je	acher	18. Mother's Na	me (First, Middle	Educati , Melden Surnan	
should be fill and Mantal Hymerked oth	John Flaherty					Anna Mc	Donnell		
2 short and he is made	19e. Informent's Name/Relationship					end Number or R			
T Hasith I m 27 I	Sr. M Bernice Feiling	er SSND				reet Balti			
	20a. Method of Disposition    XX Burial 2   Cremation 3    4   Donation 5   Other (Spec		20b. Plece of Cometery, Villa MA	oremetory of the Central Centr	leme of r other piec etery		3/6/99		City or Town, State  Maryland
permit. Page Department of Important: If any Injury or 2008.	21. Lignature of Funeral Service Lig 23a. Part1. Enter the disease or cor shock, or heart fellure List only	enak	_	6500 Y	ork Ro	ss of Facility ad Baltimo	re, Maryla	and 21212	Home Inc.
Physician /Medical Examiner	Immediate Ceuse (Final disease or condition resulting in death)	a	EPSIS	nsequence o	f):				Onset and Deat
ing the death certificate be executed by the attending physician and letached for use as the burial-transit Physician/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last	c	ue to (or as a co						
attendin for use		d							
ires that the death cer signed by the attendin d be detached for use d by Physician/N	Pert II. Other significant conditions  ACUTE RENAL FAI		not resulting In t	he underlying	g cause giv	en in Part I.		Yes 2 7 40	ntribute to the cause of de 3 Probably 4 Unk
been shoul								s an autopsy omed?	24b. Were autopsy findir avelleble prior to completion of cause of death?
ysician: The law s certificate has director, page 2.							10	Yes 20 No	1□Yes 200No
certificate rector, pag	25. Was case referred to medical examiner?						ath (Check only	one)	
4 5 E	1 Yes No  27. Marrier of Death Natural 5 Pending 2 Accident investigation	Hospital: 28e. Dete of Injury (Month, Dey )	28b. Tir	ne of	28c. Injur Wor	4 Li Nursing r	_	idence 6 Oth how injury occur	
72 to T	3 Sulcide 6 Could not l	28e. Place of Injury building, etc.		n, street, fect	ory, office		28f. Location City or To	(Street and Numb wn, Stete)	ber or Rural Route Number,
To the Hospital of within 24 hours a To the Funeral D completely filled i		hysicien: To the best of miner: On the bests of eand manner state	xaminetion and/						
within To the comp	29b. Signature and title of certifier	zn	Oho	0	9c. Licens	e number 30263			d (Month, Day, Year) - 3 - 99
	30. Name and address of person who FRANCIS KHO	completed cause of dea	th (Item 23e) (T 7601 0	ype, Print) SLER	DRIV	E TOWSO	ON, MAR	RYLAND	21204
State • Registrar	31. Date filed (Month, Dey, Year) MAR 1 0 10	32 Apglatrar	s Signature		-				



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygien $\Theta \ \Theta$ Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Dav Month **Physician** 999 March 41:30 A-M 6 /Medical 4a Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner enter Hospital Baltimore Harbox N/A if Under 24 Hrs. If Under 1 Vear Birthplace (State or Foreign Country) 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. lest birthdey) Funeral Days Hours 1 M 2 KF Months 212-07-9696 83 Oct. 22,1915 Director Maryland Usual Residence of Decedent the Meryland worle ! 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "netural", or items 23a or 28a-f ahov the Medical Examiner must be notified at NOWes 2 No Directo Baltimore Maryland N/A 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code 1517 Henry Street 21230 U.S.A. Funeral death 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Mantal Status Peges 1 and 2 should be filed within 72 hours after or nent of Health and Mentel Hygiena. nt: If Item 27 Is marked other than "natural", or item 1 Yes 2 No 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: White Baltimore, Maryland 21215-0020 þ 3 Widowed 4 Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Home Owner 12th Grade Homemaker 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Archibald Rennie Bertha Schuerhols 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) William Feeley Son 149 Woodsway Pasadena MD other t 21122 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 X urial 2 Cremation 3 Removal from State 8 4 ☐ Donation 5 ☐ Other (Specify) Glen Haven Memorial Park 3/9/99 Glen Burnie Maryland 21. Signature of Funeral Service Licensee 22 Name and Address of Facility McCully-Polyniak Funeral Home hustina 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respireldry arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final In faxe tion 4 HOURS Myocaylia disease or condition resulting in deeth) Examiner Examiner Em cephalopathy abolic physician and the burial-fransit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last certificata be execu Physician/Medical Due to (or as e consequence of) 80 esn Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? Records, P.O. signed by t 1 Yee 2 No 3 Probably 4 Unknown HYPERTENSION þ 24b. Were eutopsy findings available prior to 24a. Wes en autopsy performed? Completed completion of cause of death? has paga 2 1 Yes 20 No 1 Tyes 2 Take Division of Vital or Attending Physician: eftar death. Diractor: After this certific Be 25. Was cese referred to medical examiner? 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 2 ER/Outpatient 3 DOA funeral Certification: 27. Manner of Ceath 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Watural 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital or within 24 hours e To the Funeral D Medical 29a, Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) end manner as stated. (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and piece, and due to the ceuse(s) and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dev. Year)

State Registrar 31. Dete filed (Month, Day, Year)

ISMAIL

amail

MAR 1 0 1999

BOBAT

30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print)

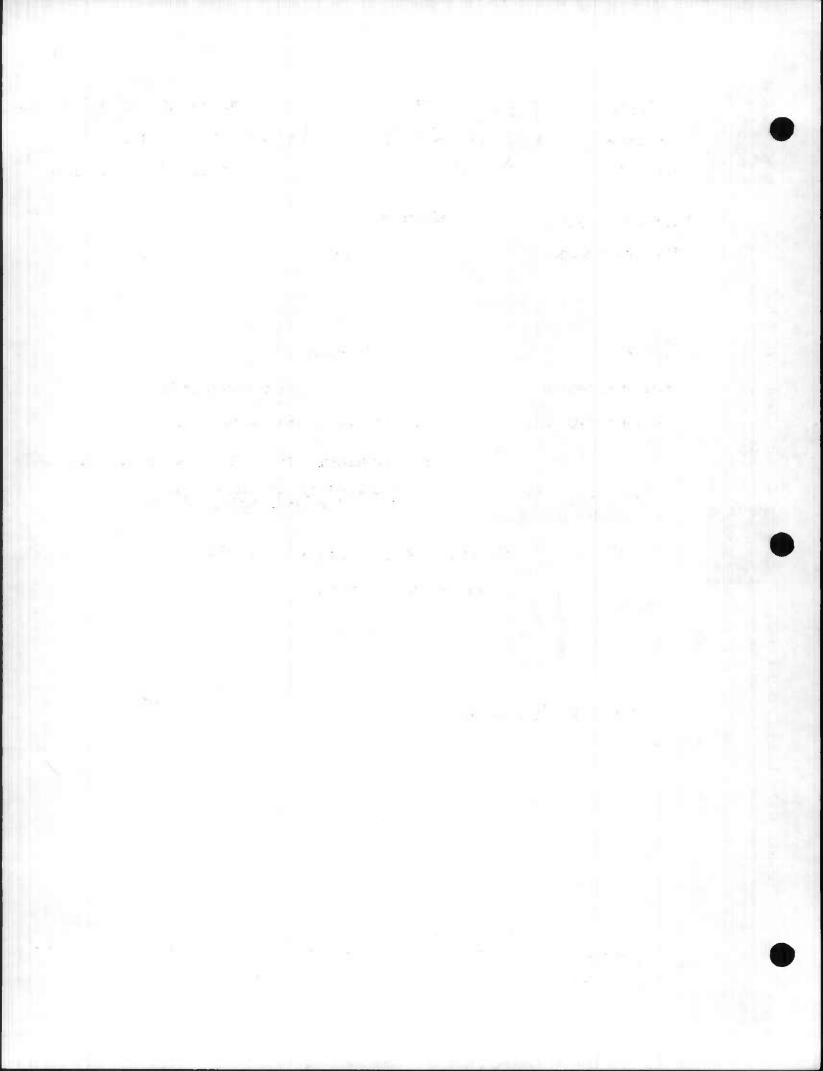
3001 S-32. Registrer's Signeture A. Sport

March

BALTIMORE.

mo

21225



#### Please Type or Print in Biack Indelibie Ink. Assure Ali Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Month ANNA FLEIG March 4,1999 2 p.m. 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death 618 S. ANN STREET BALTIMORE If Under 1 Year If Under 24 Hrs. I Months Days Hours Min. 9. Birthplace (State or Foreign Country) MARVIAND 5. Social Security Number 7. Age (In yrs. last birthday) 1□M 2X)F 72

Baltimore, Maryland 21215-0020
permit. Pages 1 and 2 should be liked within 72 hours after death with the Marylan Department of Health and Mentai Hygiene.
Important if Item 27 is marked other than "natural", or items 23s or 21s-1 show any injury or other traumatic event, the Medical Examiner must be notified at

**Physician** 

/Medical

Examiner

Funeral

Director

Physician /Medical Examiner

Examiner	
To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 bours after death.  To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the bunal-transit	Medical Certification: To Be Completed by Physician/Medical Examiner

Division of Vital Records, P.O. Box 68760,

Usual Residence of Decedent								
10a. State 10b. County		10c. City, Tow	n or Location				10d Ins	ide City Limits
MD. N	/A		IMORE					XYes 2□No
10e. Street and Number	/ / /	DALI	10f. Zip Code		10n.	Citizen of W	fhat Country?	
618 S. ANN STREE	Т		2123	1		U.S.		
11. Marital Status	12. Was Decedent		13. Was Decedent of If Yes, specify Cut		ecify Yes or No-	14. Race	- American Ind	ian,
1 Never Married 2 Merried	Armed Forces				Rican, etc.)		k, Whita, etc.	
3 ☐ Widowed XX Divorced	If Yes, Give Yeer or Dates:		1□ Yes \$(XNo	Specify:		Specify	WHITE	
15. Decedent's Ed (Specify only highest gra	ducetion ade completed)	16a.	Decedent's Usual Occu (Give kind of work done	during most of work	sing 16b	. Kind of Bus	siness/Industry	W. 3
Elementary/Secondery (0-12)	College (1-4or		life. DO NOT use retire	ed)				
17. Father's Name (First, Middle, Last,	1	MA	CHINE OPERA		e (First, Middle, Maid		CK SPIC	E CO.
							9)	
JOSEPH HELIN		401-	. A4-10- Add (O		NA SOB		01-4- T- 0-4-1	
19a. Informent's Neme/Relationship (			o. Mailing Address (Stree					
BRIAN FLEIG/GRAND  20a. Method of Disposition	ISUN	20h Place o	52 ST. MICHA Disposition (Name of	EL'S CIRC			ZIII3 City or Town, St	elo
XX Burial 2 Cremetion 3		cemete	ry, crematory or other pla	1		. Location - (	City of Town, St	ate
4 Donation 5 Other (Specif		ST. ST.	ANISLAUS CE		/8/99 BA	LTIMOR	RE, MD.	
21. Signeture of Funeral Service Licer	1 1	42	22. Name and Addr		FUNCDAL U	OME		
23a. Part1. Enter the disease, or com	X hu						21231	
<ol> <li>Part1. Enter the disease, or com shock, or heart feilure. List only</li> </ol>	plications that cause one cause on each li	d the death. Do i	not enter the mode of dy	ing, such as cardiac	or respiratory errest,		Appro	ximate al Between
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b	Que to (or as a	consequence of):  consequence of):  consequence of):	emiç				
resulting in death) Last	b. C. d. Ontributing to death b	Due to (or as a o	consequence of):	ven in Part I.	23b. Did tobac	cco use con	tribute to the c	ause of death
resulting in death) Last	b	Due to (or as a o	consequence of):	ven in Part I.				1
resulting in death) Last	b. C. d. ontributing to death b	Due to (or as a o	consequence of):	ven in Part I.			tribute to the c	1
resulting in death) Last	b. C. d. contributing to death b	Due to (or as a o	consequence of):	ven in Part I.		2□ No	3 Probably  24b. Were autavailable	topsy findings prior to on of cause
resulting in death) Last	b. C.  d.  ontributing to death b	Due to (or as a o	consequence of):	ven in Part I.	1 Ves  24a. Was an a	2□ No utopsy 17	3 Probably  24b. Were autavailable completic	opsy findings prior to on of cause
Part II. Other significant conditions of the con	b. — — — — — — — — — — — — — — — — — — —	Due to (or as a o	consequence of):		1  Yes  24a. Was an arperformed	2□ No	3 Probably  24b. Were autavailable completic of death?	topsy findings prior to on of cause
Part II. Other significant conditions of	San Sal	Due to (or as a control of the contr	consequence of):  consequence of):  n the underlying cause gi	26. Place of Daet	1  Yes  24a. Was an all performed  1 Yes  th (Check only one)	2□ No utopsy 17	3 Probably  24b. Were autavailable completic of death?  1 Yes	opsy findings prior to on of cause
Part II. Other significant conditions of the con	Hospital: 1   Inpatie	Due to (or as a control of the contr	consequence of):  consequence of):  In the underlying cause given the under	26. Place of Daet her: 4 □ Nursing Ho	1  Yes  24a. Was an arperformed	2 No utopsy 17 25 No	24b. Were autavailable completic of death?  1 Yes	opsy findings prior to on of cause
Part II. Other significant conditions of the con	Hospital: 1 Inpatie  28a. Date of Inju	Due to (or as a control of the contr	consequence of):  consequence	26. Place of Daet her: 4 □ Nursing Ho	24a. Was an aperformed  1 Yes  th (Check only one)	2 No utopsy 17 25 No	24b. Were autavailable completic of death?  1 Yes	opsy findings prior to on of cause
Part II. Other significant conditions of the con	Hospital: 1 Inpation 28a. Date of Inju. (Month, Da	Due to (or as a distribution of resulting in the contract of t	consequence of):  consequence	26. Place of Daet her: 4 Nursing Ho iny at rk?   Yes 2 No	24a. Was an aperformed  1 Yes  th (Check only one)	2 No utopsy 17 20 No e 6 Othe injury occurre	3 Probably  24b. Were autavailable completic of death?  1 Yes  or (Specify)	iopsy findings prior to on of cause
25. Was case referred to medical examiner?  27. Manner of Death    Hetural   5   Pending investigation	Hospital: 1 Inpatie  28a. Date of Inju (Month, Da  28e. Plece of Injuiding, et	Due to (or as a control of my knowledge f examination and	consequence of):  consequence of):  In the underlying cause given the under	26. Place of Daet ther: 4 Nursing Ho rry at rk?  Yes 2 No	1 Ves  24a. Was an aperformed  1 Yes  th (Check only one)  ome Sesidence 28d. Dascribe how in  28f. Location (Street City or Town, Standard one)  and due to the cause	2 No utopsy 17 a No a 6 Othe injury occurre tele) e(s) end mar	3 Probably  24b. Were autavailable complete of death?  1 Yes  or (Specify)  ed	topsy findings prior to on of cause
25. Was case referred to medical examiner?  27. Manner of Death   Cleftural   S   Pending investigation	Hospital: 1 Inpatie  28a. Date of Inju (Month, Da  28e. Piece of Inju building, et	Due to (or as a control of my knowledge f examination and	consequence of):  consequence	26. Place of Daet her: 4 Nursing Ho ry at rk?  Yes 2 No  ime, date and place, opinion, death occurr	24a. Was an aperformed  1 Yes  th (Check only one)  me Sesidence 28d. Dascribe how i  28f. Location (Stree City or Town, S)  and due to the causered at the time, date	2 No utopsy 17 25 No a 6 Othe injury occurre it and Number tete) e(s) end mar and place, a	3 Probably  24b. Were autavailable complete of death?  1 Yes  or (Specify)  ed	topsy findings prior to on of cause

DHMH 16 Rev 6/95

State

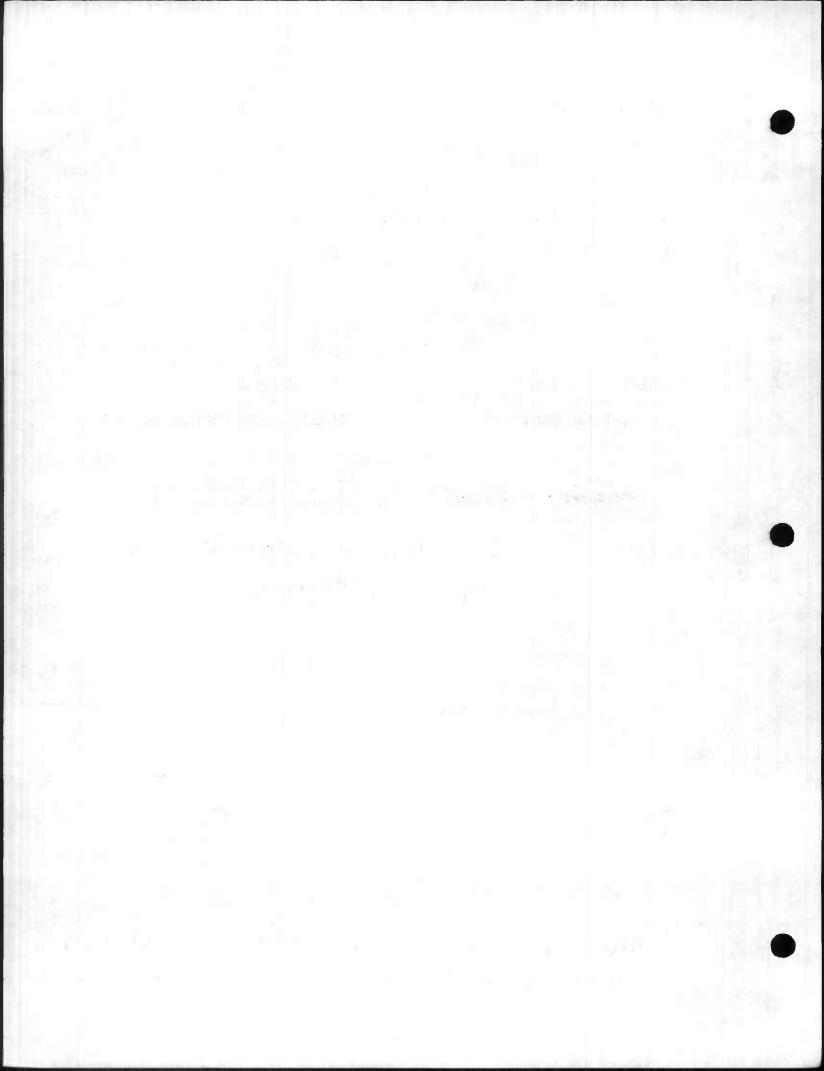
Registrar

31. Date filed (Month, Day, Year) --

MAR 9

32. Regis rar's Signature

1999



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 07609 Item: 19b per F.H G-769 3/26/99 reb Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Tima of Death Month **Physician** 8:38 Pm larc /Medical 4e, Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 20 more 5. Sociel Security Number 213-30-3828 If Under 1 Yeer 7. Age (In yrs. last birthday) Yrs. If Under 24 Hrs. 6. Sex 9. Birthplace (State or Foreign **Funeral** Deys Months Hours 1□M 2\F Director VIrgII Usual Residence of Decedent with the Maryland 10e. Stete 10c. City, Town or Location permit. Peges 1 and 2 should be filed within 72 hours after death with the Manylan Department of Health and Mental Hygiene. Important: If them 27 is marked other than fastural; or items 23a or 28a-f show any injury or other traumatic event, the Manylan Entities must be notified as 10d. Inside City Limits Maryland 1 Yas 2 □ No Director more 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 212 307 ITIVE Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Bleck, White, etc. 11. Meritel Stetus 1 ☐ Yes 2 🛱 If Yes, Give Yeer or Detes: 1 Never Merried 2 Merried 2 1 No Baltimore, Maryland 21215-0020 1□ Yes 2 No Specify: by 3 Widowed 4 □ Divorced American Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working [fie. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) 1100 0 Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be STOR 2 Jose Wa phine 19b. Meiling Address (Street end Number or Aural Boute Number, City or Town, Stete, Zip Code) Chapman Rd. Randa Distawn Md A 19a. Intorment's Neme/Reletionship (Type, Print) (daughter) Chararn Chararn 3403 Cho 20b. Place of Disposition (Neme of 20c 100011 Joanr nam 20e. Method of Disposition Dete 20c. Location - City or Town, State ery, cremetory or other piece, 1⊠ Buriel 2 □ Cremetion 3 Removel from Stete 13 Sdo 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Fecility Joseph L. Russ 2222 W. North 21. Signature of Funerel Service License Home Lyneral Homend. 21216 se, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest, List only one cause on each line. **Physician** Immediete Ceuse (Finel diseese or condition resulting in deeth) /Medical Examiner Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last P.O. Box 68760, Due to (or as a con Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert t. 23b. Did tobacco use contribute to the cause of death? is certificate has been signed by director, page 2 should be detac 2□ No 3 Probably 4 Unknown Records, þ The law requires 24b. Were autopsy tindings eveilable prior to completion of ceuse of death? Be Completed 24a. Wes en autopsy performed? 1 X Yes 2 No 1 Yes 20 No Division of Vital or Attending Physician: 25. Was casa referred to medical 26. Place of Deeth (Check only one) examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 15 inpatient 2 ER/Outpatient 3 DOA 1 Yes No Medical Certification: To this funerai 27. Menner ot Deeth 28a. Date of tnjury (Month, Day Year) 28b. Time of 28c. tnjury at Work? 28d. Describe how injury occurred After 5 Pending Investigation 1 Natural 1 Yes 2 No 24 hours after death. 2 Accident 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 Suicide 28e. Plece of Injury - At home, ferm, street, tectory, office building, etc. (Specify) filled in by 4 Homicide Hospital TS Certifying Physician: To the best of my knowledge, death occurred et the time, dete end place, end due to the ceuse(s) and menner es steted. Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner steted. 29e. Certifier npietely (Check only one) within 2. To the complete å 29d. Date signed (Month, Dey, Year) 29b. Signeture and title of certifier 29c. License number

State Registrar 31. Dete tiled (Month, Dey, Year)

NHILLOO

MAR 10

Stree

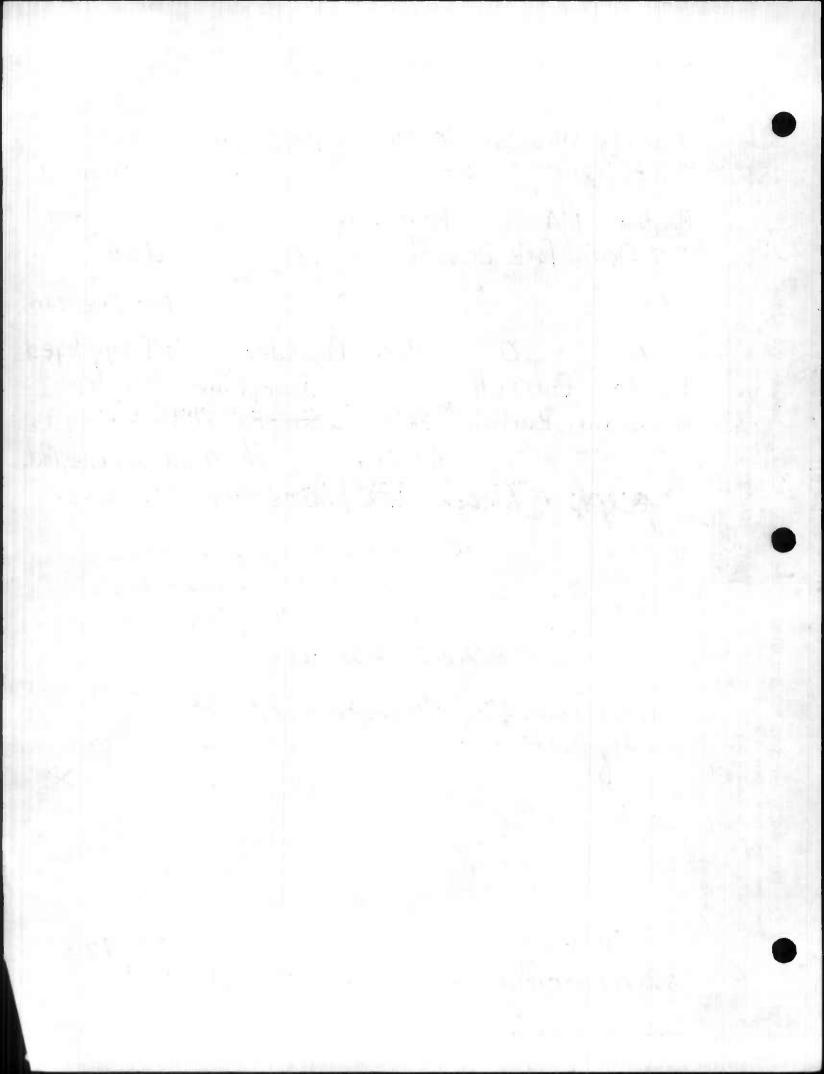
1999

32. Registrar's Signeture

d cause of death (Item 23a) (Type, Print)

305

0

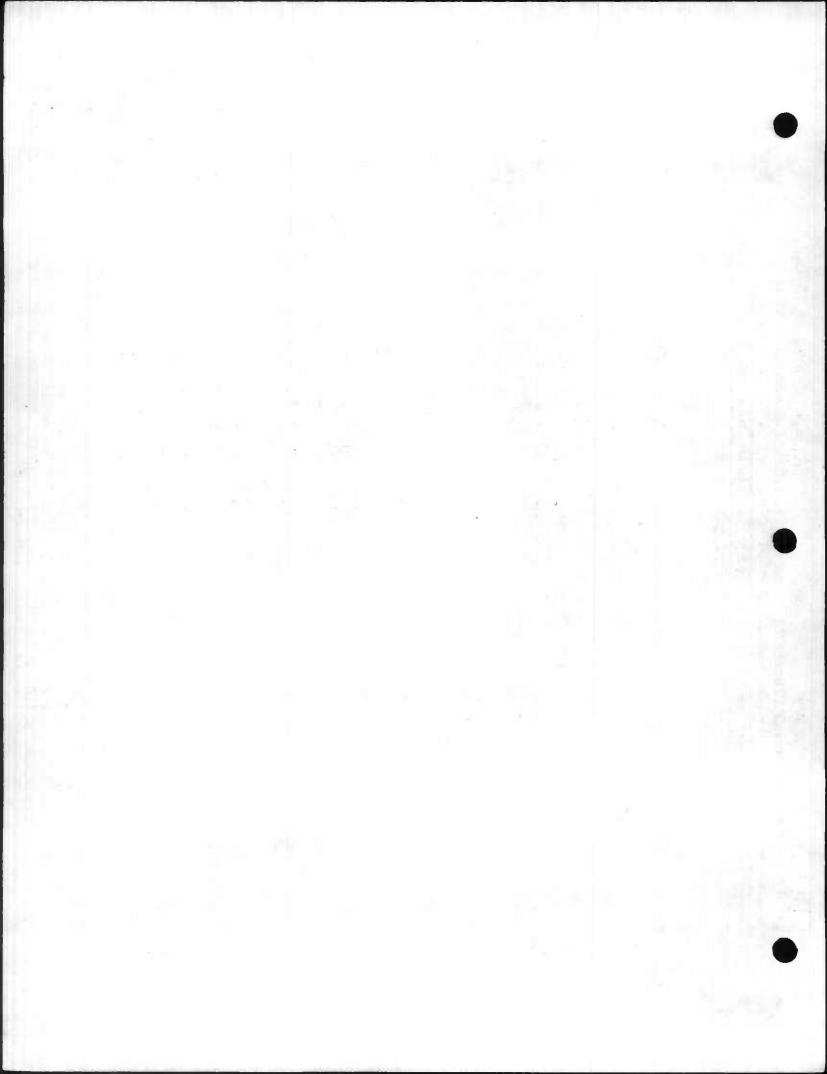


Item 5	Pe		rtificate of Death	Reg. N	22 01010	
Physic /Medi	cal	1. Dacodant's Nama (First, Middle, Last)  HARRY William BRAVE	MARCH	ay 1999 8 5 4m		
Exami Funeral Director		4a. Facility Nama (If fot institution, giva straat and numbar)  OAC CIREGT VI ((AGE)  5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday)  212-10-5645 XXM 2□ F 91 Yrs.	H Under 1 Year If Under 24 Hrs. Months Days Hours Min.	7070.	9. Birthplaca (Stata or Foreign Ball. MD	
yland		Usual Rasidanca of Dacedant  10a. Stata 10b. County 10c. City, Town or Lo	ocation		10d. fnsida City Limits	
death with the Maryland ms 23a or 28a-f show	ctor	MD Baltimore Parkvi	lle		1 ☐ Yas 217 No	
	Director	10e. Street and Number 8820 Walther Blvd.	10f. Zip Coda 2 <b>1</b> 234	10g. C	Citizan of What Country? USA	
	Funeral		Was Decedent of Hispanic Origin? (Sif Yas, specify Cuban, Maxican, Puart	pecify Yas or No-	14. Race - Amaricen Indian,	
or its	by	1 □ Navar Marriad 2 ☑ Married   1 □ Yas 2 ☑ No	f Yas, specify Cuban, Maxican, Puart 1 □ Yas 🏖 🖟 No Specify:	o Rican, etc.)	Black, White, atc.  Specify: White	
n 72 "nat	Completed	15. Decedant's Education (Spacify only highast grada complated)  Elemantery/Sacondary (0-12) Collega (1-4or 5+) 12  16a. Decedary (Giva //ifa.	dant's Usual Occupation kind of work dona during most of wor DO NOT usa ratired) Salesman	rking	Kind of Businass/Industry  gricultural seed	
other other	Be Co	17. Fathar's Nama (First, Middla, Last)	an Sumama)			
should be filed nd Mental Hygi marked other umatic event,	ToB	William Grauel	Ros	a Margare	et Spindler	
12 should head head readments			ng Addrass <i>(Street and Number or Ru</i> O Walther Blvd			
permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If Itam 27 is marked other than any Injury or other traumatic event, the Mance.		20a. Method of Disposition  20b. Place of Disposition  20b. Place of Disposition  20c. Place of Disposition State  20c. Place of Disposition Community Community Community  20c. Place of Disposition Community  20c. Place of Dispositio		Data 20c. I	Location - City or Town, Stata	
permit. Pag Department Important: If any injury o		21. Signatura of Funaral Sarvice Licensae 22	Inc. 21212			
death certificate be executed  a ettending physician and a for use as the bunal-transit  and for use as the bunal-transit	edical Examiner	23 Part1. Enter the disease, or complications that caused the death. Do not ant shock, or heart failure. List only one cause on each line.  Immediate Cause (Finel disease or condition rasulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last  Due to (or as a consequence of the consequence of t	Juanca of):  Olon Carcun  Juanca of):	èma	Interval Batwean Onset and Death  DAYS  2 YEARS	
eath certifi attending I for use as	Physician/M	d				
that the ed by th detache	by Phys	Part II. Other eignificant conditions contributing to death but not resulting in the u	23b. Did tobacco use contribute to the cause of deat  1 Yes 2 No 3 Probably 4 Unkno			
aw requir is been s 2 should	Completed t			24a. Was an autoperformed?	opsy 24b. Wara autopsy findings available prior to complation of causa of daath?	
				1 ☐ Yas	2 No 1 Yas 2 No	
rnysician: In this certificate ral director, pag	To Be	25. Was case referred to medical axaminar?  1   Yas	Other:	oth (Check only one)	6 Other (Specify)	
aling Phy h. After thi funeral		27. Mann of Death    The latural   5   Panding   28a. Data of Injury   28b. Tima of Injury   28b. Accidant   28b. Tima of Injury   2	Homa 5 ☐ Rasidanca 6 ☐ Othar (Specify)  28d. Describe how injury occurred			
tal or Attendess s after dest al Director: ed in by the	Certification:	3 ☐ Suicida 4 ☐ Homicida 6 ☐ Could,not be determined 28a. Placa of injury - At homa, farm, str building, atc. (Specify)	eat, factory, office	28f. Location (Straat a City or Town, Sta	and Number or Rural Routa Number, (a)	
To the Hospital or A within 24 hours after To the Funeral Direct Completely filled in b	edicai	29a. Certifiar (Check only one)  Certifying Physicien: To the best of my knowledge, deeth of the best of the bes	occurred et tha tima, data and pleca rastigation, in my opinion, daath occu	, and due to the ceusa( rred at the time, dete er	s) and mannar as steted. nd plece, end dua to tha causa(s)	
To the Com	M	29b. Signature and title of certifiar with the dream of t	D29c, Licensa number DZZ64	29d. D	ata sighed (Month, Day, Year)	
1		30. Name and address of person who obmplated cause of deeth (Itam 23a) (Type,	POD WALTHER	BLVD. PA	KRUICEMD. 21234	
Sta Registr		31. Data filad (Month, Day, Year) 32. Registrar's Signatura	look!			

Charle A agent men den Anderson - 1. 411.412 also also also accompany

State of Maryland / Department of Health and Mental Hygiene 9 076 | |

				Certific		Death		leg. No.	0/011	
Physician	Decedent's Nama (First, Middla, La		e Eile	en Gibso	on		2. Date of Dea Month March	Day	3. Time of De 12: 45a	
/Medical Examiner	4a Facility Nama (If not institution, gir	ve street and number)				4b. City, Town, or		4c. County		
Examine	Harford Memor:	ial Hospita	al					Harf	ord Co.	
Funeral Director	215-22-5583	Sex 7. Ag	e (In yrs. last 74	birthday) If U	nder 1 Year ths Days		8. Data of Birth (Month, Day Sept. 1	Year) 0,1924	9. Birthplace (Stata or Fo Country) Maryland	
B	Usual Residence of Decedant  10a. Stata 10b. County		10c, City, T	own or Location					10d. Inside City L	
with the Marylar a or 28a-f show Lbe notified at Director	-	Arundel		Glen B					1 ☐ Yas 2 €	
23a or 2 ast be n	7350 7							10g. Citizen of V		
natural, or hams 23 Scal Examinar must sted by Funeral	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent Armed Forces?  1  Yes 2  If Yas, Give Year or Dates:				Hispanic Origin? (Sean, Mexican, Puert Specify:	pecify Yes or No- o Rican, etc.)	14. Race Blace Specify	e - American Indian, k, Whita, atc. White	
yglene. ver than "natur rt, the Medical Completed	(Specify only highest gr Elementary/Secondary (0-12)									
O PER	Unknown 17. Father's Name (First, Middla, Last	N/A		Homemaker 18 Mother's Nam			OWN Home			
and off	Russe		_			Edna	Weldr			
To To	19a. Informant's Name/Relationship			9h Mailing Add	rass /Stron	t and Number or Ru			State Zin Code)	
27 is 27 is er treu	George Gibson	Son								
t: If learn 27 y or other to	20a. Method of Disposition  1 Burial 2 Cremation 3 [ 4 Donation 5 Othar (Speci	Removal from State	20b. Place ceme Ceda:	of Disposition	Name of		Date	20a Location	land 21122 City or Town, State ce, Maryland	
Sylvations that the cean centificate be executed to the attending physician and hould be detabled for use as the burish-transfer to the b	trimediata Causa (Final disease or condition rasulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that influsted events resulting in death) Last	¢	Due to (or as	a consequence a consequence a consequence	of):	- Clis	evze	2	Diye	
the attended for yalola	Part II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I.					23b. Did tobacco use contribute to the cause of der				
e detached y Physic							1 □ Yes 2 □ No 3 □ Probably			
as been sign s 2 should be npleted by			134.7				24a. Was a perfor		24b. Were autopsy findi available prior to completion of caus of death?	
page 2							104	es zeno	10 Yes 20 No	
do. p	25. Was case referred to medical					26. Place of Dec	th (Check only or	10)	/	
0 0	examiner?	Hospital:	nt 2 EFV	Outpatient 3D	DOA O	hor	ome 5 ☐ Resid	NAME OF TAXABLE PARTY.	er (Specify)	
in 24 hours after death.  Ne Funerial Director: After this certificate has been signed by the attending plately tilled in by the funerial director, page 2 should be deteched for use edical Certification: To Be Completed by Physiolan/N	27. Manger of Death  1 dNatural 5 □ Pending investigatio	28b Date of Injury (Month, Day Year) 28b Time of Sec. Injury at Work? 1 Yes 2 No				28d. Describe how injury occurred				
ours after death eral Directors A filled in by the f	3	28e. Place of Inju- building, etc	Place of Injury - At home, farm, street, factory, office 28f. Location City or 28f. Loca					tion (Street and Number or Rural Route Number, or Town, State)		
within 24 hours after deat To the Funeral Director: completely filled in by the Medical Certifica	(Check only 2 1) Medical Example one)	nysician: To the best of miner: On the basis of and manney sta	axamination	igs, death occur and/or investiga	red at the ti tion, in my o	me, date and place opinion, death occu	, and due to the c red at the time, d	ause(s) and ma late and place, s	nner as stated. and due to the cause(s)	
To the comple	29b. Signature and title of certifier	. (	/		29c. Lionni	se number	1 3	9d. Date signed	i (Month, Day, Year)	
1)	Jan	W. ~		J	85	539	Me	ch s.	1991	
N	30. Name and address of person wo	completed cause of de	th (from 23	(Type, Pripil	u	leel)	load	Bell	anmorro	
	31. Date filed (Month, Day, Year)	32. Registra	r's Signatura	7.5	-		1	-		



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** MARCH 1999 5:20 PM LUNETTA ELIZABETH /Medical 4a Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner HARBOR BALTIMORE HOSPITAL CENTER n/a If Under 1 Yaar | Months | Days If Undar 24 Hrs. 8. Data of Birth 9. Birthplaca (State April 09 1926 Maryland 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) 9. Birthplaca (State or Foreign **Funeral** Months Hours 1□ M 25 F 72 Director 214-20-4752 Usual Rasidence of Deceden 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 1 Vas 2 □ No Director Md. n/a Baltimore 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? "natural", or flams 23s or must be 21230 4 W. Randall Street USA Funeral 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Mexican, Puarto Rican, atc.) 12. Was Decedant Evar in U,S. Armed Forces? 11 Marital Status 14. Race - American Indian. Black, Whita, atc. filed within 72 hours after 1 ☐ Yas 2 ☐ No If Yas, Giva X 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: white Specify: 3 3 ☐ Widowed 4 ☐ Divorced Yaar or Datas: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education
(Specify only highest grade completed) 16b. Kind of Businass/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) permit, Papes 1 and 2 should be filled w Department of Health and Mental Hygien Important: if Item 27 is marked other the any Injury or other treasments 6 0 Homemaker Home Owner 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Sumame) Be Myrtle Spurrier Gilbert Metzger 19a. Informant's Name/Ratationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7913 Central Ave., Pasadena, Md. 21122 Barbara L. Westcoat (Daughter) 20a. Mathod of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stata 1X Burial 2 Cremation 3 Removat from Stata 4 Donation 5 Other (Specify) Glen Haven Memorial Pk. March 6 1999 Glen Burnie, Md. 21. Signature of Funaral Sarvice Licensee 22. Nama and Address of Facility
McCully-Polyniak Funeral Home P.A. 130 E. Fort Ave. Baltimore, Md. 21230 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Between Onset and Death **Physician** /Medical Immediata Causa (Final SMALL CELL LUNG CANCER 8 MONTHS METASTATIC diseasa or condition rasulting in death) Examiner Dua to (or as a consequence of): Examiner physician and the burial-transit Sequentially list conditions, if any, leading to immadiata cause. Enter Underlying Cause (Disease or injury that initiated evants rasulting in death) Last Dua to (or as a consequence of): Box 68760 Physician/Medical Dua to (or as a consequence of) P.O. Part ff. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 3 signed b Records, by 24b. Wara autopsy findings available prior to completion of causa of death? Completed 24a. Was an autopsy performed? 1 Yas 2 No 1 Yas 2 No certificate Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifical completely filled in by the funeral director; E Be ( 25. Was casa rafarred to medical 26. Place of Death (Check only one) axaminar'i 1 Yas 2 No Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Rasidence 8 Other (Specify) Medical Certification: To 27. Manner of Death 28d. Describe how injury occurred 28b. Tima of 28c. Injury at Work? 28a. Data of Injury (Month, Day Year) 1 Natural 5 Pending invastigation 1 Yas 2 No 2 Accidant 6 Could not be detarmined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicide 29a, Cartifian Decrifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated. 2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signatura and titta of certifier 29c. License number 29d. Data signed (Month, Day, Year) vide MARCH 30. Nama and addrass of person who completed causa of death (frem 23a) (Type, Print) HOSPITAL, 3001 S. HANOVER ST, BALTIMORE MD 21225 SAMEER BADE MP HARBOR

**DHMH 16 Rev 6/95** 

State

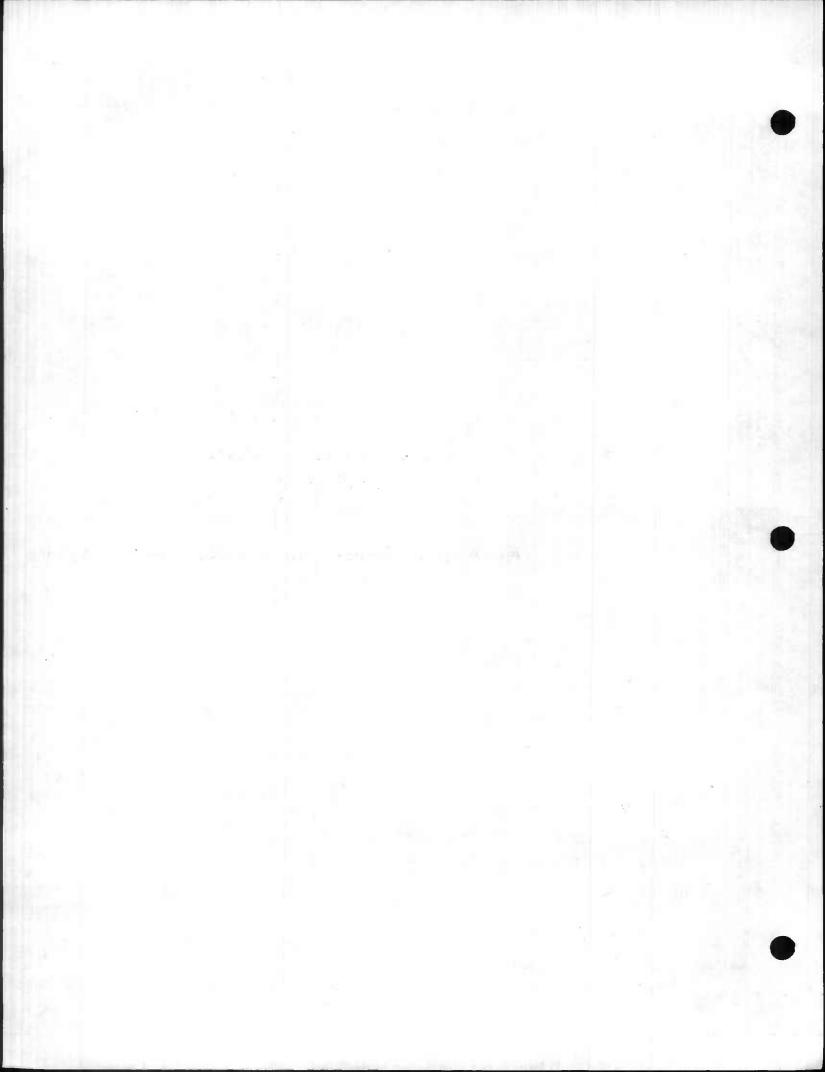
Registrar

31. Data tiled (Month, Day, Year)

MAR 1 0 1999

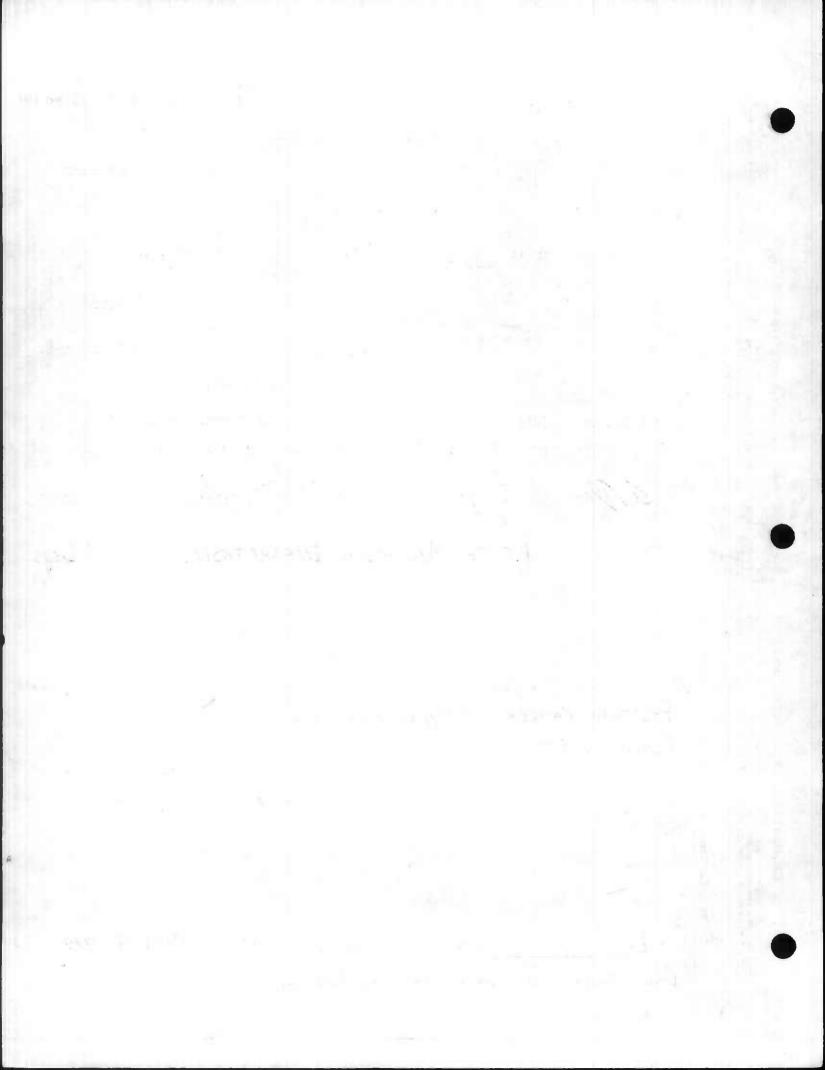
32. Registrar's Signatura

· april



State of Maryland / Department of Health and Mental Hygiene

				ertificate of	Deam		Reg. No.							
Physician	Decedent's Name (First, Middle, La	ist)				2. Dete of D Month	Dey Dey	,Year	3. Time of Death					
/Medical		entry				7	1999	12:40 PM						
Examiner	4a Facility Neme (If not institution, giv					or Location of Dee		y of Deeth						
		on Memoria	-	1	Baltin		N/							
Funeral Director	5. Social Security Number 6. S 423-36-8017 Usuel Residence of Decedent	M 2□F	e (In yrs. last birthday 73	If Under 1 Year   Months   Deys		frs. 8. Date of 8 (Month, D			elece (Stete or Foreign etry) ansas					
death with the Maryland one 23s or 28s-f show r must be notified at neral Director	10a. State 10b. County		10c. City, Town or L	ocation				1	0d. Inside City Limits					
a or 28a-f ahow be notified at	Maryland N/A			1X Yes 2 □ No										
or 28a-f a	10e. Street and Number	- 1		10f. Zip Code	-		10g. Citizen of	What Coun	itry?					
23a o		1		U.S.	Δ									
Rems 2 Der mu	11. Merital Status	12. Was Decedent	Ever in U,S. 13.	Was Decedent of I		(Specify Yes or N		ce - Americ						
5 E III	1 Never Married 3 Merried 3 Widowed 4 Divorced	Armed Forces?  (∑∑Yes 2 ☐ !  If Yes, Give  Year or Dates:	No	1 Yes 2\times No		erto Hican, etc.)	Speci	ock, White, fy: Whi						
nt, the Medical East. Completed by	15. Decedent's E	ducation	16a. Dece	edent's Usuel Occu	petion		16b. Kind of E							
Die o	(Specify only highest gra Elementery/Secondary (0-12)	ede completed) College (1-4or 5	(Giv-	e kind of work done DO NOT use retire	during most of ( d)	working								
om mo	7	Conega (1-401 S	~~	Machin	ist		Blac	k & D	ecker Co					
aumatic avant, To Be Cc	17. Fether's Name (First, Middle, Last,	)			18. Mother's f	leme (First, Middl	le, Maiden Sume	me)						
To E	unk	z												
= =	19a. Informant's Neme/Reletionship (	Type, Print)	19b. Meil	ing Address (Stree				, Stete, Zip	Code)					
al 72	Hazel Gentry	(Wife)	363	29 Ash St	reet. B	altimore	. Marvla	nd 21	211					
item 27 other tr	20a. Method of Disposition		20h Plece of Disp			Date	20c. Location							
Important: If any injury or pose.	Burial 2 Cremetion 3 4 Donetion 5 Other (Specif			Memorial		3/10/99	Baltimo	re, M	aryland					
important; if Nam 27 is marked other than any injury or other traumatic avant, tha Minanca.  To Be Compi	21. Signature of Funeral Service Licer		2	22. Name end Addre	ess of Fecility	1								
1 8	A. Alan Seitz, Jr. Funeral Home  3818 Roland Avenue, Baltimore, Maryland 21211  23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest,  Approximate Intervel Between Onset and Death  Approximate Intervel Between Onset and Death													
-1														
cian lical														
iner	Immediate Cause (Finel disease or condition resulting in death)  a. ACUTE MYOCARDIAL INFARCTION. + Day													
5			Due to (or es e conse	equence of):					U					
as the bunal-transit		b	B - 4- 4					i						
EXB	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events		Due to (or es e conse	equence or):				1						
100	Cause (Disease or injury that initiated events	c						1						
edical	resulting in death) Last	resulting in death) Last  Due to (or es e consequence of												
		d												
detached for usa.	Dod M. Onhor of July 181		1.00.1	1										
y S		Pert tt. Other significant conditions contributing to death but not resulting in the underlying cause g						tobacco use contribute to the cause of death?  Yes 2 No 3 Probably 4 Unknown						
4	PROSTATIC CA	NCER	HYDER	TENSIO	N		Yes 2 No	bably 4 Unknow						
should be defi	PROSTATIC CA CORONARY AM		//-			24a. Wa	s en eutopsy	24b. We	ere eutopsy findings					
Completed	COROMARY AK	RTERY DIS	EASE			per	formed?	ev	allable prior to mpletion of cause					
N O							\		death?					
						10	Yes 212 No	1 [	Yes 20 No					
8	25. Wes cese referred to medical examiner?	Hospitel: \		0.	26. Place of I	Deeth (Check only	one)							
al dir	1 ☐ Yes 2 € No 27, Manner of Death	Hospitel: Inpatie		SHE 3LJ DOA	4 LI Nursin	Home 5 Re			y)					
lo no	Neturel 5 □ Pending	28a. Date of Injur (Month, Day	Year) 28b. Time (	Wo		280. Describe	how injury occu	irred						
Certification:	2 Accident investigation 3 Suicide 6 Could not be	M 1 ☐ Yes 2 ☐ No  28e. Place of Injury - At home, farm, street, fectory, office 28f					Ord Location (Caracter of Number of Caracter Street							
1	4 Homicide determined	28e. Place of Inju- building, etc	City or T	Location (Street end Number or Rural Route Number, City or Town, Stete)										
	29a. Certifier Certifying Ph	ysician: To the best of	of my knowledge, dee	th occurred at the ti	me, date end ple	ece, end due to the	e cause(s) end m	nenner es si	tated.					
edical	(Check only 2 Medical Exam	niner: On the basis of and manner sta	examinetion end/or in	nvestigation, in my	opinion, death or	courred et the time	e, date end place	, end due to	the ceuse(s)					
E E	29b. Signeture end title of certifier			29c. Licen	se number		29d. Date sign	ed (Month,	Day, Year)					
-0.1	12100/1	1	0	AT	24389	46	March							
	LOWI (	M	1)	F\' (	71001	10	rurch	7 1999						
1	20 News and 111		AL /10			ss of person who completed cause of death (Item 23a) (Type, Print)								
X				Print)	'm '= 4 !									
State	30. Name and address of person who LOU' TAHER, 31. Date filed (Month, Day, Year)	MD Un			PITAL									



**Physician** /Medical Examiner

be executed

P.O. Box 68760

Records.

Division of Vital

Hospital or Attending Physician: 24 hours efter death. Funeral Director: After this certific

**Physician** 

' /Medical

Examiner

Director

Funeral

þ

Completed

Be

**Funeral** 

Director

the Maryland

permit. Peges 1 and 2 should be filed within 72 hours efter death with the Manylan Department of Health and Mental thygiene. Imprortant: If item 27 is marked other than "natural", or item 23a or 28a-f show any inlury or other traumatic event, the Modical Exertment mail to notified a

Baltimore, Maryland 21215-0020

Examiner ician and buriel-transit ettending physician for use as the buriel Physician/Medical signed by I þ Completed Be 2 funeral Certification: To the Hospital or within 24 hours eft To the Funeral Dil completely filled in Medicai

29a. Certifier

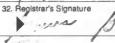
29b. Signature and title of certifier

30. Name and eddress of person

Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Lasf Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Huperinatrenia Atcheinurs Usease 25. Wes cese referred to medicel examiner? 26. Place of Death (Check only one) Hospital: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpaflenf 3 DOA 28a. Dete of Injury (Month, Dey Year) 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stele) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner steted.

State Registrar 31. Dete filed (Month, Day, Yeer) MAR 9 1999

ERICA SCAVEUA



,MD

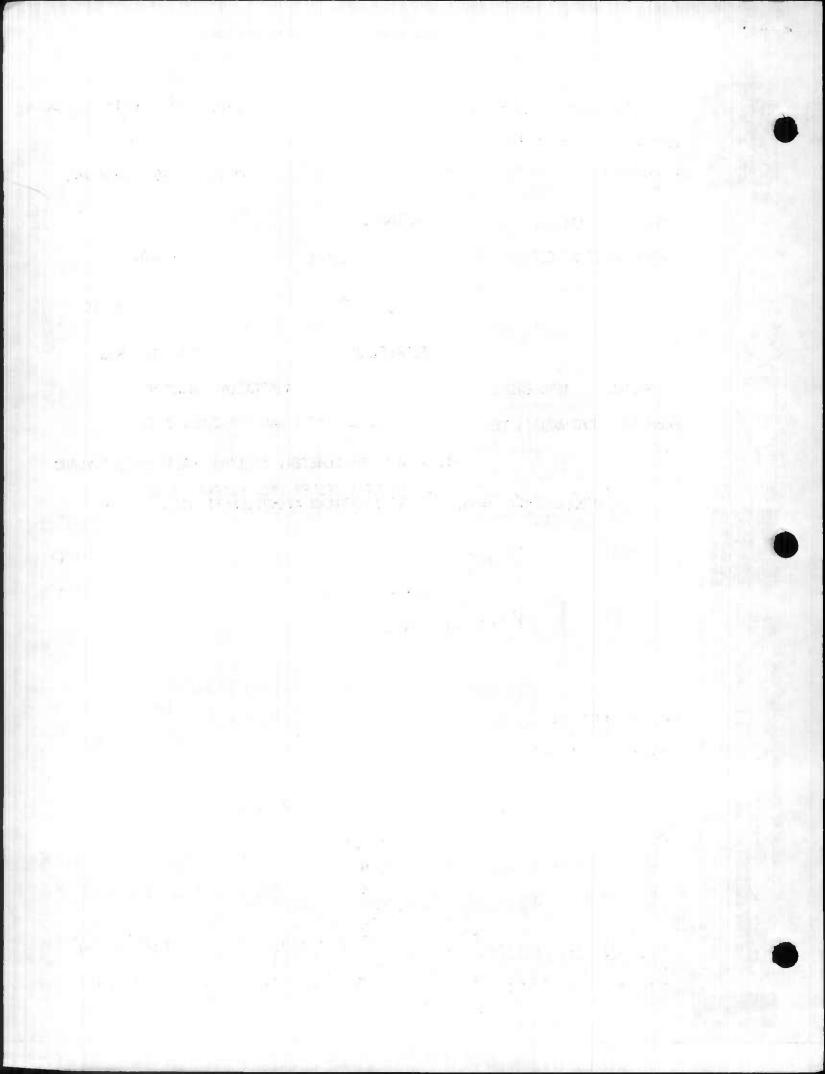
d cause of deeth (Item 23e) (Type, Print)

PAUL ST. PALTIMORE

8T.

29c. License number

29d. Date signed (Month. Dev. Year)



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** A.M. Ġ<sup>®</sup> 23 OXIL tarrison /Medical 4b. City, Town, or Location of Deeth 4c. County of Death 4a Facility Name (If not institution, give street and number) Examiner 7. Age (In yrs. last birthdey) ON TIMONE 508 Hartore 5. Social Security Number If Under 1 Ye 6. Sex 9. Birthplace (State or Foreign Country) South Carcling **Funeral** Months Days Hours 1 M 2 F 30-2583 Yrs. **Director** Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location Pages 1 end 2 should be filed within 72 hours after death with the Marylan nent of Health and Mental Hygiene. Int: If Item 27 is marked other than "naturel", or Items 23a or 28a-f show ury or other traumatic event, the Medical Examines must be nothered. 10d. Inside City Limits 1 ☑Yes 2 ☐ No Funeral Director Jalti More 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 508 20 202 Was Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? Race -11. Marital Status Bleck, White, etc. 1 ☐ Yes 2 If Yes, Give 2 1No 1 Never Married 2 Merried 1 Yes 2 No Specify: þ Dlack 3 Widowed 4 □ Divorced Year or Dates: Completed Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/industry Elementary/Secondary (0-12) College (1-4or 5+) 18. Mother's Neme (First, Middle, Meiden Surneme) 17. Father's Name (First, Middle, Last) Be homas 2 raig Clizabeth 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 end 2 sh Depertment of Health and Important: If item 27 is m any injury or other traum pnce. icthrine Wake anucle 31 20b. Flace of Disposition (Neme of cemetery, crematory, or other) 20a. Method of Disposition Date 20c. Location - City or Town, Stete or other place 1 Buriel 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) altimore Maryland 21. Signeture of Funeral Servica Licansee 22. Name and Address of Facility Off Miller P.C. Furers Services 1639 N. Broadway Balb. Manner the mode of dying, such as cardiac or respiratory arrest. Balb. Md 23a. Part1. Ehler the disease, or complications that caused the death. Do not enter shock, or heart failure. List only one ceuse on each line. Approximete Interval Between Onset and Death Physician /Medical Immediate Ceuse (Final diseese or condition resulting in deeth) Examiner Physician/Medical Examiner 6000 Aressure Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or as a consequence of) abetes Due to (or as e consequence of) 984 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by the should be detached 4 Unknown 1 Yes 2 No 3 Probably þ 24b. Were autopsy findings available prior to completion of cause of death? Dezure Desorder 24a. Was an autopsy Completed this certificate hes 20 2 NA 1 Yes 1 ☐ Yes 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 1 Yas 2 No 52 Residence 6 □Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA the funeral 27. Manner of Beath 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred After Natural 2 Accident 5 Pending 2 🗌 No 1 Yes Investigation 6 Could not be determined 3 Suicide Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) In by 4 Homicide

The law requires that the death certificate be executed Division of Vital Records, P.O. Box 68760, Hospital or Attending Physicien: aftar deeth Director: a Funeral Di Funeral Di etely filled Ir To the Hosp within 24 ho To the Fune completely fi

the Maryland

Baltimore, Maryland 21215-0020

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner es stated.

Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and placa, and due to the cause(s) and menner stated. 29a. Certifier (Check only one) 29b. Signature end title of certifier

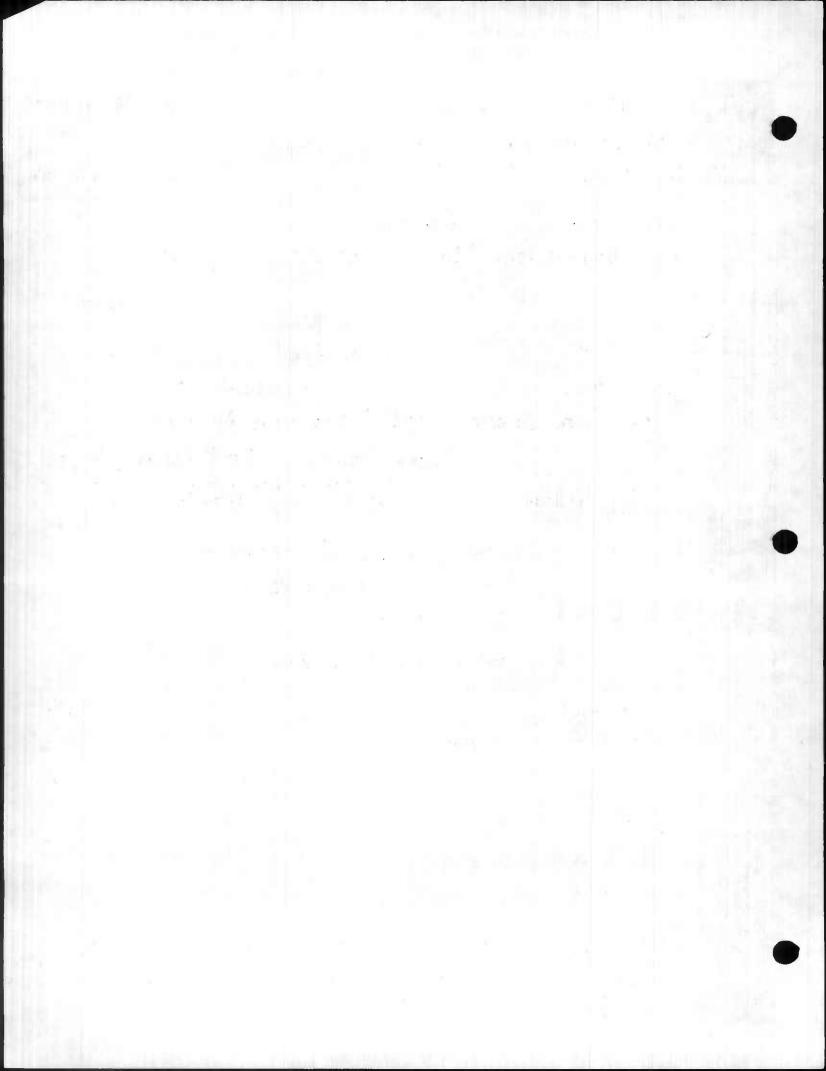
29d, Date signed (Month, Dev. Year) 29c. License number

30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

DIOHA, MD 31. Date filed (Month, 32. Registrar's Signature

State Registrar

Medical



## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Items: 2,29d per M.D G-769 3/16/99 reb Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Tims of Death **Physician** 43 (If not institution, give street MARC /Medical 4c. County of Death Examiner 5. Social Security Number (In yrs. last him 1 Ygar Days 9. Birthplaca (State or Foreign Country) 8. Data of Birth **Funeral** 10M 20 F Director Usuel Residence of Decedent 10a. State 10b. County 10c. City. Town or Location 10d. Inside aty Limits 1 Yes 2 No Directo more 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? permit. Pages 1 and 2 should be filed within 72 hours after death with Department of Haaith and Mental Hygiene. I hours after death with Important: If flem 27 is marked other than "natural", or frems 23a or any Injury or other traumatic event, me Funeral Was Decodent Ever in U.S. Armed Porces? 1 Dives 2 No If Yes, Give Year or Dates: nic Origin? (Specify Yes or No exican, Puerto Rican, etc.) 11. Merital Status American Indian Black, White, etc. 1 Never Merried 2 Narried 1 ☐ Yes 2 ☐ No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during life. DO NOT use retired) 16b. Kind of Business/Industry na most of working Elementery/Secondary (0-12) College (1-4or 5+) 17. Father's Neme (First, Middle, Last) 8 orment's Name/Reletionship (Type, Print) 0 ementine 20b. Place of Disposition (Name of cemelery, cremetory or other pla nson 20a. Method of Disposition 1 Unurial 2 Cremetion 3 Removel from 4 ☐ Dogation 5 ☐ Other (Specify) 21. Signature of Funarel Service Licensee 2/225 23a. Part1. Entar the disease, or complications the shock, or heart feilura. List only one ceuse of nused the death. Do not enter Approximsta Interval Between Onset and Deeth complications that the mode of dying, such as cardiac or man **Physician** /Medical Immediata Causa (Final disease or condition resulting in deeth) unknown neunomed Examiner Examiner Nessage physician and s the burial-transit Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or injury that initisted events resulting in death) Last Dua to (or as a consequence of) Box 68760, Physician/Medical Due to (or es a consequence of) Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Wera autopsy findings available prior to completion of cause of death? Completed 24a. Wes en autopsy performed? 1 Ves 20 No 1 ☐ Yes 2 ☐ No Division of Vital Attending Physician: 25. Wes case referred to medical examinar? Be 26. Place of Death (Check only one) STELLA MARIS Hospital: Other: 4 | Nursing Home 5 | Residence 6 Definer (Specify) #05 DIC 1 Yes 2 No Medical Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Death 28a. Date of Injury (Month, Day Year) 28c. tnjury at Work? 28d. Describe how injury occurred Aftar 5 Pending investigation 1 Yes 2 No after death. 2 Accident Director: 6 ☐ Could not be detarmined 3 ☐ Suicide 28l. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, fectory, office building, atc. (Specify) 4 Homicide Hospital or 24 hours a -+ Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) and manner es stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner steted. 29a. Certifier To the Hosp within 24 ho To the Fune completaly fi (Check only one)

State Registrar

29b. Signature and title of certifier

31. Dete filed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

DAVID RISENER 9. 30/ SE PAU

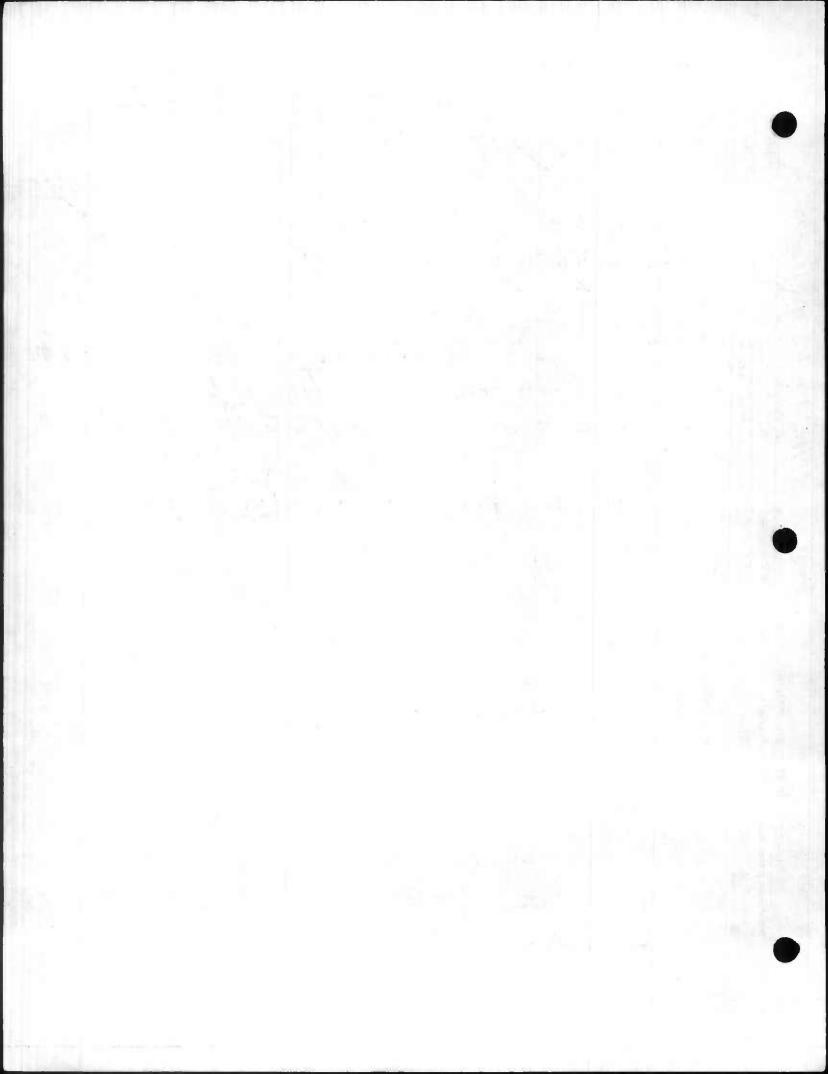
1999

32. Registrar's Signatura

**DHMH 16 Rev 6/95** 

29d. Date signed (Month, Dey, Year)

BAltiMORE

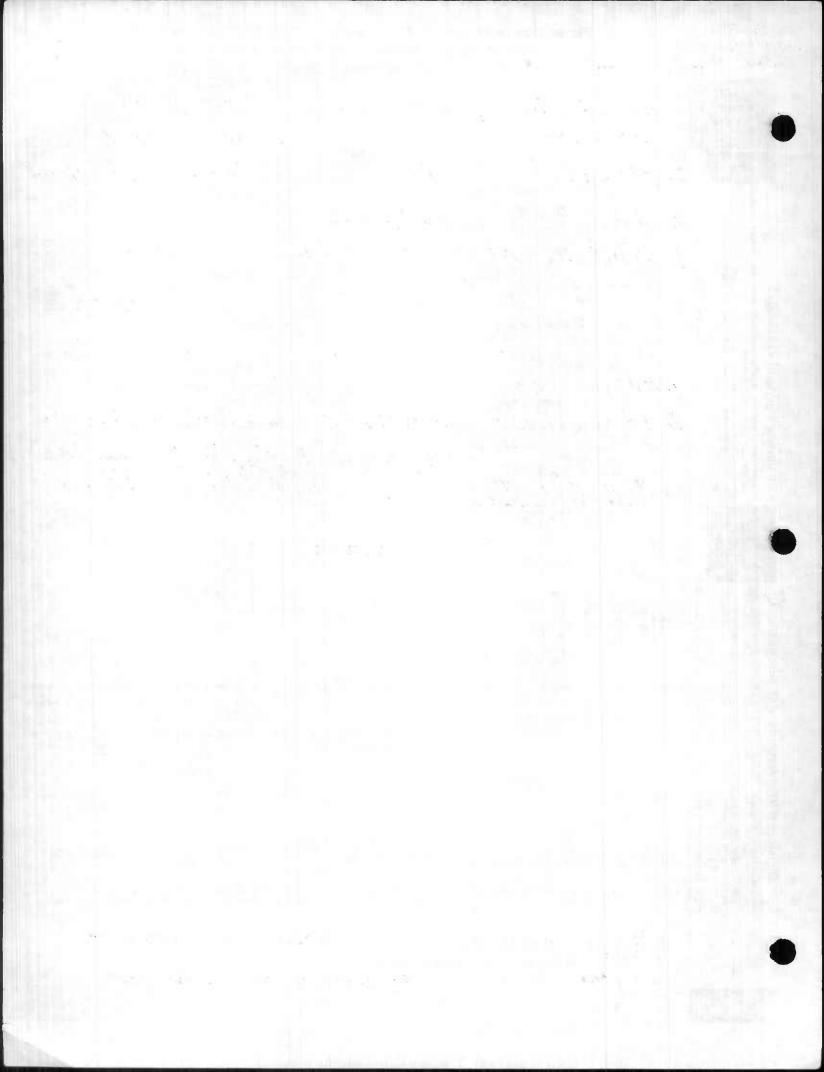


WRC 99-1289-510 HAROLD P. JOH

# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

0	-7	p	1	-7
	- /	13	1	7
V		0		- 6

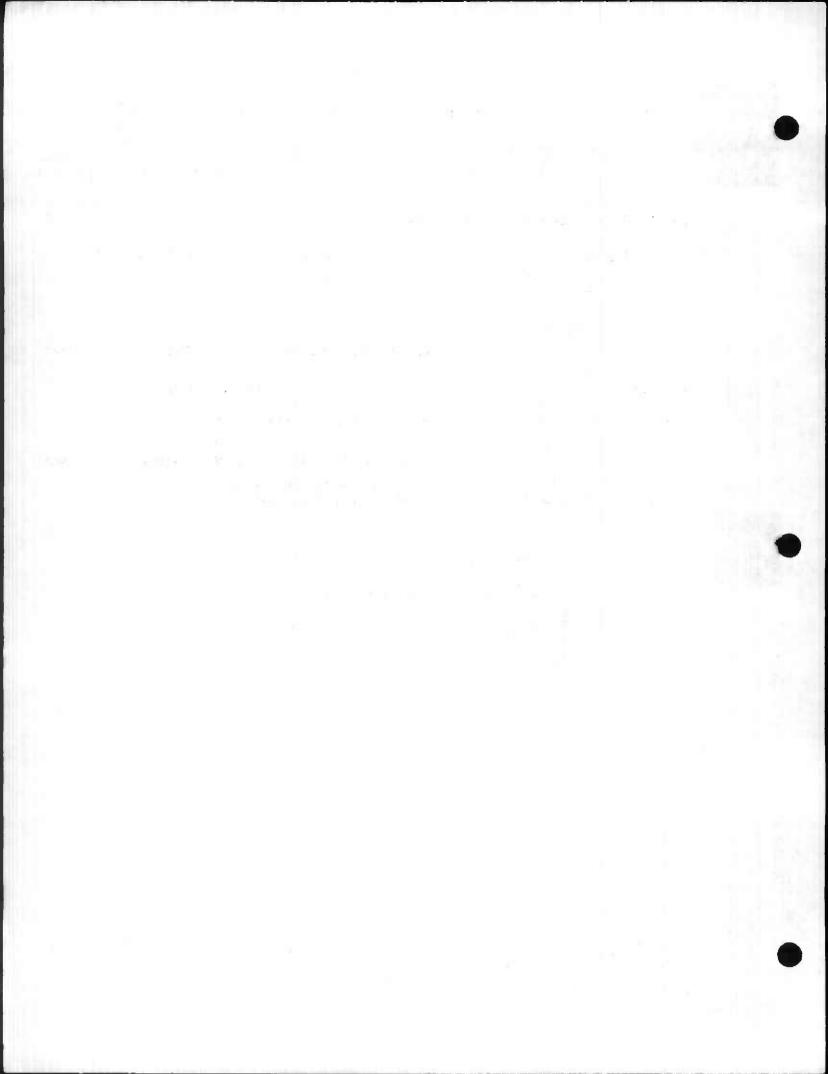
INSON	1	TE	MS: #23 PARTII, 27 PER	R MEO G769 3-26-9				-	Reg. No.	UI	011		
	Physicia		1. Decedent's Name (First, Middle, La		1.1			2. Dete of De Month	ath Day	Year	3. Time of Death		
4	/Medica		4a Facility Nama (If not institution, giv	a street and numbar)	Johnso	021	4b. City, Town, or	MARCI Location of Death		999 of Death	5:26 PM.		
	Examine	П	1733 N. ELLAMON	T ST.			BALT	IMORE	7	NA			
	Funeral Director		21-1-20-0933	7. Age (In yrs.	. lest birthday) If Und Month	der 1 Yaar Days	If Under 24 Hrs Hours Min		th y Year) 47	9. Birthpli Count Ma	ace (Steta or Foraign (ny)		
Marylend	-f show		Usual Residence of Decedent  10a. State 10b. County  10b. County	10c. Ci	Ry, Town or Location	ore				10	Od. Inside City Limits		
et the	or 28s	Director	10e. Street and Number	( 2 )		ZIp Code	1.		10g. Citizen of	What Count	iry?		
eth w	23a	all	1733/1. Ella	mont Stre	eet	2/2	216		45	17			
:1215-0020 within 72 hours after deeth with the Marylend	0	by Funeral	11. Marital Status  1 ☑ Nevar Married 2 ☐ Married  3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent Ever in L Armed Forcas? 1 ☐ Yes 2 ☐ No If Yes, Give Yaar or Dates:		cedent of P pecify Cub 2 No	dispanic Origin? (\$ an, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)	Specify	ck, Whita, a			
5-00	natural.		15. Decedent's Ec	ducation	18a. Decedent's U	sual Occup	nation during most of wo	ndelna	16b. Kind of B	usiness/Ind	ustry		
CA D.	r than	Completed	Elementery/Secondery (0-12)	Collega (1-4or 5+)	Meen Meen	use retire	i C	ining .	Auto	moh	ile		
ylan buld be	Mentai H arked oth etic even	10 Be	17. Fathar's Nama (First, Middle, Last)	hnson			18. Mother's Ne	me (First, Middle, ed Th	Meiden Sumer	ne) 30か			
Mar d2 sh	th and 7 Is m traum		19a. Informant's Name/Relationship (	Type, Print)	19b. Mailing Addre	ess (Street	end Number or R	urel Route Numb	er, City or/Town	Stete, Zip	Code)		
C.	Health tem 27 other tr		20a. Method of Disposition	20b.	Place of Disposition (/	Verne of	endal	Date	20c. Location	- City or Tov	An, State		
Mor	nt: If I		1 Burial 2 Cremation 3 C 4 Donation 5 Other (Specif	Hemoval from State	cemetery, cremetory of	otner pie	1 Park	March 15,1999	BaH,	more	Marylar		
Baltimore,	Departr Importa any injk gdice	1	ma se	21217									
86			23a. Part 1. Enter the disease, or core shock, or heart failure. List only	plications that caused tha dea	th. Do not enter the m	ode of dyl	ng, such es cardia	c or respiretory e	rrest,	1	Approximete Intervel Between		
/ /N	ysician Medical aminer		Immediate Cause (Final disease or condition resulting in death)	a	MYCARDIAL	FIBROS	SIS			I	Onset and Death		
2		i i		Due to (	or as a consequence of	of):				1			
68760, Circate be amecuted	sician end burial-transit	Examiner	Sequentially list conditions, if any, laading to immediate cause. Enter Underlying	Due to (or as a consequence of):									
68760,	phy:	edica	Cause (Disease or Injury that Initiated avants resulting in death) Last	CDue to (or as a consequanca of):									
Box death cert	d by the attending stached for use es	arve		d									
O. H	the at	SICI	Part II. Other algnificant conditions o	ontributing to death but not re-	sulting in the underlyin	g cause gi	ven in Pert I.	23b. Dld	tobacco use co		the cause of death?		
S, P.	gned by the	Dy ru						10	Yes 2□ No	3 ☐ Prob	ebly 4 dnknown		
of Vital Records Physician: The lew requires	sata has been signed to page 2 should be dat	palaid						24a. Was perfo	an autopsy ormed?	ava	re eutopsy findings illeble prior to npletion of cause death?		
E	cata ha							15	Yes 2□No	10	Yes 2□ No		
of Vita	2000		25. Was case refarred to medical exeminer?	Hospital:	3	DOA Ott	ner:	eth (Check only					
on of	h. After this c funeral dire		1 Naturel 5 Pending 2 Accident Investigation	28e. Date of Injury (Month, Dey Year)	4 □ Nursing   ry at rk?   Yas 2 □ No	ng Homa 5% Residence 6 □Other (Specify)  28d. Describe how injury occurred							
≥ 5	within 24 hours after death.  To the Funeral Director: After t completely filled in by the funeral Madion Completely filled in by the funeral state of the f	Cer III Ca	2 Accident 3 Sulcide 4 Homlcide    No   No   No   No										
e Hospit	within 24 hours a To the Funeral D completely filled			yalcian: To the best of my known the control of the basis of axamine and manner stated.									
To th	To the comp	-	29b. Signature and title of certifier	1/ 0		29c. Licens			29d. Date signe	ed (Month, L	Day, Year)		
	1		30. Name and address of person who	completed cause of death (Item	m 23e) (Type, Print)	0	.C.M.E.		MARCH	08, 1	999		
	1		MANymonop	1 4	111 Penn S	treet	, Baltim	ore, Mar	yland 2	1201			
	State	1	31. Date filed (Month, Dey, Year)  MAR 1 0 19	32. Registrer's Sign	divine b.	DOLA	2.						



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month KichArd 1200 ONE KONALd MAY /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Burnie Shelly Glen d If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 5. Social Security Number 8. Date of Birth (Month, Day Year) Oct. 20, 1948 Pennsylvania 6. Sex 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** 18 M 2□ F Days 50 Yrs 211-38-5122 Director Usual Residence of Decedent the Marylend 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at Maryland Anne Arundel 1 ☐ Yes 2 No Director Glen Burnie 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 101 Shelly Rd. 21061 United States permit. Pages 1 and 2 should be filed within 72 hours efter death valentment of Health end Mentel Hygiene. Important: If item 27 is marked other than "natural", or items 23 any injury or other traumatic event, the Medical Examinar 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indien, Black, White, etc. 1 ☐ Yes 2 🖄 No If Yes, Give 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2₺ No Specify: by Specify: 3 Widowed 4 Divorced White 15. Decedent'a Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondary (0-12) Classified Employee Federal Government 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) William Jones Elizabeth P. Robinson 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 3 Holly Rd., Pasadena, Maryland 21122 Cary D. Jones / Brother 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, crematory or other place) Mar. 10 20c. Location - City or Town, State 1 ☑ Surial 2 ☐ Cremetion 3 ☐ Removal from State Maple Spring Brethren Cem. 1999 4 Denetion 5 Other (Specify) Jerome, Pennsylvania 21. Signature of Fungue Service Lice Kirkley-Ruddick Funeral Home, P.A. 421 Crain Hwy., S.E., Glen Burnie, MD 21061 23a. Pent1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical INSU fficiency Examiner rteriosclerotic Heart Diséase
Due to (or as a consequence of): Examiner sician end burial-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury physician s the buria Box 68760 Hepatic hronic Physician/Medical that initiated events resulting in death) Last Due to (or as a consequency Se P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? s been signed by the should be detech 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Conknown Records. by Completed 24a. Wes en autopsy 24b. Were eutopsy findings available prior to completion of cause of death? performed? hes 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital 25. Wes case referred to medical examiner?
10 Yes 2 □ No Be 26. Place of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Aesidence 6 Other (Specify) After this funeral 28e. Date of Injury (Month, Dey Yeer) 27. Manner of Deeth ne Hospital or Attending Pin 24 hours effer death. 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Waturel 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 - Homicide 29e. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and plece, end due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. Medical (Check only one) To the I within 2 29b. Signeture and title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) Deputy 06054 end address of person who completed cause of death (Item 23e) (Type, Print) America Ct. 21035 William Jowes, m. D. 32. Registrar's Signature 695. mD 31. Date filed (Month, Day, Year) State , , some MAR 1 0 1999 Registrar



## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Dete of Death 3. Time of Deeth g q 46 WILBERT JONES March AM 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Nema (If not institution, giva straat and number) City BATIMORE MARYLAND HOSPITAL GENERAL If Under 1 Year | If Under 24 Hrs. 5. Social Security Number Birthplece (State or Foreign Country) 7. Age (In yrs. lest birthdey) M 2□ F Months Deys Hours Min Yrs 217-07-7516 Usuel Residence of Decedent 1 - 31 - 15MD 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2 No N/A BALTIMORE 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 1516 N. MONROE ST. 21217 USA 12. Wes Decedent Ever In U,S. Armed Forcas? 1 ☐ Yes 2√☐ No If Yes, Give<sup>∆</sup> Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece · American Indien. 11. Maritel Status Bleck, White, atc. 1 Navar Married 2 Married 1 Yes 2 No Specify: Specify: BLACK 3 Widowed 4 Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Spacify only highest greda completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondary (0-12) ENGINEER EDUCATION SYSTEM 18. Mother's Name (First, Middle, Melden Sumeme) 17. Fathar's Nema (First, Middla, Last) SAMUEL JONES ROSIE BANKS 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) SARAH B. JONES (WIFE) 1516 N. MONROE ST. BALTIMORE, MD 21217 20e. Method of Disposition 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Steta 3-9-99 BALTIMORE, MARYLAND ARBUTUS MEMORIAL PARK 4 □ Donetion 5 □ Other (Specify) 22. Name and Address of Facility REDD FUNERAL SERVICE of Funeral Service Licenses 1721-27 N. MONROE ST. BALTIMORE, MD 21217 Approximete Intervel Between Onset end Deeth douth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heert failure. List only one causa on eech line. Immediate Cause (Finel disease or condition resulting in deeth) Due to (or es e consequence of): Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es e consequence of): 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 3 □ Probably 4 ₺ Onknown 1 Yes 2 No 24b. Were autopsy findings available prior to complation of causa of deeth? 24e. Wes an autopsy performed? 2 0 No 1 Yes 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify)

Physician /Medical Examiner

**Physician** 

/Medical

Examiner

10a. State

MD

Directo

Funeral

by

Completed

Be

**Funeral** 

Director

7 is merked other than "natural", or liems 23a or traumetic event, the Medical Examiner must be a

Pages 1 and 2 should be filed within 72 hours after nent of Health and Mental Hygiens.
Int. If filem 27 is merked other than "natural", or list

Baltimore,

Examiner physician end s the burial-transit Physician/Medicai S esn signed by the a by Completed

law requires that the deeth certificate be been si page 2 s has certificate director.

Be

10

Certification:

Medical

completely To the I within 2

Division of Vital Records, P.O. Box 68760, or Attanding Physician: After this funeral 24 hours after death. filled in by

Hospital

State Registrar

31. Date filed (Month, Day, Year)

29b. Signatura and title of certified

1 Yes 2 No

27. Menner of Deeth

2 Accident

3 Suicide

29a. Certifier (Check only one)

4 ☐ Homicide

MAR 1 0



28e. Dete of injury (Month, Dey Year)

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28b. Time of

30. Neme and address of person who completed cause of death (Item 23a) (Type, Print)

5 Pending

6 Could not be determined

28c. Injury et Work?

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

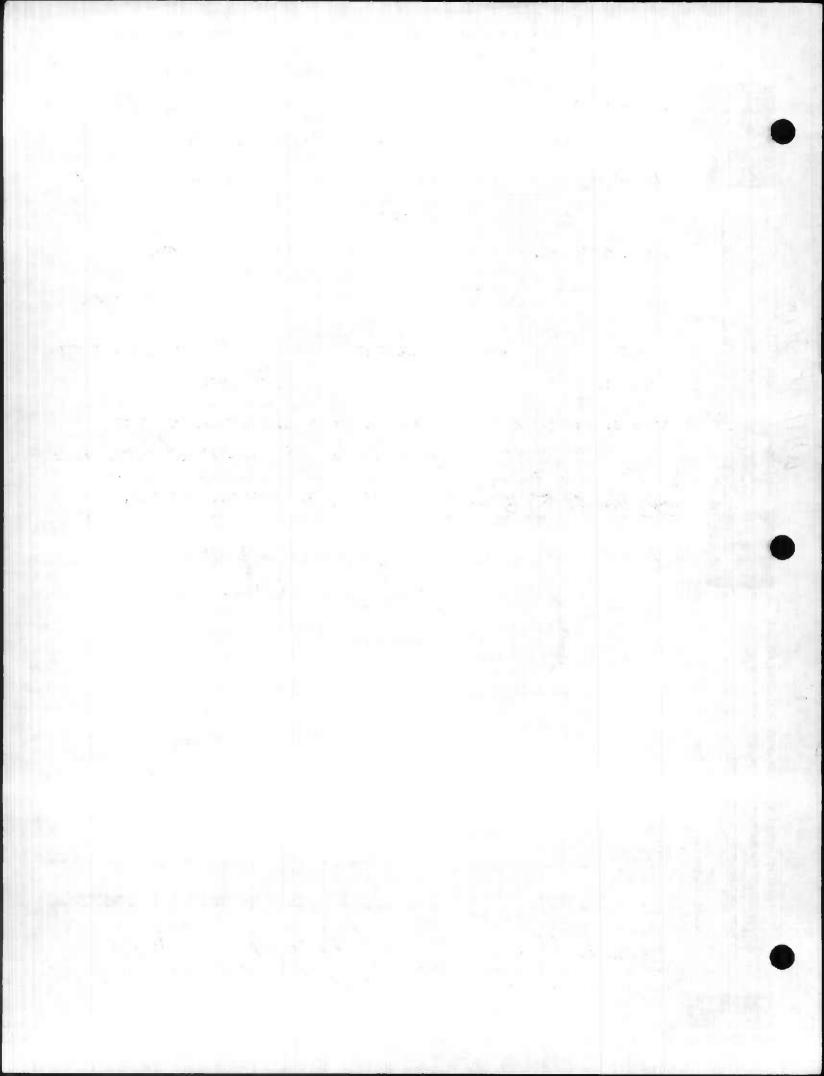
1 ☐ Yes 2 ☐ No

29d. Date signed (Month, Day, Year)

29c. License number

28f. Location (Street end Number or Rurel Routa Number, City or Town, State)

28d. Describe how injury occurred



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Deta of Death 3. Time of Death Month 6100 **Physician** March 5, 1999 JAMES LOUIS KENNEY /Medical 4a Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 8820 Walther Blvd #4308 Parkville Baltimore County If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) Funeral Months Days Hours 1⊠M 2□ F Yrs. Director 215-03-1975 86 March 22, 1912 Maryland Usual Residence of Decedent filed within 72 hours after death with the Maryland 10a. State 10b. Count 10c. City, Town or Location 10d. inslda City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1 ☐ Yes 2 ☑ No Maryland Baltimore County Director Parkville 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 8820 Walther Blvd 21234 #4308 IISA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Raca - American Indian, Bleck, White, etc. 11 Marital Status 1 X Yes 2 No If Yes, Give 1 ☐ Never Merried 2 ☑ Married Baltimore, Maryland 21215-0020 1 Yas 2♥ No Specify: Specify. g 3 Widowed 4 Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7; Department of Health and Mental Hygiena. Important: If item 27 is marked other than "na any injury or other traumatic event, the Medis page. Elementary/Sacondary (0-12) Collega (1-4or 5+) General Maintenance Technician Water Filtration 12th 18. Mother's Name (First, Middle, Maiden Sumame) 17. Fether's Name (First, Middle, Last) Be Burrier James Joseph Kenney Mary 19e. Informent's Name/Reletionship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9301 Montego Avenue, Baltimore, MD 21234 Joseph Loetell, Jr. (Nephew) 20b. Plece of Disposition (Neme of 20c. Location - City or Town, Stete 20e. Method of Disposition Date cemetery, crematory or other place) 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Holy Cross Polish Nat Cem 3/10/99 Dundalk, Maryland of Fugeral Seryine Listinsee 21 Signatu 22 Name and Address of Facility Martin B. Jawson Mitchell-Wiedefeld Home, Inc. 23a. Part I. Entar tha disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory a rest.

212.12
22a. Part I. Entar the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory a rest. Interval Between Onset end Deeth **Physician** /Medical Immediata Causa (Final disease or condition resulting In deeth) Examiner Examiner attanding physician and for use as the burial-transit The law requires that the death cartificate be asscuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Records, P.O. Box 68760, Physician/Medicai Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yea 20 No 3 Probably 4 Unknown by 24b. Wera autopsy findings available prior to completion of cause of daath? Completed 24a. Was an autopsy performed? peeu page 2 has 1 Yea 2 No 1 □ Yes 2 □ No cartificata Division of Vital 25. Was case referred to medical examiner? or Attending Physician: director Be 26. Placa of Daath (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Home 5 Residence 6 Othar (Specify) 1 Yea 2 No Certification: To this After this funaral of 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury et Work? 28d. pascribe how Injury occurred 28b. Time of 1 Matural 2 Accident 5 Pending Injury 1 ☐ Yas 2 ☐ No daath. investigation aftar death Director: / tha 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicide within 24 hours a To the Funeral D Hospital 29a, Certifier 🖄 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the causa(a) and manner as stated. edical complataly (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and placa, and due to the cause(s) and mannar stated. 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signeture end title of certifier 1150620 Way 30. Nama and addrass of person who completed causa of death (Itam 23a) (Type, Print)

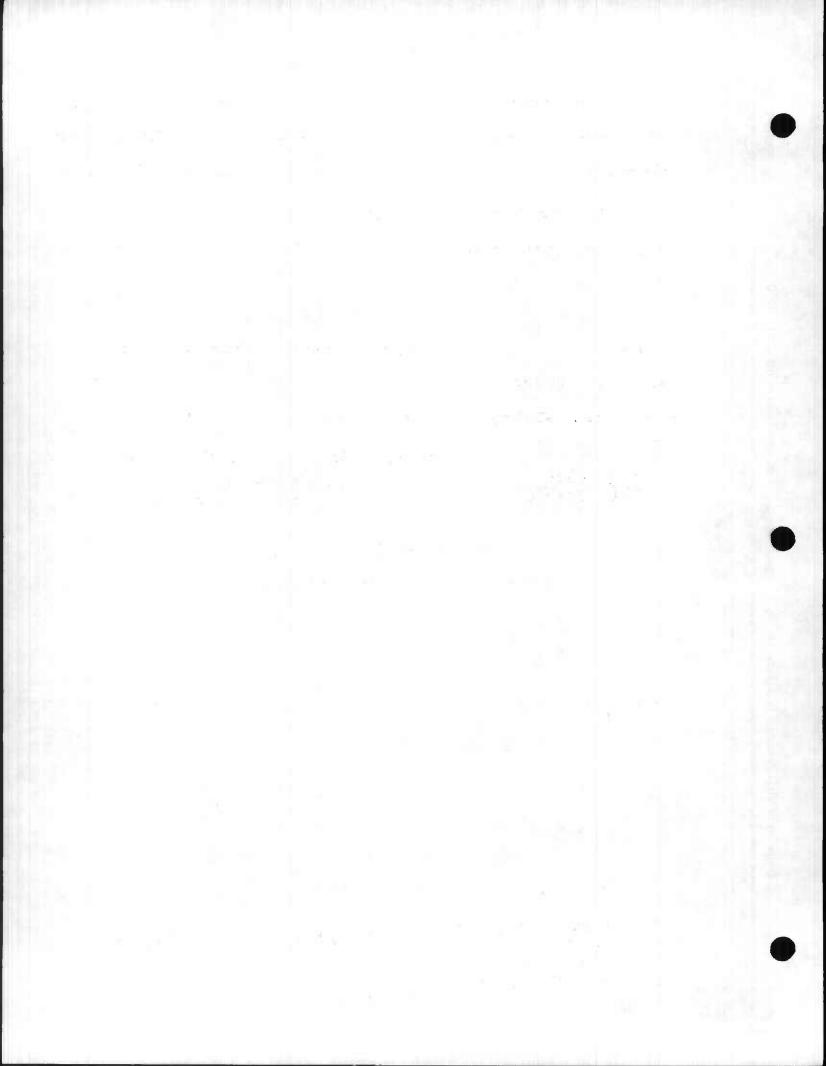
Bayview Hospital

State Registrar Brian Zable.

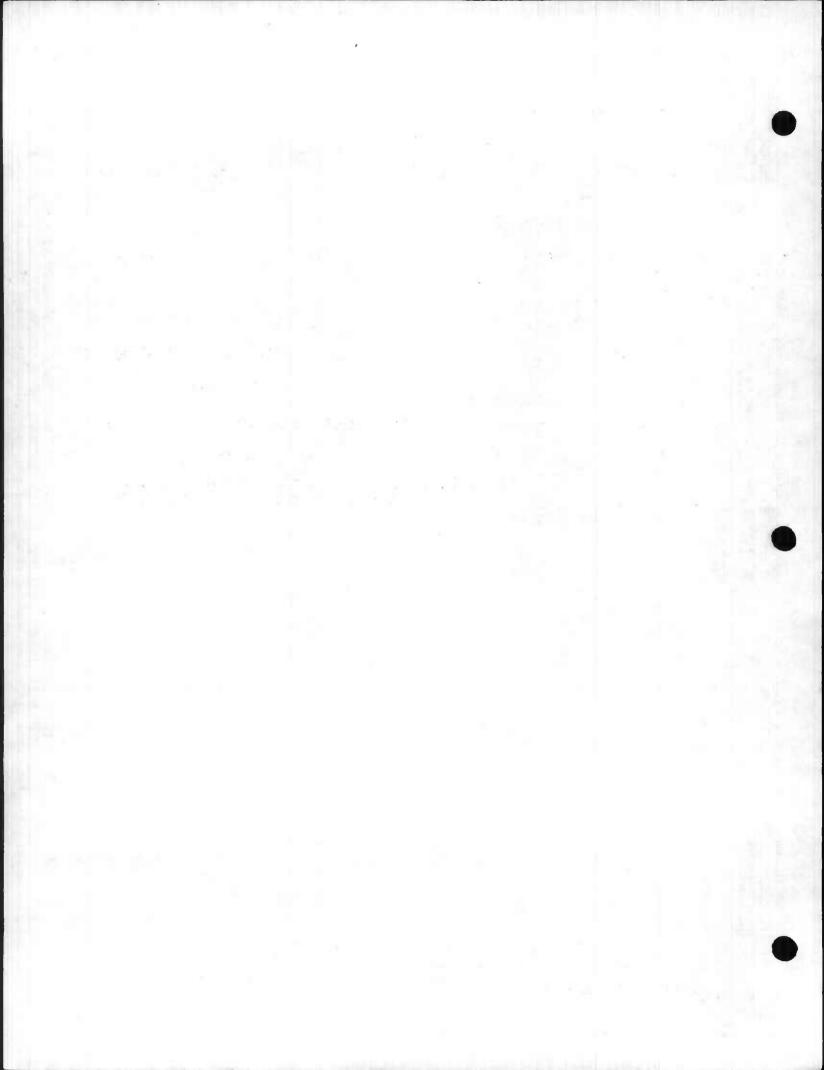
MAR 1 0 1999

31. Date filed (Month, Day, Year)

MD



			otato or mary.	(	Certifica	ate of			Reg. No.	U	1061		
П	Physician	1. Decedent's Name (First, Middle, Li	ast)					2. Date of De Month	Day	Year	3. Time of Death		
	Physician /Medical	Lmma Louisco	Kilmon						5, 1999	THE .	12:15 P.M		
	Examiner	4a Facility Name (If not institution, gi					4b. City, Town, or		h 4c. County	of Death			
	3	Genesis Eldercar					Balti			N/A			
	Funeral Director		4 DA OFF	yrs. last birtl	rs. If Und Month	ler 1 Year s Days		(Month, De	oy, Year) 9, 1941	9. Birthp Cour Ma 1	place (State or Foreign oryland		
	B Bu	10a. Stete 10b. County	10c.	City, Town	or Location					1	0d. Inside City Limits		
	h the Marylan r 28a-f show r notified at frector	Md. Anne					1□Yes aX No						
	or 28a-f a be notified	10e. Street and Number	711 dilaci	Duic	imore 10f. Z	Zip Code			10g. Citizen of V	What Cour	ntry?		
			enue			21	.225		U.S	.A.			
	8 23 8	11. Meritel Stetus	12. Was Decedent Ever in Armed Forces?	n U,S.	13. Was Dec	edent of h	Hispanic Origin? (5 an, Mexican, Puer	Specify Yes or No	- 14. Rac				
Maryland 21215-0020	by by	3 ☐ Widowed 4 ☐ Divorced	1 Yes 2 No If Yes, Give Year or Dates:			200 No			10d. Inside City Limits   1   Yes 2   No   No   10g. Citizen of What Country?   U.S.A.   No   14. Race - American Indian, Black, White, etc.   Specify: White   16b. Kind of Business/Industry   Westinghouse   Opel   Inber, City or Town, Stete, Zip Code)   Ore, Maryland 21227   20c. Location - City or Town, State   Baltimore, Maryland   Home P.A.   Baltimore, Maryland 21225   Approximate Interval Between Onset end Death   Westinghouse   Approximate Interval Between Onset end Death   Approximate Interval Between   Approximate Interval Between Onset end Death   Approximate Inte				
5	nd within 72 ho typiene. Net then *neturn rt, the Medical.	15. Decedent's E (Specify only highest gr	ducation ade completed)	16a. l	Decedent's Us 'Give kind of v	ual Occup	pation during most of wo d)	rking	16b. Kind of Br	usiness/In	dustry		
121	han han	Elemantary/Secondary (0-12)	College (1-4or 5+)						11				
12			2		Compi	uter	Graphics				ouse		
ano	Hall Bar and Hall	E 1 1113					Lillia	- 100		16)			
7	d Men d Men mette To	19a. Intermant's Name/Relationship	-	10h	Mailing Addre	ee (Stroot				State 7in	Coda		
Ma	d 2 s												
e,	Head Head of their 2	Donald Kilmon ( )		b. Place of	324 W15 Disposition (N	Sewe I	Lourt	Baltimo:	20c. Location -	City or To	wn, State		
OH	Pages sent of nt: if it rry or o	1 Durial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Speci	Removel from State	Cemetery	Hill (	ourier pia	00)	3/8/99					
Baltimore,	Parting a	21. Signature of Funeral Service Lice									iar y ranu		
B	age and	1	Kevin E. E	.cker	McCu	IIy-P	olyniak	Funeral	Home P.	Α.	1 1 01 00 =		
		23a, Part I, Enter the disease, or con	nolications that caused the d	leath. Do no						,Mary			
4	Physician	shock, or heart tailure. List only one cause on each line.											
d.	/Medical	Immediate Cause (Final disease or condition resulting in death)  a. Atto cytoma  Due to (or as a consequence of):											
	Examiner										+ 1000s.		
_													
	ficate be executed  Physicien and Is the bunel-transit  edical Examiner	Sequentially list conditions.	Due to (or as a consequence of):										
0,	ien a	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying											
68760,	ificate be executed physicien and as the buriel-transferies ledical Exam	Cause (Disease or injury that initiated events Due to (or as a consequence of):								t			
-	5 O 0		d										
Вох	ath c		V							İ			
P.O.	the death cert do by the attending letached for use Physician/M	Part II. Other significant conditions	contributing to death but not	resulting in	the underlying	cause gi	ven in Part I.	23b. Did	tobacco use co				
	that the ded by detail							10	Yes 2 No	3 □ Pro	bably 4 Unknown		
Vital Records,	The lew requires that the death cercate has been signed by the attendir page 2 should be detached for use Completed by Physician/A							24a Was	vanautonsv	24b. W	ere autopsy findings		
200	been show									av	ailable prior to		
Re	The lew ate hes b page 2 s										/		
a	ficate or, pa		T .				00 DU 50 4 D		Yes 2 1 No	111	Yes 2E'No		
	Physician: this certific ral director,	examiner?	Hospital:	2 ER/Out	patient 3 1	Ott Ott	hor-	ath (Check only	idence 6 Oth	ns (Cnns)	5.1		
o	Phy or this eral o	27. Menner of Death	28a. Dete of Injury	28b. Ti	me of	28c. Inju		1	how injury occur		77		
on	After ation	1 ☐Natural 5 ☐ Panding 2 ☐ Accident investigation	(Month, Day Year	n) In	jury M		rk?  Yes 2 □ No						
Division of	tal or Attending P rs after death. al Director: After ti led in by the funera Certification:	3 ☐ Suicide 6 ☐ Could not be determined		At home, tan	m, street, facto	ory, office		28f. Location (	n (Street and Number or Rural Route Number,				
ā	s after	4 Tiomode	building, etc. (Spi	ecity)				Ony or 10	wii, Sieley				
	To the Hospital or Attending Physician: The lew within 24 hours after death. To the Funeral Director: After this certificate hes completely filled in by the funeral director, page 2 Medical Certification: To Be Comp.	29a. Certifier 1 Certifying Pt (Check only one) 1 Medical Example 1	hysician: To the best of my l miner: On the basis of exam and menner stated.	knowledge, ninetion end	death occurre for investigation	ed et the ti	me, date end place opinion, deeth occ	e, end due to the urred at the time,	cause(s) and me date end place,	anner as s and due to	taled. o the cause(s)		
	withir To the comp	29b. Signeture end title of certifier			2		se number		29d. Date signe	d (Month,	Day, Year)		
		I hilearl (	leesarou	9		DIC	2667		3/8	99.			
	2	30. Name and address of person who	completed cause of death (	Item 23a) (1	ype, Print)				, –	, , ,			
	/ "	Dr. Michael Schwa				ltim	ore, Mar	yland 21	.225'				
	State	31. Dete tiled (Month, Day, Year)	32. Registrer's Si	ignature	6	from							
	Registrar	1110 1 0	1000	2.20	13. 1	6 30 3							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Deta of Death 3. Time of Death Dey Month **Physician** MARY ADELE LOWERY March 7, 1999 1:00 PM/Medical 4a Facility Nema (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** 1107 Hollen Road Baltimore City N/A If Under 1 Year If Under 24 Hrs. Months Deys Hours Min. 5. Social Security Number 7. Aga (In vrs. last birthday) 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** Months Deys 1□M 2♥F 212-10-6971 Director June 28,1919 Pennsylvania Usuel Residence of Decedent the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits N/A 1 Yes 2 No Directo Maryland Baltimore City 25e-f 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? b must be 21239 USA 1107 Hollen Road Funeral Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forcas?

1 ☐ Yes 2 ☒ No Race - Amarican Indien, Bleck, White, etc. 11. Merital Status filed within 72 hours after 1 ☐ Never Merried 2 ☑ Married 21215-0020 1 ☐ Yes 2 ☑ No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced Yaar or Detes: White Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12th Own Residence Homemaker Baltimore, Maryland 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Be Pages 1 and 2 should be nent of Health and Mental Iannone Joseph Mary Impronto 19a. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 7 le n nt of Health a If Item 27 is r or other tra-(Son) 2204 Huntfield Court, Gambrills, Maryland 21054 Frank J. Lowery 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Steta 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete permit. Page Department of Important: If any injury or 4 ☐ Donetion 5 ☐ Other (Specify) 3/9/99 Lorraine Park Cemetery Baltimore, Maryland 21. Signatura of Funerel Service Licenses 22. Name end Address of Fecility Martin Mitchell-Wiedefeld Home, Inc. Lawson Plartin D. Lawson
6500 York Road, Baltimore, Maryland 21212
23a. Pert1. Enter the disease, br complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest,
shock, or heart fellure. List only one cause on each line. Approximete Interval Between Onset and Deeth **Physician** /Medical Immediete Ceuse (Finel disease or condition resulting in deeth) Examiner Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leeding to immediate ceusa. Enter Underlying Cause (Diseese or Injury that initieted events resulting in death) Last Due to (or es a consequence of): Box 68760. Physician/Medical the Due to (or es a consequence of) 080 signed by the a P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 23b. Did tobacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Unknown Division of Vital Records. Completed by 24b. Were autopsy findings evailable prior to completion of cause of deeth? 24a. Wes en autopsy performed? 254No certificate 1 Yes 1 ☐ Yes 2 ☐ No Attending Physician: funeral director, Be 25. Wes case referred to medicel axaminer? 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this 28a. Dete of injury (Month, Day Year) 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? Affer 1 Neturel 2 Accident 5 Pending To the Hospital or Attendity within 24 hours after deeth. To the Funeral Director: Al 1 Yes 2 No investigation 6 Could not be determined 3 Sulcide 281. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, atc. (Specify) filled in by 4 - Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and plece, end due to the ceuse(s) end menner es stated.

2 Medicel Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, dete end place, end due to the cause(s) and menner stated. Medical 29a. Certifie completely (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signetura and titla of certifie 052810

DHMH 16 Rev 6/95

State

Registrar

oaks

6569 North Charles Street, Towson, Maryland 21204 (Suite 205

30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print)

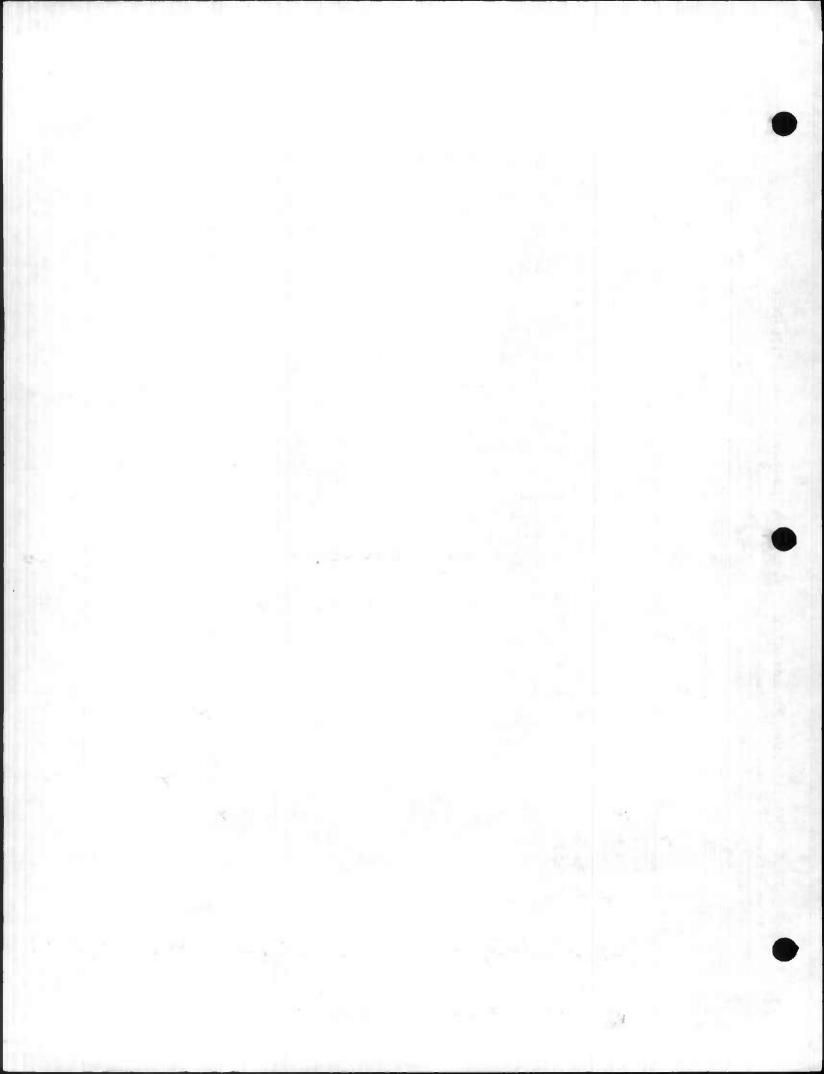
M.D.

32. Registrar's Signeture

Robert Shepherd.

MAR 10

31. Dete filed (Month, Day, Year)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Decedent's Neme (First, Middle 1 ast) 2. Date of Deeth 3 Time of Death Elizabeth Clunet Litsinger 03 1999 05 9:00a 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Broadmead Cockevsville Baltimore County 5. Social Security Number If Under 1 Yeer If Under 24 Hrs. Hours Min. 7. Age (In yrs. last birthdey) 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) 1□ M 2XF 214-40-5942 Yrs 93 July 12, 1905 New Jersey Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Maryland Baltimore County Cockevsville 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 13801 York Road 21030 TISA 11. Marital Status 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Yes 2 XNo
If Yes, Give
Yeer or Detes: 10 Never Married 20 Married 3 ☐ Widowed 4 ☐ Divorced Specify: White 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Librarian Enoch Pratt Library 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Clunet William Hawkins Litsinger Eliza 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) William C. Litsinger, Jr. (Cousin) 4301 Old Farm Road, Baldwin, MD 21013 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 X Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) ount Crematory 3/6/99 Baltimore, Maryland 22. Name end Address of Fecility MITCHELL-WIEDEFELD HOME, INC. Green Mount Crematory 21. Signature of Funeral Service Licensee 6500 YORK RD. BALTIMORE, MD ZIZIZ 23. Jan 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset end Death Immediate Cause (Finel disease or condition resulting in deeth) ISCHEMIC HEART DISEASE Due to (or as a consequence of): Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use centribute to the cause of death? 1 | Yes 2 | No 3 | Probably 4 | Unknown 24a. Was en eutopsy performed? 24b. Were eutopsy findings available prior to completion of ceuse of death? 1 Yes 2 No 1 ☐ Yes 2 ☐ No

**Physician** /Medical Examiner

physician and s the burial-transit be axecuted

been signed by should be detact

page 2 certificata

this

After

To the Hospital or Attendir within 24 hours after death.

To the Funeral Director: Af complataly filled in by the fu

Physician/Medical

þ

Completed

Be

Medicai Certification: To

P.O. Box 68760.

Division of Vital Records.

the Hospital or Attending Physician:

death.

**Physician** 

/Medical

Examiner

Director

Funeral

p

Completed

**Funeral** 

Director

7 is marked other than "natural", or items 23s or 28a-f show traumatic event, the Medical Exercises must be notified at

permit. Pages 1 and 2 should be filed within 72 hours efter of Depertment of Health end Mental Hygiene. Inportant: If frem 27 Is merked other than "natural; or flee any Injury or other traumatic event, Its Medical Exercises.

Baltimore, Maryland 21215-0020

with the Maryland

deeth

Examiner Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Last

> 25. Was cese referred to medical 26. Plece of Death (Check only one) examiner? Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28e. Dete of Injury (Month, Day Yeer) 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? 5 Pending investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homleide 29a. Certifier

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) end manner es steted.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. (Check only one) 29b. Signature/and title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

13801 YORK R.D., COCKEYSVILLE

State Registrar 31. Date filed (Month, Dey, Year) MAR 1 0 1999



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death Month **Physician** LAYTON MARIE MARCH 1999 12:10 PM /Medical 4e Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner LENTER KANDALLSTOWN HONTHWEST 1.40501 M BALTIMORE If Under 24 Hrs. 8. Dete of Birth Hours Min. Month, Day, Year) 7. Age (In yrs, last birthday) If Under 1 Year 5. Sociel Security Number 6. Sex Birthplace (State or Foreign Country) **Funeral** Sex 1□ M 2MF Days Months Usuel Residanca of Decede **Director** the Maryland 10a. Siete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 20 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Funeral 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indien, 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No Black, White, etc. filed within 72 hours aftar 1 Yas 2 10 Specify: 6 21215-0020 þ 3 Widowed 4 Divorced Yeer or Detes: UNKNOW Completed 16a. Decedent's Usual Occupation
(Give kind of work done during most of working life. DO NOT use retired) 15. Decedanl's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry I Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) Un Known ( 17. Fether's Neme (First, Middle, Last) Inknown Pages 1 and 2 should be filed nant of Health and Mental Hygi mt: If item 27 is marked other Baltimore, Maryland 18. Mother's Neme (First, Middle, Maiden Surname) Be in Known 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) nt of Haaith a If item 27 is or other tra (orar) TPC louaraic 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetary, crematory or other place) Deta 20c Location - City or Town, State 1 Buriel 2 Cremetion 3 Removal from Steta Department of Important: If any injury or 4 □ Donelion 5 □ Other (Specify) emeter 21. Signature of Funerel Service Licensee 22. Name end Address of Fecilin 23a Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or shock, or heart failure. List only one cause on each line. SH 2 Approximete Interval Between Onset and Death Physician /Medical Immediata Causa (Finel RESPIRATORY 7 HOURS diseesa or condition resulting in deeth) Examiner ASBINA TION Physiclan/Medical Examiner 6 Houng or Attending Physician: The law requires that the death certificate be executed Sequentielly list conditions, if any, laading to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in death) Last Due to (or as a consequence of) DISEASE 17 ANKINSONS YEUMS Box 68760. Due to (or es a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably Conknown OBSTRUCTUE Records. Completed by 24b. Wera autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? DEM ENTIA GASTNOSTOMY 1 ☐ Yes 2 No 1 Yes 20 No Division of Vital Be 25. Wes case referred to medical examiner? 26. Place of Death (Check only ona) Hospitel: 1 ☐ Inpatient 2 ☐ SR/Outpatient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending Investigation 24 hours after death. 1 TYes 2 □ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicida Hospital 12 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, end dua to the cause(s) and mannar as stated.
2 Medical Examiner: On the besis of examinetion and/or invastigation, in my opinion, death occurred at the time, data and place, and dua to the cause(s) and mannar stated. 29a. Certifier Medical (Check only one) To the I 29b. Signeture and title of certifier 29c. License number 29d. Deta signed (Month, Day, Year)

State Registrar 31. Dete filed (Month, Dey, Year)
MAR 9 19

06679

30. Nama and addrass of person who completed cause of death (Item 23a) (Type, Print)

MINE, MO

32. Registrer's Signeture

5401

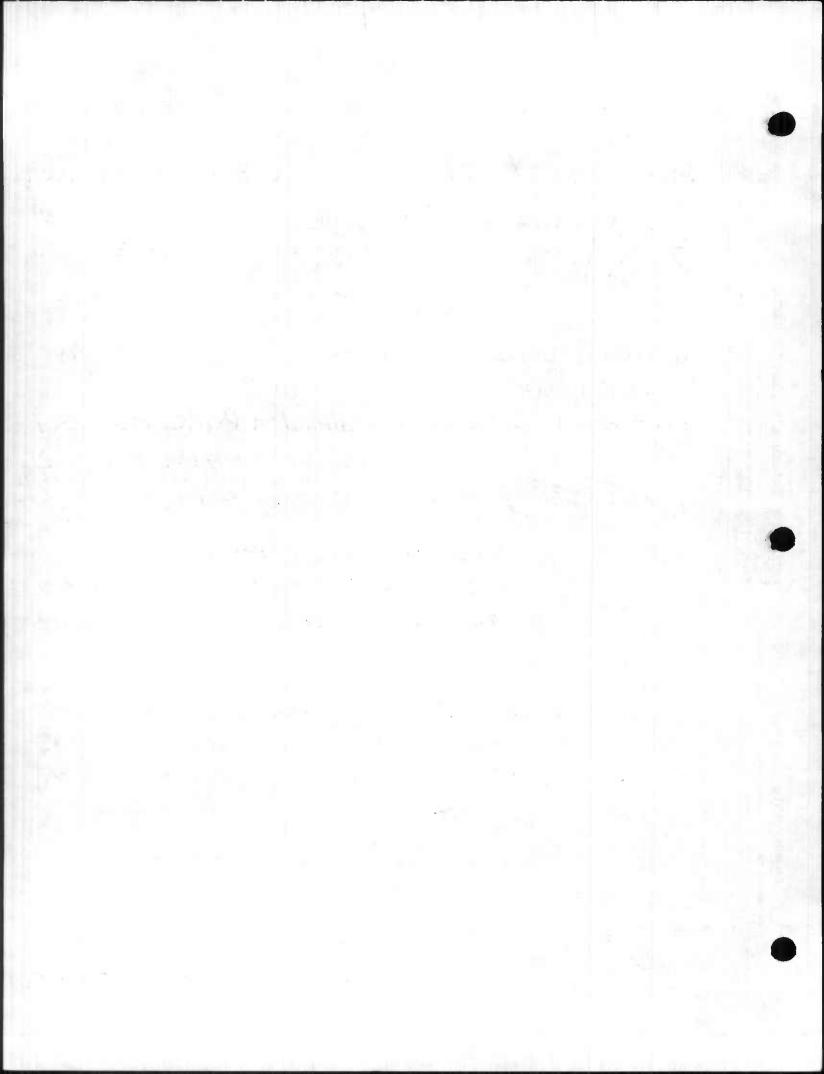
b. Spell

MMCH 8, 1999

21133

RANDAUSTOWN MD

DHMH 16 Ray 6/95



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle Last, 2. Data of Deeth 3. Time of Death **Physician** Mar /Medical 4b. City, Town, or Location of Death 4e Fecility Neme (If not institution, give street and number) Examiner nor mo 8. Dete of Birth 5. Social Security Number 6. Sei 7. Age (In yrs. last birthday) 9. Bithplaca (Stata or Foraign **Funeral** Days 1 M 25 F Months Hours Min -44-365 Director North Usual Residenca of Decedent with the Merylend 10b. County 10a. Stete 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23s or 28s-1 sho traumatic event, the Modical Examinar must be notified at 1 Yes 2 □ No Maryland Directo more 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Vano 2 Funeral Peges 1 end 2 should be filed within 72 hours efter death nent of Heelth end Mental Hygiene. Int: If Item 27 Is marked other than "naturel", or Items 23 de 12. Was Dacadant Evar in U.S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien. 11. Maritel Stetus Bleck, White, etc. 1 ☐ Yes 2 No If Yas, Give Yeer or Detes: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by 3 ♥ Widowed 4 Divorced Hrican Completed 16a. Decedent's Usuei Occupation (Give kind of work done during most of working life, DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiementary/Secondery (0-12) College (1-4or 5+) Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be 100 9 19b. Meiling Address (Street end Number or Burel Route Number, City or Town, Stete, Zip Code) 19e. Informent's Neme/Reletionship (Type, Print) (daughter) Md. 21202 TOY other t 20a. Method of Disposition 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece 20c. Location - City or Town, Steta 1 ☐ Buriei 2 X Cremation 3 Removal from Steta Injury or Department of Important: If any Injury or 4 ☐ Donetion 5 ☐ Other (Specify) eenmour 22. Name and Address of Fecility JOSEPH L. RUS 21. Signature of Funerei Service Ligenses Joseph 22221 Bal Home. Ave. 1216 W. North ter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory errest, heart failure. List only one cause on each line. Approximete Intervei Between Onset end Deeth Physician /Medical immediate Ceuse (Finel disaesa or condition resulting in deeth) **Examiner** Examiner ician and buriel-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in death) Last Due to (or es e consequence of): physician s the buriel Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): 98 9SU signed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings aveilable prior to completion of cause of death? 24e. Wes an autopsy performed? Completed page 2 s hes 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificete Hospital or Attending Physician: funeral director, 25. Wes case referred to medical examiner? Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3□ DOA After this 27. Menger of Death 28a. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Describe how Injury occurred 28b. Time of 5 Pending investigation 1 Naturel death. 1 Yas 2 Accident ofter death 6 Could not be 3 Suicida 28e. Pleca of Injury - At home, farm, street, fectory, offica building, atc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide 24 hours e Cyrliving Physician: To the best of my knowledge, death occurred at the time, deta and pieca, end dua to the ceuse(s) end manner as stated. 29a, Certifier Medical completely Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. within 2 \$ 29b. Signati 29d. Date gioned (Month, Day, Year) 29c. License number 0 pleted cause of death (item 23e) (Type, Print) 21213

32. Registrer's Signature

1999

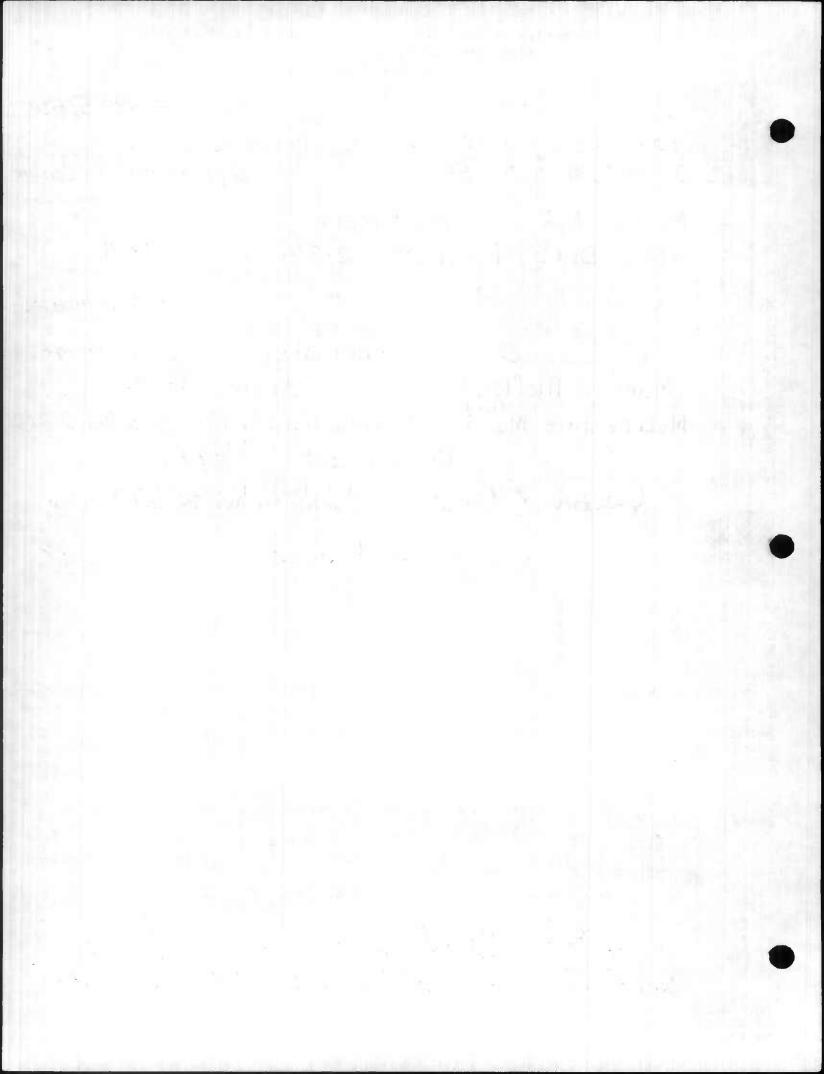
. . . .

0

Registrar

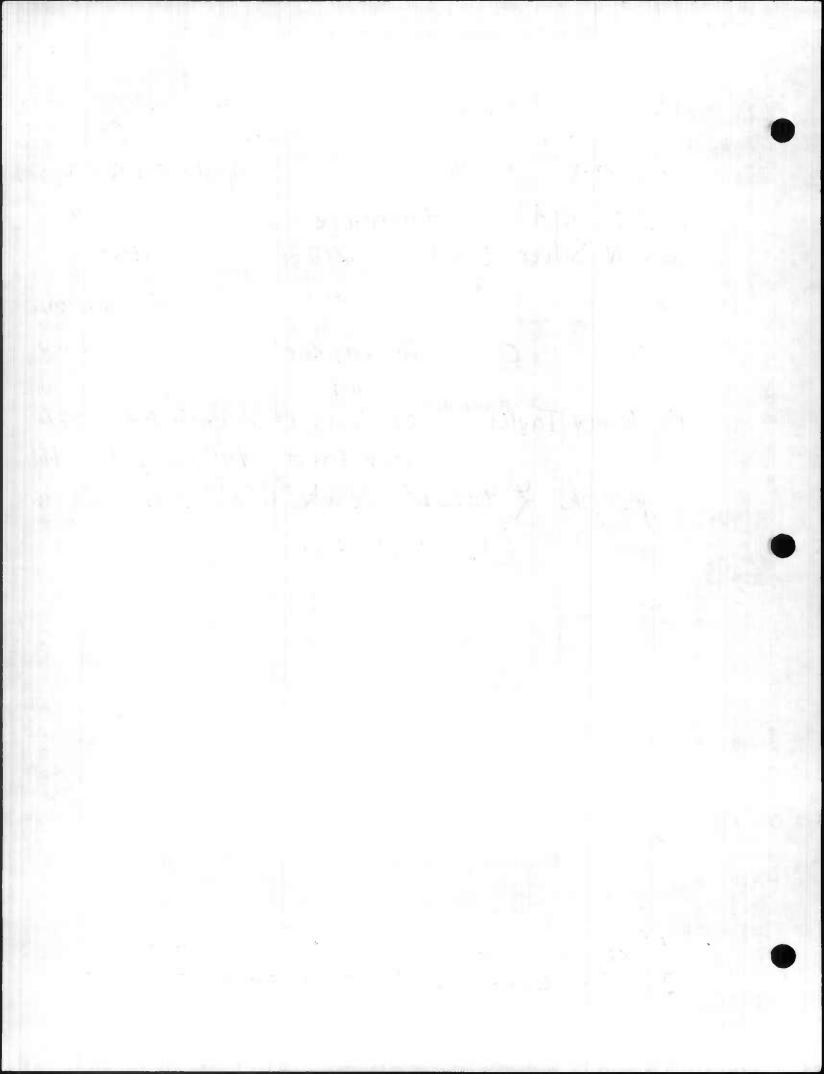
State

31. Dete filed (Month, Dey,



99-1153-510 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. jhm State of Maryland / Department of Health and Mental Hygiene MABEL Certificate of Death MADDOX 2. Date of Death 3. Time of Death 1. Decedent's Neme (First, Middle, Lest) **Physician** 10:05 AM 990 **FEBRUARY** 28,1999 /Medical 4b. City, Town, or Location of Death 4a Facility Name (If not Institution, give street and number) 4c. County of Disall Examiner 204 NORTH SILVER COURT BALTIMORE If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthpiece (State or Foreign **Funeral** Deys 1□ M 2 F Months Hours 215-22-8348 Yrs. Director Usuel Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic avent, the Modical Examiner must be notified at Maryland 1 Yes 2 No Directo mor 10e. Street end Numbe 10f. Zip Code 10g. Citizen of What Country? with d Funeral d death permit. Pages 1 and 2 should be filed within 72 hours aftar deat Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural". A shore page. 12. Wes Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 10 No If Yes, Give/ Year or Dates: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 11. Marital Status Black, White, etc. 1 ☐ Never Merried 2 ☐ Married 1□ Yes 25 No Specify þ 3 Widowed 4 □ Divorced Hmericar THTO-Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondery (0-12) Ker 18. Mother's Neme (First, Middle, Meiden Sumeme) 17. Fether's Neme (First, Middle, Lest) unk. 19a. Informant's Neme/Reletionship (Type, Prinky) and daughkr) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 101 9 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removal from State 4 Donetion 5 □ Other (Specify) ore on 21 Signature of Funeral Service License 22. Neme end Address of Fecility 0 Joseph 2222 V eral 5 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, k, or heart follure. List only one cause on each line. Md. 21216 Ba 110. Approximate Interval Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in deeth) **Examiner** Due to (or es e consequence of) Examiner law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequença of): Division of Vital Records, P.O. Box 68760 physicien Physician/Medical tha Due to (or es e consequence of) signed by the a Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 2□ No 3 Probably 4 Unknown 1 Yes Completed by 24b. Were eutopsy findings available prior to 24a. Wes an autopsy performed? peeu completion of cause of death? hes page 2 1 ☐ Yes 2 ☐ No after death.
Director: After this certific fumeral director, Be 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) 1☐Wes 2☐ No Other: 4 Nursing Home 5 Kesidenca 8 Other (Specify) Certification: To 2 ER/Outpatient 3 DOA 1 Inpatient 27. Menner of Deeth 28c. Injury et Work? 28d. Describe how injury occurred 28e. Dete of Injury (Month, Dey Year) 28b. Time of 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28e. Placa of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 ☐ Homicide To the Hospital o within 24 hours at To the Funeral Di edical 29a. Certifies 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end manner es steted.

2 Medical Examiner: On the basis of exeminetion end/or investigetion, in my opinion, deeth occurred at the time, dete end piece, end due to the ceuse(s) end menner steted. 29d. Date signed (Month, Dey, Year) 20b. Sid and title of certifier 29c. License number MARCH 01, 1999 OCME 30. who completed cause of deeth (Item 23a) (Type, Print) mo 111 Penn Street, Baltimore, Maryland 21201 N/s 31. Date filed (Month, Day, Year) 32, Registrer's Signeture State MAR 1 0 1999 Registrar



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Year Physician Mamie U. Miller March 1999 7:30AM /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Joseph Richey Hospice Baltimore N/A If Under 24 Hrs. If Under 1 Year 8. Date of Birth (Month, Day, Year) March 17 1918 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Days 1□M 20 F Months Hours 80 Yrs 216-16-3537 Director Maryland Usual Residence of Decedent e filed within 72 hours after death with the Merylan, of hygiene.
of hygiene.
The than "naturel", or frems 23a or 28a-f show vent, the fieldes. 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Director Maryland Baltimore Arbutus 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1926 Brady Avenue 21227 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 Never Married 2 Merried aitimore, Maryland 21215-0020 1 ☐ Yes 20 No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filed to Department of Health and Mentel Hygle. Important: if Itam 27 is marked other to any Injury or other treumatic event, the page. 12 Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) 8 John Thomas Bridge Olive P. Johnson 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Henry Bridge (Nephew) 1926 Brady Avenue Arbutus, MD 21227 20b. Place of Disposition (Name of cametery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 ☐ Cremation 3 ☐ Removel Irom State 4 ☐ Donation 5 ☐ Other (Specify) Loudon Park Cemetery 3/10/99 Baltimore, MD 22. Name and Address of Facility Ambrose Funeral Home, Inc. of Funeral Service Licensee 1328 Sulphur Spring Road Arbutus, MD 21227 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Physician Immediate Cause (Final disease or condition resulting in death) /Medical CARCINDMA COLON WITH METASTASES 3 MONTHA Examiner The law requires that the death certificate be axecuted attending physician and ifor use as the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es a consequence of): Physician/Medical Due to (or as e consequence of) is signed by the al Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Pronknown HEART CONGESTIVE FAILURE Records. þ cate has been sig 24b. Were autopsy lindings available prior to completion of cause of death? Completed 24a. Was an autopsy 1 ☐ Yes 2 M No 1 ☐ Yes 2 ☐ No certificate Division of Vitai To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director; p 8 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Pother (Specify)#10581CE Certification: To 27. Manner of Death 1 Divintural 26a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 4 Homicide 1 Cortifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. Medical 29a, Certifier 29d. Date signed (Month, Day, Year) 20b. Signeffully and title of certifier 29c. License number Malsobon person who completed cause of death (Item 23a) (Type, Print) W. READST SOITE 719 BALTMORE MD MD MACGIBSON 101

DHMH 16 Rev 6/95

State

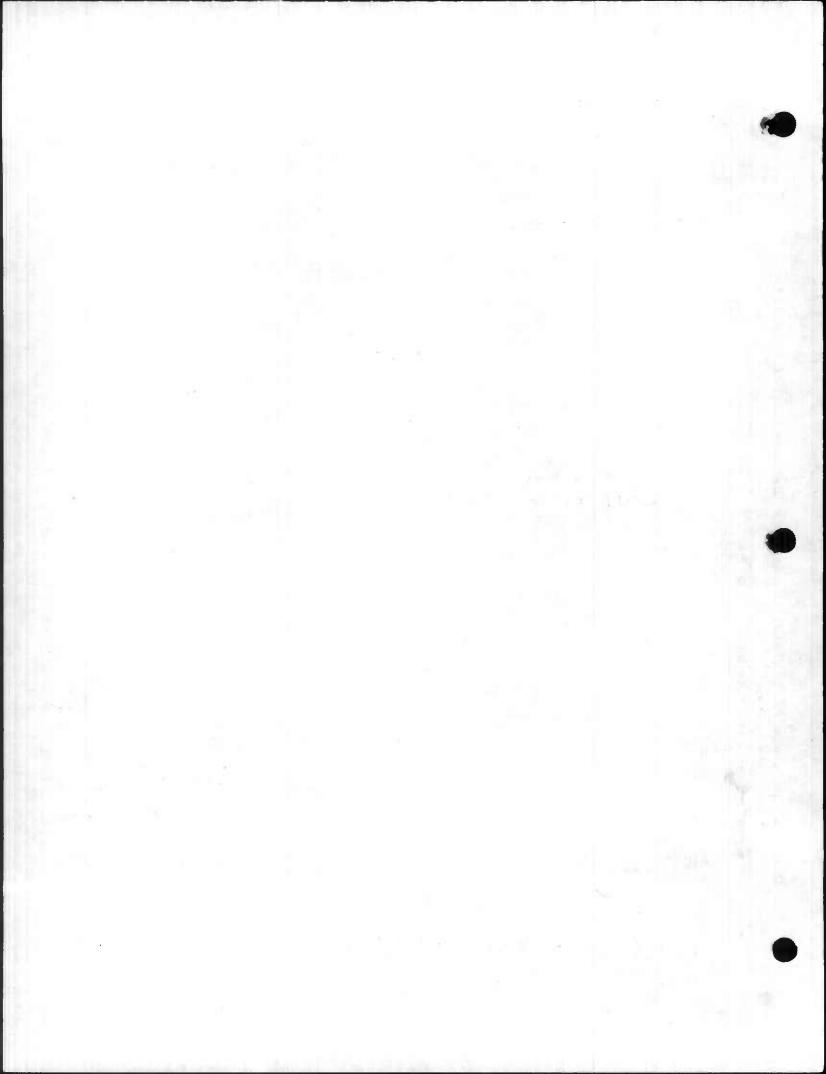
Registrar

31. Date filed (Month, Day, Year)

MAR 10

1999

32. Registear's Signeture



Please Type or Print In Biack Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Item 5 Per AB FilmG769 3-9-99 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Tima of Death Month 2 JOAN 10:54Pm 0 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death BACTIMORE

If Under 24 Hrs. 8. Date of Birth
(Month, Day, Year)
Sept. 1, 1942 OF WARYLAND HOSPITAL BALTIMORE CITY UNIVERSITY 5. Social Security Number Unknown 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 1 M 2 € F Months Days 56 unknown 77-36-8286 Usual Residence of Decedent 10a. State 10b. County 10c. City. Town or Location In KITOWIT Limits unknown unknown unknown 1 ☐ Yas 2 ☐ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? unknown unknown U.S.A. 12. Was Dacedant Ever in U.S. Armed Forces unknown 1 ☐ Yes. 2 ☐ No If Yas. Giva Year or Dates: 14. Race - American Indian, Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 11. Marital Status Black, White, etc. 1 Never Married 2 ☐ Married 1 ☐ Yes 2 ☑ No Specify: Specify: White 3 ☑ Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Educetion (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) unknown unknown unknown unknown 17. Father's Name (First Middle Last) 18. Mother's Name (First, Middle, Maiden Surname) unknown unknown 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) unknown unknown 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 Donation 5 Dother (Specify)in state 21. Signature of Ronal Constitution Wade Director State and Address of Facility Board, 655 W. Baltimore Street Baltimore, Maryland 21201 intt. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, lock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Last Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy performed? 200 No 1 ☐ Yes 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Tyes 2 No 1 Inpatient 2 ER/Outpatient 3□ DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Natural 1 Yes 2 No 2 Accident

**Physician** /Medical Examiner

Important: It any injury o **Separtment** 

**Physician** 

/Medical

Examiner

**Funeral** 

Director

"natural", or items 23a or 28a-f ahov adical Examiner must be notified at

Directo

Funeral

p

Completed

Be

Peges 1 and 2 should be filed within 72 hours after death with the Manyland neat of Health and Mental hygiene.
ant: If Item 27 Is marked other than "natural", or items 23s or 28s-f show ury or other transmitter man be notified at ury or other transmitter natured at the motified at ury or other transmitter neather notified at

Baltimore, Maryland 21215-0020

attending physicien end for use es the bunel-transit s certificate has t director, page 2 s director

Examiner that the death certificate be executed Division of Vital Records, P.O. Box 68760, Physician/Medical signed by the a þ Completed Hospital or Attanding Physician: 24 hours after death. Funeral Director: After this certifice Be 10 funeral Certification: filled in by • Funeral

> State Registrar

MATTU, 31. Date filed (Month, Day, Year) 1000

6 Could not be determined

3 Sulcide

29a. Certifier

4 ☐ HomicIde

29b. Signature and title of certifier

32. Registrar's Signature

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. Licanse number

29d. Date signed (Month, Day, Year)

UNIVERSITY OF MARTLAND HOSPITAL

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) DEPARTMENT OF EMERGENCY MEDICINE

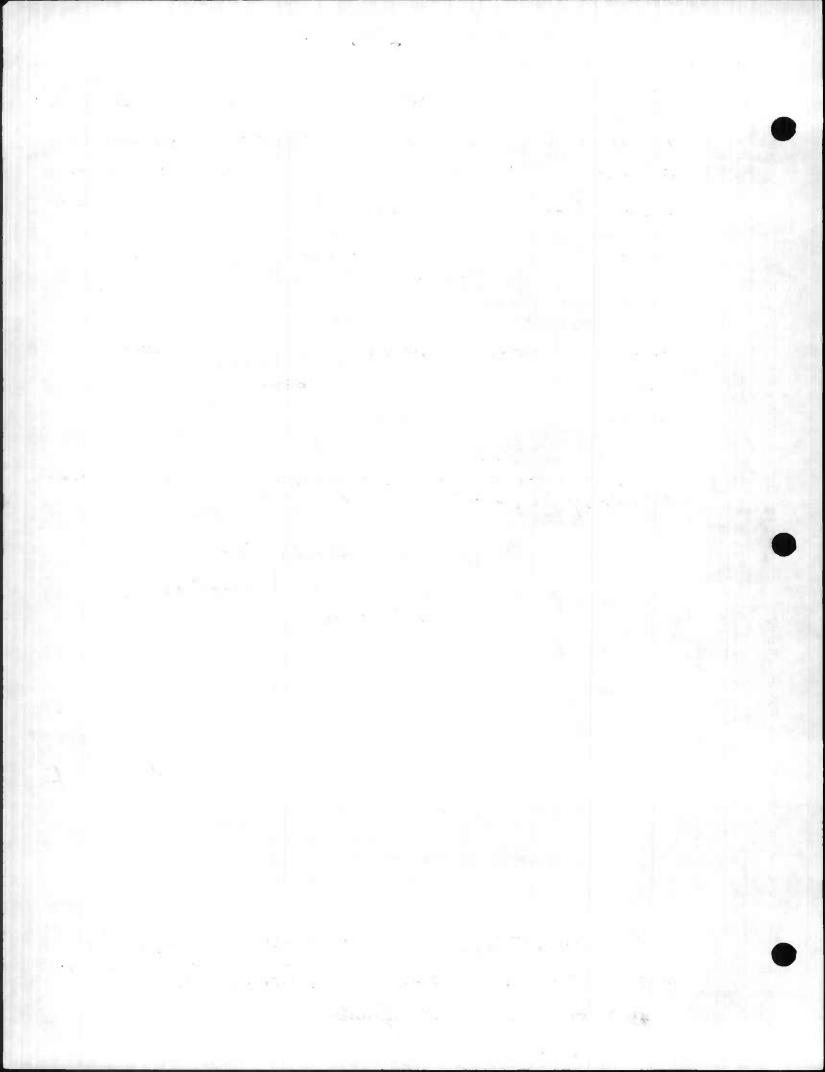
**DHMH 16 Rav 6/95** 

within 24 hou To the Funer completely fil

ş

2

Medical



99-1269-510 Please Type or Print in Biack Indelible ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene POLARIS Certificate of Death MATHEMS 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day **Physician** Polaris Matthews MARCH 06, 1999 13:45 PM /Medical 4a Facility Name (If not institution, give siree) and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner JOHN HOPKINS HOSPITAL BALTIMORE N/A Hours Min. 8. Date of Birth (Month, Day, Year)
Sep 8, 1998 If Under 1 Yaar 5. Social Security Number Birthplace (State or Foreign Country) 6. Sex 1 M 2 □ F 7. Age (in yrs. last birthday) **Funeral** Months 5 Deys 26 215-53-7494 Yrs. **Director** Usual Residence oi Deceden the Maryland x 28a-f show 10a. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limite X□ Yas 2□ No MD N/A Directo Baltimore 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? Pages 1 and 2 should be filled within 72 hours after death with I nent of Health and Mental Hygiene.
Int: If Item 27 Is marked other than "naturel", or Items 23a or 9 7 is marked other than "natural", or items 23a or traumatic event, the Mod (a) Examiner must be 2304 N. Aisquith Street 21218 United States 8 Funer 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 1 No Il Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-II Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Black, White, etc. Naver Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yas Ž No Specify: by Black 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) N/A Elementary/Secondery (0-12) College (1-4or 5+) Child 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Fether's Neme (First, Middle, Last) Be Marquis Matthews Kimberly Ann Johnson 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Reletionship (Type, Print) Miss Kimberly Johnson (Mother) 2304 N. Aisquith Street, Baltimore, MD 21218 other 20a. Method of Disposition

1☐ Buriai 2 ☐ Cremation 3 ☐ Removal from State 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, Stata Mar 11 6 permit. Page Department of Important: If any injury or Baltimore, MD 4 ☐ Donation 5 ☐ Other (Specify) King Memorial Park 1999 21. Signature of Funeral Service Licensee 22. Nama and Address of Facility
Calvin L Williams Funeral Service J.a alain 270 Fredhilton Pass Baltimore, MD 23a. Part1. Enter the disease, or complications that causad the death. Do not antar tha mode of dying, such as cerdiac or respiratory arrest shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Physiclan Immediate Ceuse (Final disease or condition resulting in death) /Medical Thermal Injunes with Complications Examiner Due to (or as a consequence of): Examiner that the death certificate be axecuted physician and the burial-tran Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Due to (or as a consequence oi) Physician/Medical Dua to (or as a consequence oi). SB esn 0 Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? ed by the 1 Yes 2 No 3 Probably 4 Unknown signed bed be Division of Vital Records, p 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy performed? completion of causa of death? page 2 has 2 No 1 Ves 2□ No certificate Hospital or Attending Physician: director, 25. Was case referred to medical examinar? 28. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No P 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this funeral 27. Manner oi Death 28b. Time of 28d. Describe how injury occurred Certification: 28c. injury at Work? 28a. Dete of injury (Month, Day Year) 5 Pending 1 Naturai subject submerged in hot water 1 ☐ Yes 2 No 24 hours after death. Funeral Director: Af investigation 2/5/99 2 Accident Location (Street and Number or Rural Route Number, City or Town, State) 2651 Miles Ave 6 Could not be determined 3 Suicide 28e. Piece of Injury - At home, Ierm, street, lactory, office building, etc. (Specify) 4 Homicide By Homore home Ad edicai 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and piece, and due to the cause(s) end menner as stated.

Wedical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifier To the To the To the 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 29c. License number MARCH 07, 1999 OCME

State Registrar Jennis J.

31. Date liled (Month, Day, Year)

MAR 10

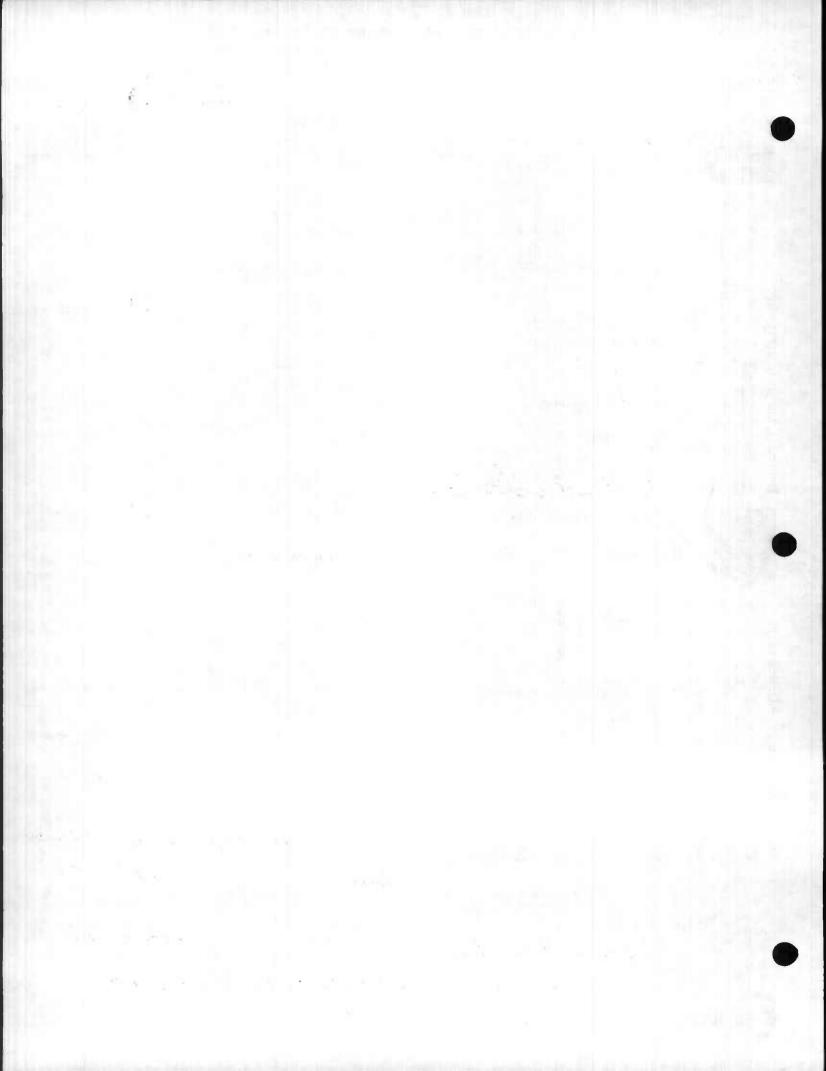
32. Registrar's Signature

ari

30. Name and address of person who completed cause of death (item 23a) (Type, Print)

B. Sports

111 Penn Street, Baltimore, Maryland 21201



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** MARGARET MARCELLUS STEVENS NAGLER MARCH 1999 9:51PM/Medical 4b. City, Town, or Location of Death 4a Facility Nama (If not Institution, give street and number) 4c. County of Death Examiner GREATER BALTIMORE MEDICAL CENTER TOWSON

And In use last hirthday If Under 1 Year If Under 24 Hrs. BALTIMORE 5. Social Security Number 8. Date of Birth (Month, Day, Year) Birthpiaca (Stata or Foreign Country) **Funeral** 1□M 2ਊF Months Days Hours 214-01-3900 89 **Director** January 27, 1910 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show itam 27 is marked other than "naturel", or items 23a or 28a-f shot other traumatic event, the Medical Examinar marks notified at 1 ☐ Yas 2 No Directo Maryland | Baltimore County Murray Hill 10g. Citizen of What Country? 31 Murray Hill Circle 21212 USA : 1 and 2 should be filed within 72 hours aftar death v Haalth and Mental Hygiana. tam 27 is marked other than "naturel; or flems 23 Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amaricen Indian, Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 No if Yes, Give Year or Dates: 1 ☐ Yes 2 No Specify: Specify: by White 3 □ Widowed 4 □ Divorced 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Busineas/Industry Elementary/Secondary (0-12) College (1-4or 5+) 18. Mother's Name (First, Middle, Maiden Sumame) 8th Homemaker 17. Father's Name (First, Middle, Last) permit. Pages 1 and 2 should be 1 Department of Haelth and Mental I Important: If itam 27 is marked ott any injury or other traumatic even once. Lindsay Stevens McMichaels 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mr. Ronald M. Nagler (Step-son) 31 Murray Hill Circle, Baltimore Maryland 21212

20a. Method of Disposition

20b. Place of Disposition Name of cemetery, crematory or other place) 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Baltimore Cemetery 3/9/99 | Baltimore, Maryland 21. Signature of Funeral Service Comme 22. Name and Address of Facility Martin D. Mitchell-Wiedefeld Home, Inc. TIARTIN D. 1 6500 York Road, Baltimore, Maryland 21212

23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest.

Approximate shock, or heart failure. List only one ceuse on each line. interval Between Onset and Death immediete Cause (Final disease or condition resulting in death) 4 hours Due to (or as a consequenca of) Physician/Medical Examiner Phenmonia attanding physician and for usa as the bunal-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Due to (or as a consequence of): that initiated events resulting in death) Last Dua to (or as a consequence of): signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Jepsis Metabolic acidosis þ Completed

Physician /Medical Examiner

The law requires that the death cartificate be executed

cartificata After this cartifical funeral director,

Be

2

Certification:

edicai

or Attending Physician:

death.

within 24 hours after death To the Funeral Director: complately filled in by the

Jagler, Margare.

Dementia

24e. Was an autopsy performed?

24b. Were autopsy findings available prior to completion of cause of death?

1 Yes 2 No 26. Place of Death (Check only one)

1 ☐ Yes 2 ☐ No

25. Was case referred to medical examiner? 1 Yas 2 No 27. Menner of Deat 1 Naturel
2 Accident

5 Pending investigation

6 Could not be determined

28e. Date of Injury (Month, Day Year)

1 Inpatient 2 □ ER/Outpatient 3 □ DOA 28b. Time of

28a. Place of Injury - At home, farm, atreet, factory, office building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury at Work? 1 TYes 2 No

28d. Dascribe how Injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one)

3 Suicide

4 Homicide

Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner es atated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and placa, end due to the cause(s) and manner stated.

29b. Signature,

29c. License number

29d. Date signed (Month, Day, Year)

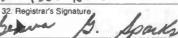
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

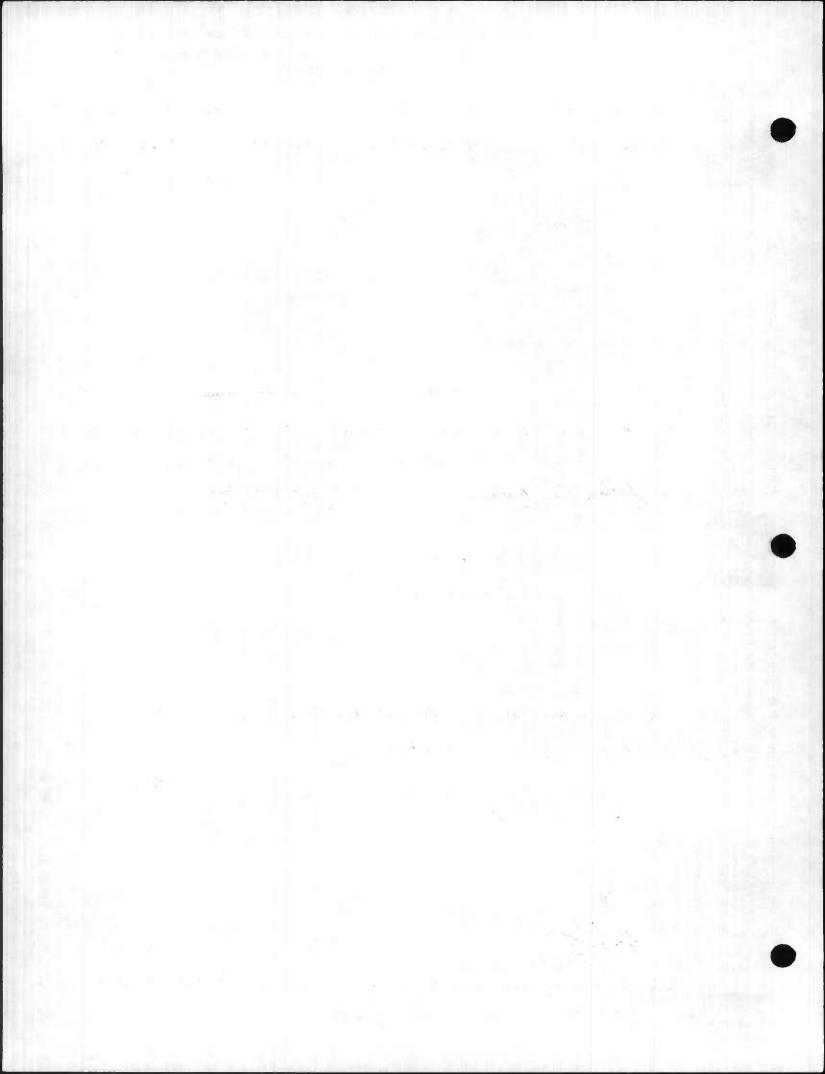
Hospital:

Vissing Battimore Charles St Suite 56 Robert MD 4300 N. 31. Date filed (Month, Day, Year)

State Registrar

MAR 10





P.O. Box 68760, Records.

Examiner nding physician end use es the buriel-transit certificate be executed etter ŏ ed by the el deteched for signed by t page 2 certificate Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certific completely filled in by the funeral director,

Physician/Medicai by Completed Be 2 Certification: Medicai

**Physician** 

/Medical

**Examiner** 

10a, State

Director

Funeral

þ

Completed

**Funeral** 

Director

the Maryland

permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene.
Important: If lies 27 is merked other than "natural", or Items 23a or 28a-f show any Injury or other traumatic event, Its Medical Exammer must be notified at

**Physician** /Medical

Saltimore, Maryland 21215-0020

Nostite

State Registrar

28a. Dete of Injury (Month, Dey Year)

1037573 Heights Ave Baltime MD ZIZOS

28c. Injury et Work?

1 Pcertifying Physicien: To the best of my knowladge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the bests of examination end/or investigation, in my opinion, deeth occurred et the time, dete end piece, and due to the ceuse(s) and mannar stated.

29c. Licanse number

1 ☐ Yes 2 ☐ No

29d. Data signed (Month, Day, Year)

28f. Location (Straet end Number or Rurel Route Number, City or Town, Stete)

28d. Describe how injury occurred

30. Name end eddress of person to completed cause of deeth (Item 23e) (Type, Print)

MD Park Jef CIWIC 2220

31. Dete filed (Month, Dey, Yeer) MAR 1 0 1999

5 Pending Investigation

6 Could not be determined

27. Menner of Deeth

1 Naturel

2 Accident

4 Homicide

29b. Signatura and title of certifiar

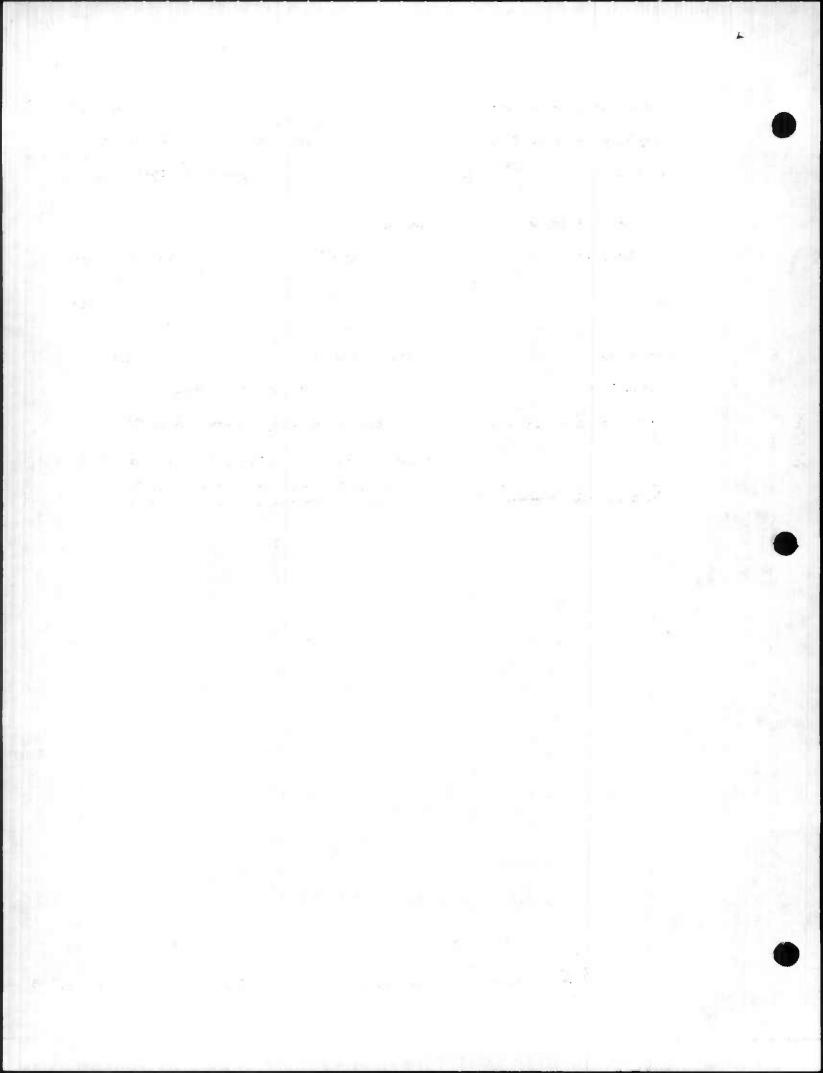
3 Suicide

29e. Certifian (Check only one)

32. Registrer's Signeture

28b. Time of

28a. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)



Division of Vital Records, P.O. Box 68760,

ettending ph signed by the el After this certificate has funeral director, page 2 Hospital or Attending Physician: death. after death Director: 2 To the Hospital or within 24 hours aft To the Funeral Di completely filled in

The law requires that the death certificate be executed physician and s the burial-transit

Physician/Medicai by Completed Be 2 Certification: edical

**Physician** 

/Medical

Examiner

Directo

Funeral

þ

Completed

Be

Examiner

**Funeral** 

Director

Pages 1 and 2 should be filed within 72 hours efter deeth with the Maryland month of Health and Mental Hyglene.

Intil Health 27 Is marked other than "naturel", or items 23a or 28e-f show any or later training and the modified at my or other training event, the Medical Exercises must be notified at

Important: if its any injury or ob pince

**Physician** /Medical

Examiner

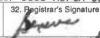
Baltimore, Maryland 21215-0020

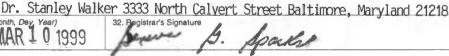
State Registrar 29a Certifier

29b. Signatura and title of certifier

31. Date filed (Month, Dey, Year)
MAR 1 0 1999

30. Name and address or purson who completed cause of death (Item 23a) (Type, Print)





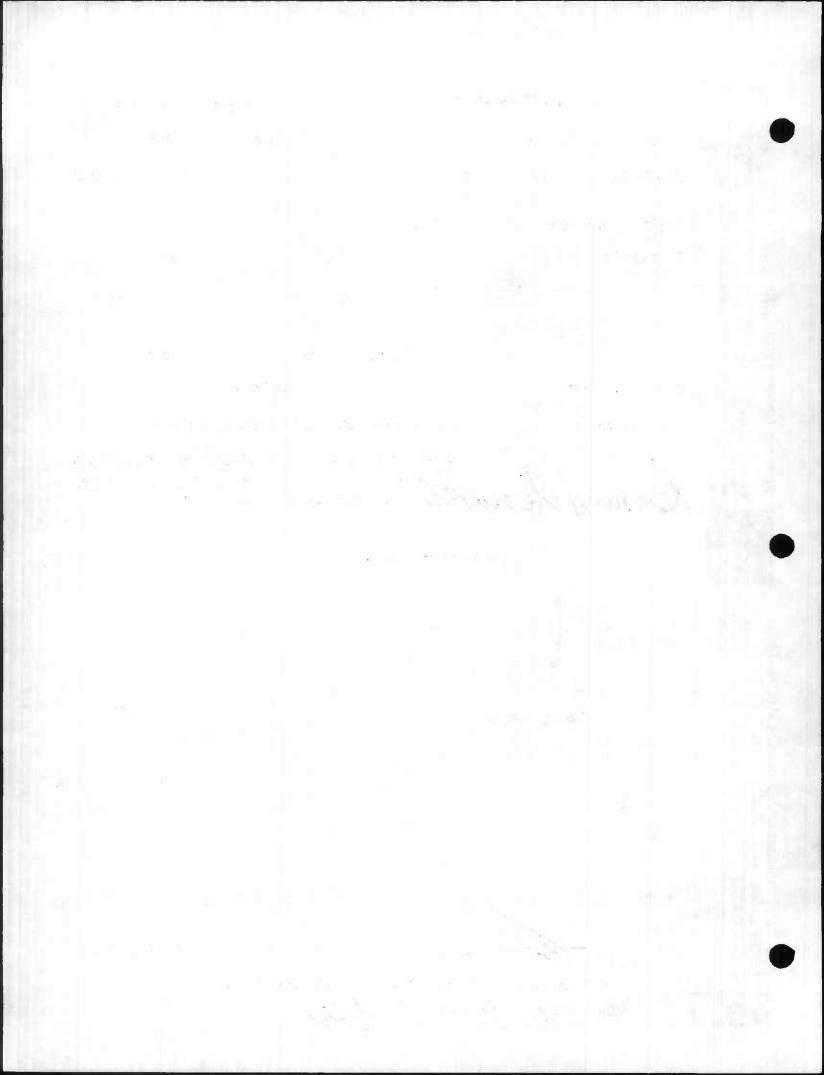
1XXCertifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

D 44944

29d. Data signed (Month, Dey, Year)

March 8, 1999



1	FOR STATE REGIST
,	1. DECEDENT
1	Momm

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTI	FICATE	OF DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) Mary Edwin O'C	onnoll.					e of DEATH	1000	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212–62–5688		GE (In yrs. lest birthda) 95 YRS.	MONTHE	1 YEAR IF UNDER 24 HRS DAYS HOURS MIN		e of BIRTH	T	BIRTHP	10:10p
OR	9a. FACILITY NAME (If not institution, give : Maria Health Ce	street and number)		9b. CITY, TOWN OR LOCATION OF DEATH  Baltimore				9c. COUNTY OF DEATH  Baltimore		
DIRECTOR	nesidence of decedent  10a. STATE 10b. COUNT  MD Balt		10c. CITY, TOWN OR LOCATION Baltimore					$\overline{}$	10d. INSIDE CITY LIMITS?	
	100. STREET AND NUMBER 6401 N. Charle			101. ZIP CODE 21212			10g. CITIZEN			1 YES 2 NO
	11. MARITAL STATUS  12. Never Married 2 Married  3 Widowed 4 Divorced	R IN U.S. ARMED ES 2 NO R DATES	IN U.S. ARMED 13. WAS DECENDENT ( 2 NO If yes, specify Cubi		F HISPANIC ORIGIN? (Specify Yes or , Maxican, Puarto Rican, etc.)					
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			166. KIND OF BUSINESS/INDUST			STRY		
OMPL	17. FATHER'S NAME (First, Middle, Last)	4	Te	ache			aroch		3ch	ools
BEC	John J. O'Conn	ell					Loret	9		1
10	194. INFORMANT'S NAME (Type/Print) Bernice Feilin	ger			Charles S					12
	20a. METHOD OF DISPOSITION  Comparison 3 Grant  Donation 5 Other (Specify)	noval trom State	20b. PLACE AND DAT	E OF DISPOS		DA		CATION — C	ity or Tow	vn, Stata
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. 1	NAME AND ADDRESS OF	FACILITY				York Rd.
CERTIFICATION	disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	Htterostuatic Condinantul Bload 1 yes 2 Tho OF DE								WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 PNO  1 Inputiant 2 ER/Outpetlent 3 ODA 4 Nursing Home 5 Residence 6 Other (Specify)									
Y PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJU (Month, Day, Ye	RY 28b. 1	A .				HOW INJURY OCCURED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	URY — At home, ferr Specify)	At home, ferm, street, factory, office			281. LOCATION (Street end Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	brolow	110		29c, LICENSE	NUMBER		29d. DATE	SIGNED	(Mohin, Day, Year)
-	30. NAME AND ADDRESS OF PERSON W  Neal Friedlan  31. DATE FILED (Month, Day, Year)  MAR 1 0 1999		65 N. C		St. PPF	Ste	203 1	Powso	m,	MD 21204

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

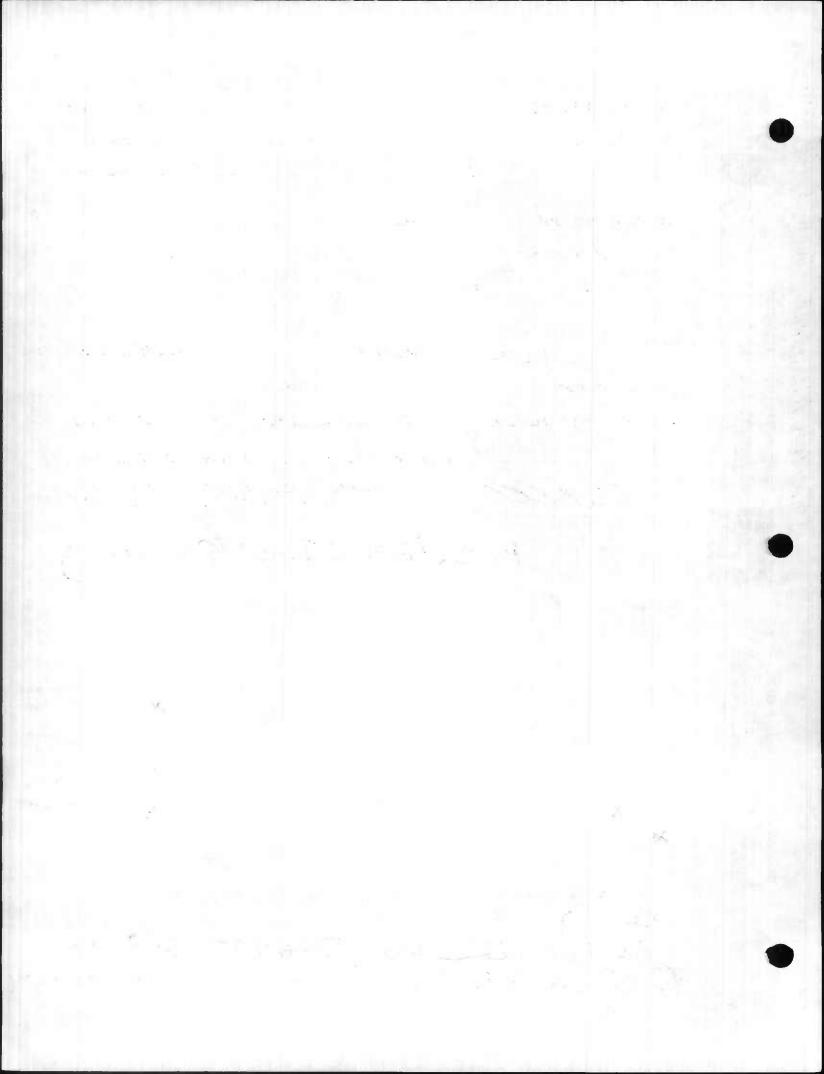
TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

E X 

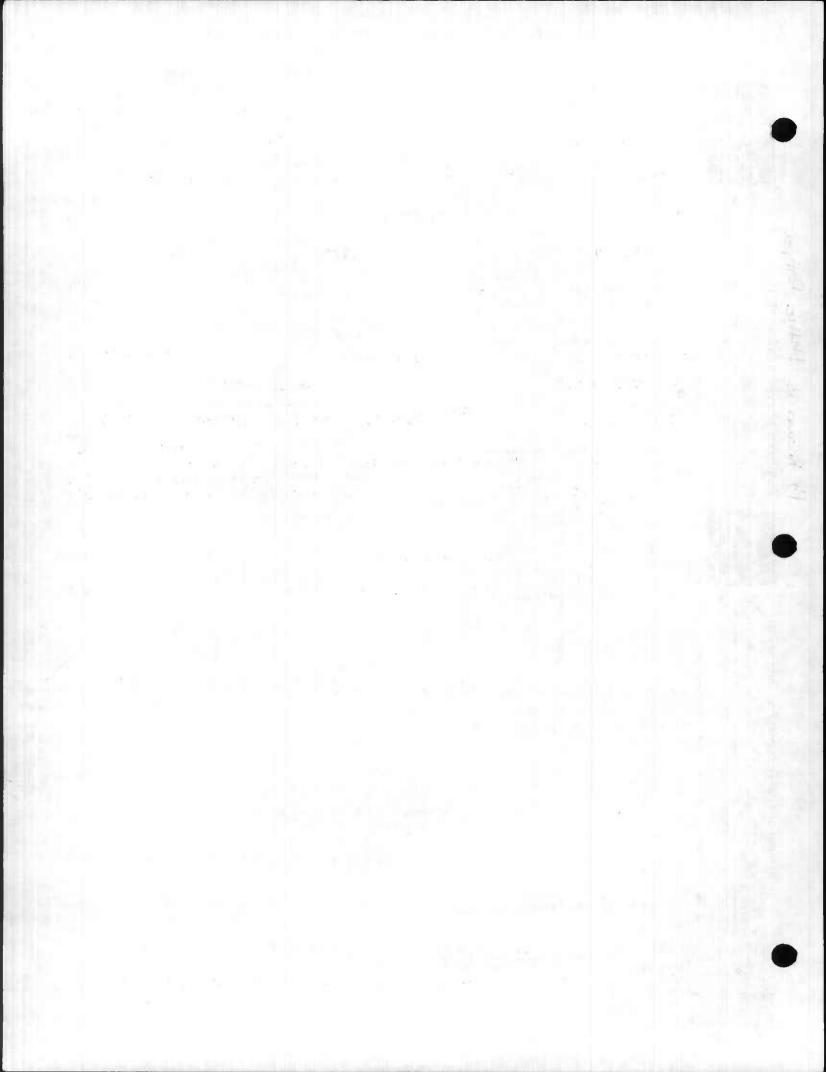
Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** 5, MARY ANNE O'DONNELL 9:32 p.m. 1999 March /Medical 4a Fscility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Gilchrist Center Towson Baltimore 8. Date of Birth (Month, Day, Year) Aug. 25, 19 5. Social Sacurity Number if Undar 1 Yaar | If Under 24 Hrs. 7. Aga (In yrs. last birthday) 9. Birthplaca (State or Foreign **Funeral** 1□M 20 F Months Days Hours 56 Yrs. 218-40-6909 1942 Maryland Director Usuai Residence of Decedent 10a State 10b County 10c. City. Town or Location 10d. Inside City Limits rail, or items 23s or 28s-f show Examiner must be notified at 1 ☐ Yes 2 ☑ No Directo Maryland Harford Bel Air 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 611 Lanark Court North 21015 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 Ø No If Yas, Give Yaar or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - Amarican Indian, 11. Marital Status Black, Whita, etc. 1 ☐ Never Married 2 🕅 Married "natural", or 1 ☐ Yes 2 Ø No Specify: Specify: by White 3 Widowad 4 Divorced the Medical 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Dacedent's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Registrar Catholic High School years 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Mental Bernard Schramm Juliette Barringer 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Phil O'Donnell (Husband) 611 Lanark Court North, Bel Air, MD. 21015 Nam 27 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Burial 2 □ Cremetion 3 □ Removal from State 3/9/99 Highview Mem. Gardens 4 ☐ Donation 5 ☐ Other (Specify) Fallston, Maryland 21. Signatura of Funaral Service Licensee 22. Name and Addrass of Facility Schimunek Funeral Home of Bel Air, 610 W. MacPhail Road, Bel Air, MD. Inc. 21014 23a. Part1. Entar the disease, or complications that ceused the death. Do not antar tha mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate interval Between uset and Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examine physician and s the bunal-transit Sequentially list conditions, if any, laeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es a consequence of) requires that the death certificate be execu Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or as a consequence of): attending pl 23b. Did tobacco use contributs to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. s been signed by the should be deteched 1 Yss 2 No 3 Probably 4 Unknown p 24b. Were autopsy findings available prior to completion of ceuse of death? Completed 24a. Was an autopsy performed? i certificate hes l Hoppital or Attending Physician:
4 hours efter death.
Furneral Director: After this certificately filled in by the funeral director, 25. Was casa referred to medicei examiner?

1 Yes 2 No Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) HOSPICE 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of Injury (Month, Day Year) 27. Menger of Death 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? Certification: Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 24 hours 12 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Madical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. 29a. Certifier edica (Check only To the Within 2 To the I 29b. Signature and title of certific 29d. Date signed (Morgh, Day, Year) 29c. License number and address of pe son who completed cause of death (Item 23a) (Typa, Print) EINE 31. Date filed (Month, Day, Year) 32. Registrar's Signatura State 1999 MAR 1 0 Registrar



# Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygienen

sician	1. Decedent's Nem	e (First, Middle, Last	)				2. Dete of De			3. Time of Death
	Hettie M.	Pompey					Mourch	Day	Year 1999	5:20AM
al er		If not institution, give	street and number)			4b. City, Town, or L				3. 20AM
r		Hospital	,			Baltimor		n/a		
	5. Social Security N	lumber 6. Se			der 1 Year	If Under 24 Hrs.	8. Date of Bir	th	9. Birthplac	ce (Stete or Foreign
	215-24- Usual Rasidence of	0112	<sup>2</sup> √√ 85	Yrs. Mont	ns Deys	Hours Min.	May 16	, 1913	NC NC	)
	10e. Stete	10b. County	10c. C	ity, Town or Location					10d	. Inside City Limits
tor	MD.	n/a	Ba	ltimore					16.37	1 Xas 2 □ No
Director	10e. Street and Nur			10f.	Zip Code			10g. Citizen of	What Country	n
al C	2852 Woo	dbrook Av	enue		2121	7		USA		
by cureral	11. Meritel Status 1 Never Marri 3 Widowed	ied 2 Married	12. Wes Decedent Ever in L Armed Forces? 1 ☐ Yes 2☐ No If Yes, Give Year or Dates:		cedent of lipecify Cub	Hispanic Origin? (Spen, Mexicen, Puerto Specify:	pecify Yes or No Rican, etc.)		ce - American ick, White, etc	
	(Spec	15. Decedent's Edu	cation e completed)	16a. Decedent's U	sual Occu work done	pation during most of work	dng	16b. Kind of B	usiness/indus	stry
Completed	Elementary/Seco	ondary (0-12)	College (1-4or 5+)	life. DO NO	T use retire	9d)			2	
	6th Grade			Nurses A	de	T 40 Básab a da Alama	- (First Middle	Rosewo		pital
10 Be	Albert C	(First, Middle, Last) hambers				18. Mother's Nam Maggie Pa		, Meiden Sumai	me)	
-	19a. informant's N	ame/Relationship (T)	rpe, Print) Daughter	. 19b. Mailing Add	ess (Stree	t and Number or Ru	ral Routa Numb	er, City or Town	, State, Zip C	ode)
	Carole B	rown	Daugireer	2603 Lig	htfo	ot Drive	Baltimo	re, Md.	21209	
	20e. Method of Disp	position  Cremetion 3   F		Place of Disposition ( cemetery, crematory	Neme of or other pla	ice)	Date	20c. Location Baltimo		
			Entombment A				March 1	0		
П	21. Signature of Fu	neral Service Licens	ae	22. Name	and Addr	ess of Facility Nu	tter Fu	neral H	omes,	Inc.
	de	west &	· hutte	2501	Gwyni	ns Falls	PKWY Ba	ltimore	, Md.	21216
	23a. Part1. Enter the shock, or has	he disease, or compl art fallura. List only o	icetions thet caused the dee	th. Do not enter the r	node of dy	ing, such es cardiac	or respiratory a	rrest,	In	pproximate ntarval Between
		489							0	Inset and Death
	Immediate Cause ( disease or condition resulting in death)	(Final on	Brady	Carclia for as a consaquance					1(	omia.
16	rossing in county		Dua to (	or as a consaquance	of):					
				Adial I		ction			1	zhr.
Examiner	Sequentially list co if eny, leading to in ceuse. Enter Unde Causa (Disaase or	nditions, nmediate	The second secon	or as a consequance	of):				1	
a	ceuse. Enter Unde Causa (Disaase or that initiated avants	erlying injury	Sepsis						2	24hrs.
edical	resulting In death)	Last	Due to (	or as a consequence	of):					
MA			1	-						
- CO	Part II. Other signif	ficant conditions cor	tributing to death but not ra	sulting in the underlying	n cause n	ivan in Part I	23b. Did	tobacco usa co	ontribute to ti	he cause of death
C	, all in our organi		in builing to doubt but not rat	outing in the underlying	ig could g			Y00 2 No		bly 4 Unknov
,										
by Physici									availe	autopsy findings able prior to
2							24a. Was	ormed?		
þ			0.010.00				24a. Was perfe	s an autopsy ormed?	of de	olation of ceuse ath?
2	1196					-	perfe	yes 22 No	of de	ath?
Completed by	25. Was case refer	rred to medical				26. Place of Dea	perfe	Yes 22 No	of de	ath?
o se completed by	25. Was case refer exeminer? 1 □ Yes 2 ☑		łospital: 1 <b>⊌</b> Inpatient 2□	☐ ER/Outpetient 3☐	DOA OI	hor	perfe	Yes 22 No	of de	ath?
o pe combiered by	exeminer? 1 ☐ Yes 2 🔀  27. Manner of Deat	No h	lospital: 1 ☑ Inpatient 2□ 28a. Date of Injury (Month, Day Year)	☐ ER/Outpetient 3☐ 28b. Tima of Injury	28c. Inju	ther: 4 Nursing Hearty at ork?	th (Check only	Yes 2 No	of de	ath?
lo pe completed by	exeminer? 1  Yes 2 2  27. Manner of Deat 1  Natural 2  Accident	No h	28a. Date of Injury (Month, Day Year)	28b. Time of Injury	28c. Inju	her: 4 Nursing H	th (Check only ome 5 Res	Yes 2 No one) Idence 6 Oth	of de 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ath? Yes 2∭ No
lo be completed by	exeminer? 1  Yes 2 2	No h 5 □ Pending	1 M Inpatient 2L	28b. Time of Injury	28c. Inju	her: 4 Nursing H	th (Check only ome 5 Res 28d. Describe	Yes 2 No one)	of de 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ath? Yes 2∭ No
dical Certification: To Be Completed by Physician/M	exeminer?  1 Yes 2 2  27. Manner of Death 1 Matural 2 Accident 3 Suicide 4 Homicida  29a. Certifier (Check only)	No h 5 Pending investigation 6 Could not be determined	28a. Date of Injury (Month, Day Year)  28e. Place of Injury - Athough the building, etc. (Special Control of the basis of examination of the b	28b. Tima of Injury M	28c. Inju	iher: 4 Nursing H ury at ork? Yes 2 No	perfi	Yes 2 No one) Idence 6 Oth how Injury occu (Street and Num wn, State)	her (Specify) rred	ath? Yes 2 No No Route Number,
edical Certification: To Be Completed by	exeminer?  1 Yes 2 2  27. Manner of Deatt  1 Matural  2 Accident  3 Suicide  4 Homloida	No  b 5 Pending investigation 6 Could not be determined  Certifying Physical Medical Examination	28a. Date of Injury (Month, Day Year)  28e. Place of Injury - At houilding, etc. (Speci	28b. Tima of Injury M  nome, farm, street, factify)  owledge, death occurration and/or investigal	28c. Inju Wo	iher: 4 Nursing H ury at ork? Yes 2 No	perfi	Yes 2 No one) Idence 6 Oth how Injury occu (Street and Num wn, State)	her (Specify) irred  ber or Rural F	ath?  Yes 2 No  Route Number,  ed.  ne ceuse(s)
edical certification: To Be Completed by	exeminer?  1 Yes 2  27. Manner of Deatt  1 Natural  2 Accident  3 Suicide  4 Homicida  29a. Certifier (Check only one)  29b. Signature and	No  h 5 Pending investigation 6 Could not be determined  1/2 Certifying Phys 2 Medical Examination of the certifier	28a. Date of Injury (Month, Day Year)  28e. Place of Injury - At houlding, etc. (Special Control of the Day Section of the Day	28b. Tima of Injury M  nome, farm, street, factify)  owledge, death occurration and/or investigal	28c. Inju Wo 1 Control of the tory, office ed et the tolon, In my 29c. Licen	iner: 4 Nursing Hury at oh? Yes 2 No ime, date and place, opinion, daath occurse number	perfi	Yes 2 No No No No No No No No No No No No No	her (Specify) irred  ber or Rural F	ath?  Yes 2 No  Route Number,  ed.  ne ceuse(s)
To Be Completed by	exeminer?  1 Yes 2 2  27. Manner of Death 1 Manurar 2 Accident 3 Suicide 4 Homicida  29a. Certifier (Check only one)  29b. Signature and	No  h 5 Pending investigation 6 Could not be determined  12 Certifying Phys. 2 Medical Examiliation Could not be determined	28a. Date of Injury (Month, Day Year)  28e. Place of Injury - Atheuriding, etc. (Special Control of the basis of examinand manner stated.  Suffer M.D.	28b. Tima of Injury M  nome, farm, street, factify)  owledge, death occuration and/or investigal	28c. Inju We 1 Control of the tendent the tendent the tendent the tendent tend	iner: 4 Nursing Hury at oht? Yes 2 No ime, date and place, opinion, daath occurse number	th (Check only) ome 5 Res 28d. Describe 28f. Location (City or To) and due to the	Yes 2 No one) Idence 6 Othow Injury occu (Street and Numwn, State)  cause(s) and midata and place	of de 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ath?  Yes 2 No  Route Number,  ed.  ne ceuse(s)



DHMH 16 Rev 6/95

Registrar

THE WATER OF THE RESIDENCE OF THE PARTY OF T Selection of the select

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene \ Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Jaren AM NICOLAS DIMITRIS PASTIDES 4b. City, Town, or Location of Death 4a. Facility Nama (If not institution, giva straat and number) 4c. County of Death BALTIMORE MARYLAND GENERAL N/A If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foraign Country) 1)X) M 2□ F 215-66-2753 Jan 9, 1908 Egypt Usual Residence of Decedant 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No N/A Baltimore City Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1101 St. Paul Street #1109 21202 USA 14. Race - American Indian, Black, White, atc. 12. Was Decedent Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 1 ☐ Never Married 2 ☑ Married 1 ☐ Yas 2 ☑ No If Yes, Give Year or Dates: 1 ☐ Yes 2 📆 📉 o Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) $5 \pm$ Mathematics Professor College Education 17. Fathar's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Pastides Theodosia Aniliadis Dimitris 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Baltimore, Maryland 21202 #1109, 1101 St. Paul Street, Marie Martinez Pastides 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 3/10/99 Baltimore, Maryland Green Mount Crematory 21. Signature of Funaral Service 22. Name and Address of Facility awsm Mitchell-Wiedefeld Home, Inc. 6500 York Road, Baltimore, Maryland 21212 enter the mode of dying, such as cardiac or respiratory afrest, Approxi 23a. Part1. Entar the disease, or complications that caused the death. Do not enter shock, or heart failura. List only one cause on each line. Approximate Interval Between Onsat and Death Immediate Cause (Final disease or condition resulting in death) 401e Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury that initiated events resulting In deeth) Lest Due to (or as a consequence of) Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown 24b. Were autopsy findings available prior to complation of cause of death? 24a. Was an autopsy performed? 1 Yes 2 Tho 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 26. Place of Death (Check only one) examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Netural 1 Yes 2 No

ettending physician end for use as the buriel-transit certificate be executed P.O. Box 68760, signed by the el peen s certificate hes t director, pege 2 s Division of Vital Attending Physician: this After deeth.

**Physician** 

/Medical

Examiner

Director

Funeral

þ

Completed

Be

2

**Funeral** 

Director

the Merylenc

permit. Peges 1 and 2 should be filed within 72 hours efter death with the Meryle Department of Health and Mentel Hygiene.
Important: If item 27 is marked other than "natural", or items 23e or 28a-1 show any injury or other traumatic event, Ita Medical Examiner must be norified as once.

**Physician** /Medical

Examiner

Medlas tastide

Physician/Medical þ Completed Be 2 Certification:

In by the funeral after deeth To the Hospital or within 24 hours aff To the Funeral Di completely filled in

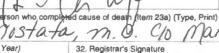
> State Registrar

O

edical

MAR 1 0 1999

6 Could not be determined



and manner stated.

29c. Licansa number

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s)

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29d. Data signed (Month, Day, Year)

Maryland General Hospital.

31. Date filed (Month, Day, Year)

29b. Signature and title of certifier

30. Name and address of po

ShRat

2 Accident

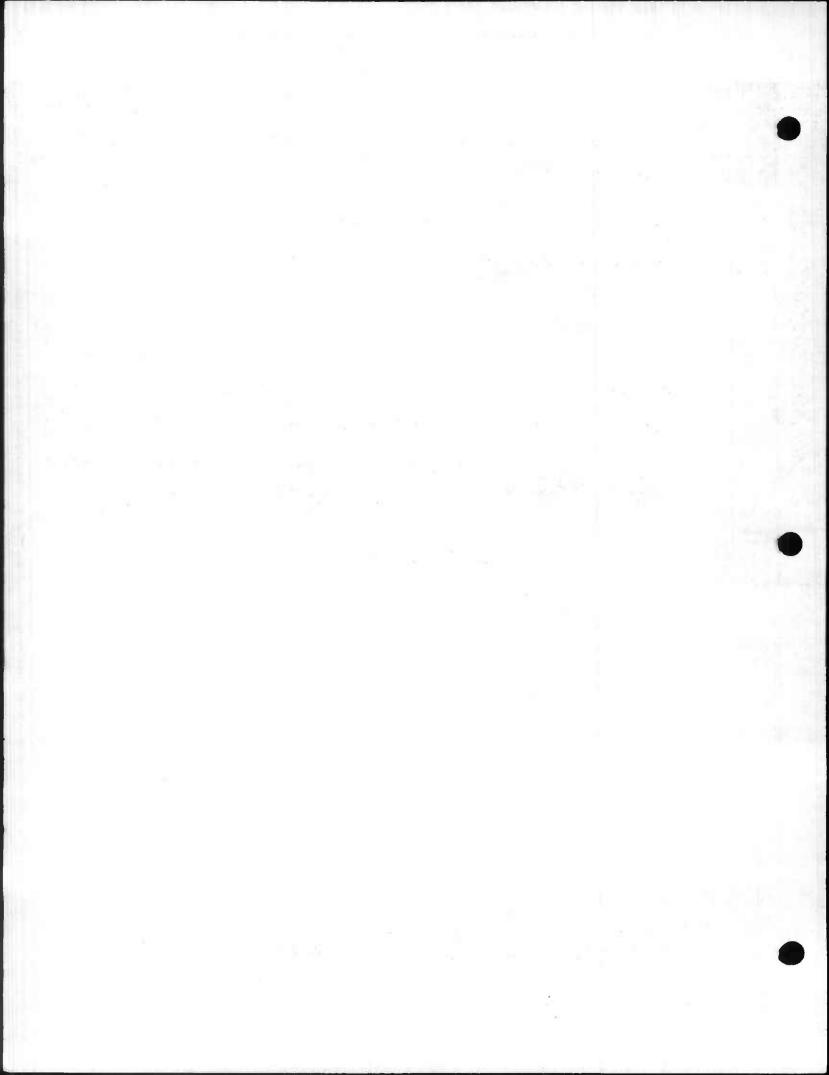
4 Homicide

(Check only one)

3 Suicide

29a. Certifier

Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Neme (First, Middle, Last) 2. Data of Death 3 Time of Death APLENE METTY MAN 0715 MARCH 4a Facility Name (If not institution, give street end number) If Under 1 Yeer If Under 24 Hrs. 8. Data of Birth (Month, Dey, Year) APRIL 23, 1955 4b. City, Town, or Location of Death 4c. County of Deeth CENTER DAVVIEW MEDICAL 7. Aga (In yrs, last birthdey) Birthplaca (Stete or Foreign Country) 5. Social Sagurity Number 1 M 2 F Months 214-64-7960 Usual Rasidance of Decedant Yrs 10a. Steta 10b. County 10c. City, Town or Location 10d. Insida City Limits 18 Yas 2 □ No MARVLAND 10e. Street and Number 10g. Citizan of What Country? 5441 KOAD USA. 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxicen, Puarto Ricen, atc.) 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 Ø No if Yas, Giva Yaar or Dates: 14. Rece - American Indian, Black, Whita, atc. 11. Marital Status 1 Nevar Married 2 Marriad 1□ Yas 20 No Specify: 3 ☐ Widowed 4 ☐ Divorced BLACK 15. Decedant's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) CARE NURSE NURSING HOMES 18. Mothar's Nama (First, Middle, Meiden Sumeme) 17. Fathar's Nama (First, Middle, Last) DAMUEL LAWRENCE 604 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) FORCE ROAD, BALTIMORE, MD. 21206 Data 20c. Location - City or Town, State TERRY PRETTY MAN-HENRYL ISTER) 20b. Place of Disposition (Neme of cemetery, crametory or other place) 20a. Mathod of Disposition Burlai 2 Cramation 3 Removal from Stata 03-13-99 LANDS DOWNE, MD. 4 Donation 5 Other (Specify) CEMETERY 21. Signal of Funaral Sarvice Licensaa 22. Nama and Addrass of Facility BROWN JR. FUNERAL HOME JOSEPH H. 23a. Part1. Entar tha disaasa, or complications that cousad the death. Do not enter tha moda of dying, such as cerdiac or raspiratory areast, Approximete shock, or haart failura. List only one couse on each lina. Approximete intarval Batween Onsat and Death Immediate Ceusa (Final diseesa or condition resulting in deeth) MULTI-SYSTEM ORGAN FAILURE 2 DAYS DISSEMINATED INTRAVASCULAR COAGULATION Sequantially list conditions, if eny, laading to immadiata ceusa. Entar Undarlying Causa (Diseasa or Injury that initiated avants rasuiting In daath) Last Dua to (or as a consequence of) ENDOCARDITIS 2 MONTHS Dua to (or as a consaquance of). Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy tindings available prior to completion of cause of death? 24a. Wes an autopsy performad? 2 No 1 ☐ Yes 2 ☐ No 25. Was cesa raferred to medical axaminar? 26. Pieca of Deeth (Check only one) 1 Yas 2 No Hospital: Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Inpatiant 2 ER/Outpatiant 3 DOA 28a. Date of Injury (Month, Dey Year) 28d. Describe how Injury occurred 27. Menner of Death 28b. Tima of 28c. injury at Work? 5 Panding invastigation 1 Natural 1 ☐ Yas 2 □ No 6 Could not be determined 3 SuicIda 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

that the death certificete be executed Box 68760. Division of Vital Records,

Physician/Medical Examiner attending physicien and for usa as the bunel-trensit ed by the a signed t s certificate has b or Attending Physician: director Be To After this funeral Certification: within 24 hours after death. To the Funeral Director: A filled in by

þ

Completed

edicai

4 Homlcida

(Check only one)

29b. Signature and title of certify

30. Name end address of per

Physician /Medical

Examiner

**Physician** 

/Medical

**Examiner** 

Director

Funeral

þ

Completed

Be

**Funeral** 

**Director** 

the Meryland r 28a-f show

with

permit. Pages 1 and 2 should be filed within 72 hours effer death with Department of Health and Mental Hygiena. Important: if item 27 is marked other than ""." any injury or other traument—any injury or other traument—any

7 is marked other than "natural", or items 23s or traumatic avent, the Modical Examinar must be a

To the Hospital completely

State Registrar 31. Data filed (Month, Dey, Year) 32. Registrar's Signetura

son who completed ceuse of deeth (Item 23e) (Type, Print)

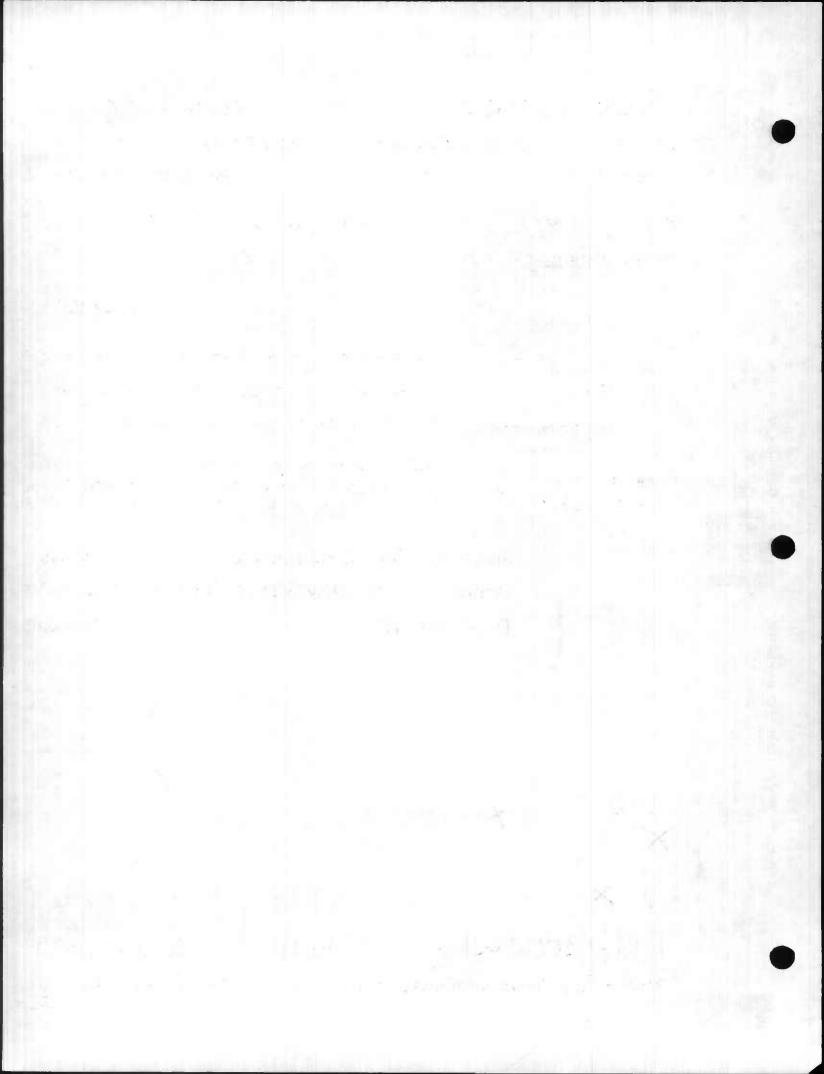
Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify)

29c. Licansa number

Certifying Physician: To tha best of my knowledge, death occurred at tha tima, data and place, and dua to the ceusa(s) and manner as steted.

| Medical Examinar: On the basis of axamination end/or investigetion, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner steted. 29d. Date signed (Month, Dey, Year)

4940 EASTERNAVE, BALTIMORE, MD



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1. Decedant's Name (First Middle Last) 2. Date of Deeth March **Physician** 3:40 AM A. Pierro arlo /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Neme (If not Institution, give street and number) Examiner Baltimore Medica Saltimore City Mercy If Under 1 Year If Under 24 Hrs. 5. Social Security Number Birthplace (State or Fereign Country) 6 Sax 7. Age (In yrs. last birthday) **Funeral** Months Days Hours Min 16 M 2 F Yrs. 201-05-1885 90 1909 Penna Director 16 Usual Residence of Decedent the Maryland 10a Stata 10b. County 10c. City. Town or Location 10d. Inside City Limits item 27 is marked other than "naturel", or items 23a or 28a-f show other traumatic event, the Medical Examinar must be notified at ₩ Yes 2 No n/a Baltimore Md. Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 21230 549 E. Fort Ave. USA Funeral death 12. Wes Decedent Ever In U,S Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14 Race - American Indian Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after. Department of Haalth and Mental Hyglena. Insportant: If Nem 27 is marked other than "natural", or iter any Injury or other traumatic event Never Married 2 Married 1 ☐ Yes ♣ No if Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: white þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elamantary/Sacondary (0-12) Collage (1-4or 5+) Tailor Dry Cleaning Co. 9 n 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Carlina D'Ambrosio Vincent Pierro 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 19 Lakeview Ave. Pine Hill, N. J. 08021 Linda Doyle (Neice) 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c Location - City or Town, State Delaware County 1 ☐ Buriai 2 ☐ Cramation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Yeadon, Penna. 3/15/99 Holy Cross Cemetery 21. Signeture of Funeral Service Licensee 22. Name and Address of Facility McCully-Polyniak Funeral Home P.A. 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** Renal Failure /Medical Immediate Cause (Final disease or condition rasulting in daath) Examiner neumonia with physician and the burial-transit Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last the death certificate be execu Intra Cranial Hemorrhage Division of Vital Records, P.O. Box 68760, Physiclan/Medical Due to (or as a consequence of): 950 signed by the a d be detached f 23b. Did tobacco use contribute to the ceuse of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 3 Probably 4 Unknown 1 Yes 2 No by 24b. Were eutopsy findings available prior to 24a. Was an eutopsy performed? Completed completion of cause of death? certificate 2 No 1 ☐ Yes 2 No after death.

Director: After this certifications funeral director, 25. Was case referred to medical examiner? Be 26. Placa of Death (Check only one) Other: 4 Nursing Homa 5 Rasidanca 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Death 28d. Dascribe how injury occurred 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? Certification: 5 Panding investigation 1. Natural 1 Yas 2 No 2 Accident 3 Suicide 6 Could not be datarmined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) in by 4 Homicide To the Hospital of within 24 hours a To the Funeral D 12 Certifying Physician: To tha best of my knowladga, daath occurred at tha fime, data and place, and due to the cause(s) end manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, daath occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifian Medical 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) March 8 1999 P10356

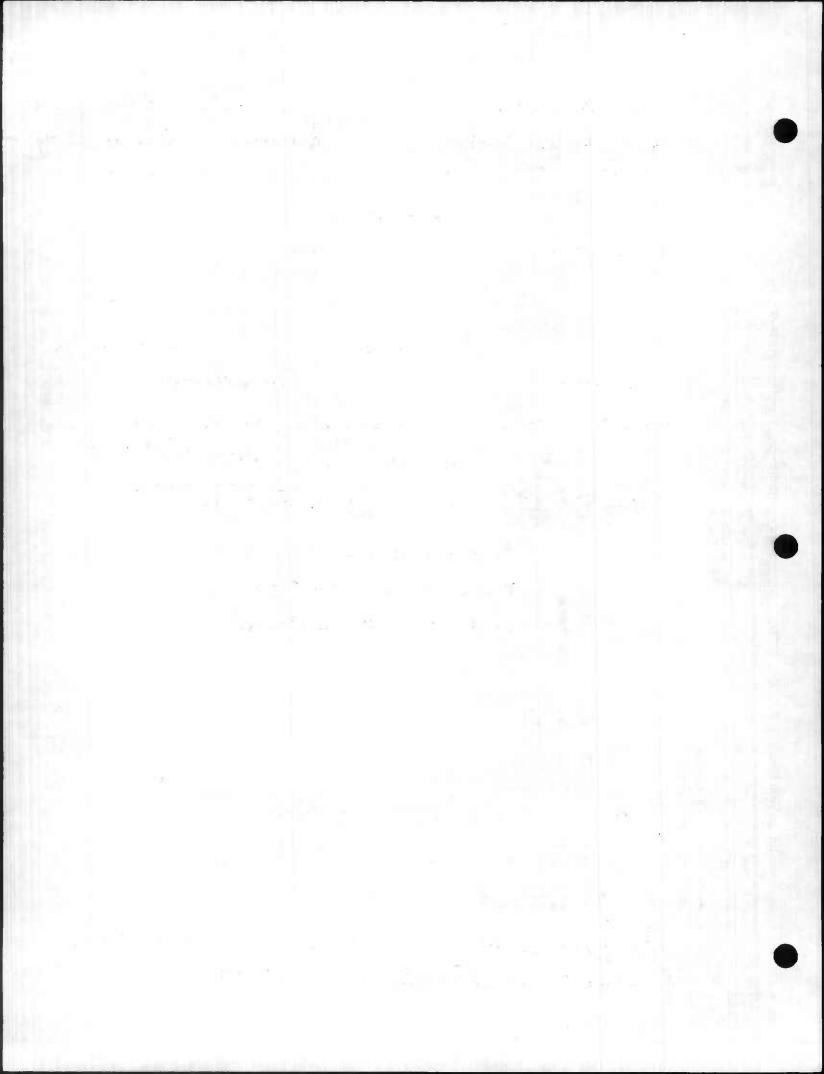
State Registrar

31. Data filad (Month, Day, Year)

MAR 1 0 1999

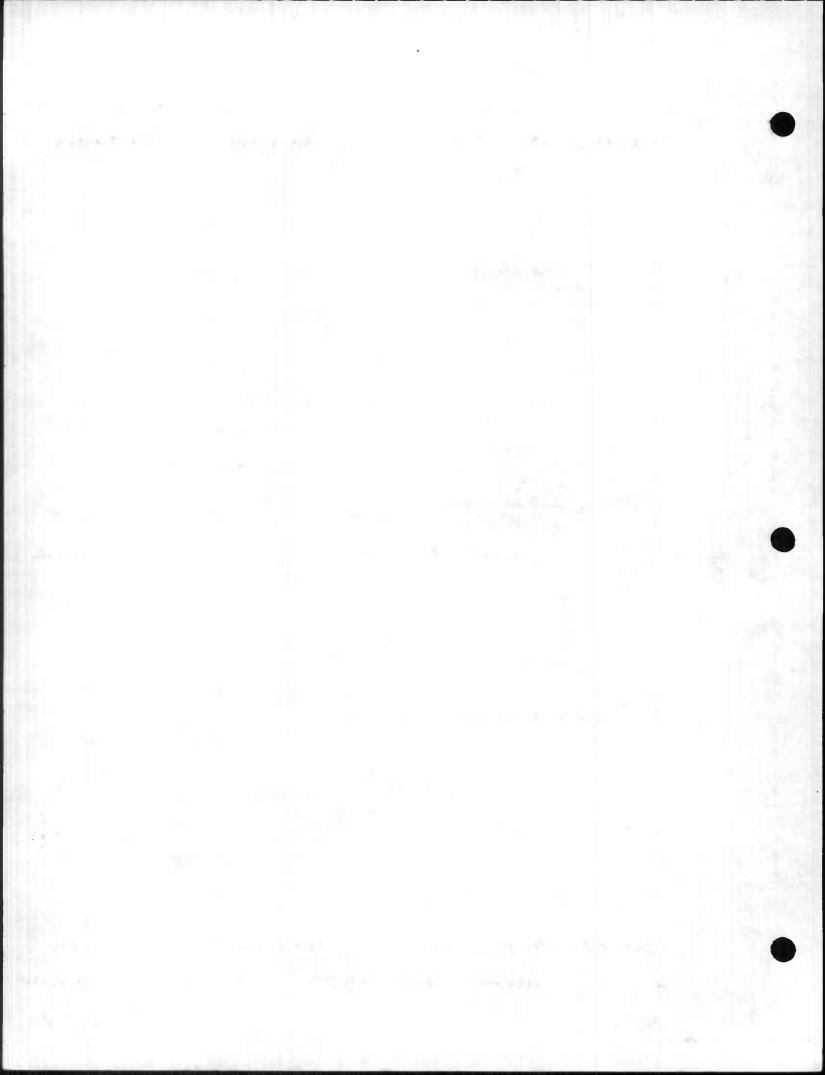
32. Registrar's Signature

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Wilma Rowe Mercy Medical Center 30 | Saint Paul Street Baltimore Maryland 21202



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death

sician	1. Decedent's Neme (First, Middle	le, Last)			Death	2. Date of D Month		3. Time of D	
-111							h 09	19 1220	
edical miner	4e Fecility Neme (If not institution, give street end number)  4b. City, Town, or I								
	Dakchest	Care Co	ne	4	Park	willo.	30	Attimore	
ral	5. Sociel Security Number	6. Sex 7. A	ge (In yrs. last birthd	Months Dev	II Unuel 24 mi	B. Date of Bi	rth av Yearl	Birthplace (State or I Country)	
or	215-03-2452	1□M 2⊠F	85 Yrs		110010	06/0	5/1913	MARYLAND	
	Usuel Residence of Decedent  10a. Stete 10b. County		10c. City, Town o	Location				40d Inside City	
uneral Director				kville				10d. Inside City 1 ☐ Yes 2	
Director		timore							
듬	10e. Street and Number			10g. Citizen of W	hat Country?				
Funeral	8820 Walther B	lvd. Apt. 11	09		1234		US		
- F	11. Meritel Stetus	12. Wes Decedent Armed Forces		<ol><li>Wes Decedent of if Yes, specify Cu</li></ol>	Hispanic Origin? ( ban, Mexican, Pue	specify Yes or N rto Rican, etc.)	0- 14. Hace Black	- American Indian, c, White, etc.	
by F	1 ☑ Never Merried 2 ☐ Men 3 ☐ Widowed 4 ☐ Divorced	If Yes, Give	No	1 ☐ Yes 2X No	Specify:		Specify:	T. 77	
		Year or Detes:	160 Do	cedent's Usuel Occu	ination		16b. Kind of Bus	White	
Completed	(Specify only highe	st grade completed)	(G	ive kind of work done	pation during most of world ad)	orking	160. Kind of Bus	siness/moustry	
E.	Elementery/Secondery (0-12)	College (1-4or	5+)	vpist			Clan		
	17. Father's Name (First, Middle,	Last)	1	ypist	18. Mother's Na	rme (First, Middle	Cler Maiden Sumame		
9 Be	Carmelo		zarella		Vincen			ederico	
10	19e. Informent's Neme/Reletions			eiling Address (Stree					
	Mrs. Josephine l							e, Md. 2123	
-	20e. Method of Disposition	1445011/ 31326	20b. Plece of Di	sposition (Neme of		Date		City or Town, State	
	1 Burial 2 ☐ Cremetion		cemetery, a	cremetory or other pl					
	4 Donation 5 Other (S		Dulaney	Valley Me		3/12/99	Timoniu	m, Md.	
8	21. Signature of Europeal Service	Licensee		Ruck Tows	son Funer	al Home.	Inc.		
	( South	- Cher	_	1050 York	Rd. Tow	son, Md.	21204		
	23a, Part Enter the disease, or shock, or heert teilure. List	complications that cause only one ceuse on each l	d the deeth. Do not ne.	enter the mode of dy	ing, such as cardi	ac or respiratory	arrest,	Approximate Interval Between	
1								Onset and De	
	Immediate Ceuse (Finel disease or condition resulting in deeth)	Lun	a Car	ncer			X.	mon	
121	resulting in deedily		Due to (or es e con	sequence of):				1	
Examiner		b						i	
xan	Sequentielly list conditions, if any leading to immediate								
	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	С							
edicai	resulting in death) Last		Due to (or es e con	sequence of):				1	
-		d							
20								1	
90	Part II. Other significant condition					2.50		tribute to the cause of	
>	End stes	e alzhen	nev's d	ementi	-	1	Yes 2 No	3 Probably 4 □ U	
/ Physician/M						24a We	s an autopsy	24b. Were autopsy fin	
þ								available prior to	
þ						perl	ormed?	completion of car	
by						perl	ormed?	completion of car of death?	
Completed by						perl	Yes 2 No	completion of car of death?	
Be Completed by	25. Wes case referred to medica examiner?					perl	ormed? Yes 2 No	of death?	
To Be Completed by	25. Wes case referred to medica examiner? 1 □ Yes 2 ☑ No	Hospitel: 1 Inpati	ent 2□ER/Outpa	tient 3L DOA	ther: 4 Nursing	period 1 Death (Check only Home 5 D Res	Yes 2 No one) idence 6 □Othe	of death?  1  Yes 2 N	
To Be Completed by	25. Wes case referred to medica examiner? 1	Hospitel: 1 Inpatie	ry 28b. Tim	e of 28c. injury	ther: 4 Nursing ury at ork?	period 1 Death (Check only Home 5 D Res	Yes 2 No	of death?  1  Yes 2 N	
To Be Completed by	25. Wes case referred to medica examiner? 1	Hospitel: 1 Inpati	y Year) 28b. Tim- injui	e of 28c. Injury M	ther: 4 Viursing ury at ork?  Yes 2 No	peri 1 □ sath (Check only Home 5 □ Res 28d. Describe	Yes 2 No one) idence 6 □Othe how injury occurre	of death?  1  Yes 2 N  or (Specify)	
To Be Completed by	25. Wes case referred to medica examiner? 1 □ Yes 2 ☑ No 27. Mannar of Death 1 ☑ Natural 5 □ Pendir	Hospitel: 1 Inpati	y Year) 28b. Tim- injui	e of 28c. injury	ther: 4 Viursing ury at ork?  Yes 2 No	perior pe	Yes 2 No one) idence 6 □Othe how injury occurre	of death?  1  Yes 2 N	
Certification: To Be Completed by	25. Wes case referred to medica examiner?  1	Hospitel: 1 □ Inpatiing  gation not be ined  Hospitel: 1 □ Inpatiing (Month, De (Month, De (Month))  28e. Plece of Inpution in the building, et	y Year) 28b. Tim- injui jury - At home, farm, c. (Specify)	e of 28c. Inj y M 1[ street, fectory, office	ther: 4 Nursing	period pe	Yes 2 No one) idence 6 Othe how injury occurre (Street and Number	of death?  1 □ Yes 2 □ N  or (Specify)  ed  or or Rural Route Number	
Certification: To Be Completed by	25. Wes case referred to medica examiner?  1  Yes	Hospitel: 1 Inpatii  28e. Dete of Inju (Month, De gation not be 28e. Plece of In building, et  29 Physicien: To the best Examiner: On the basis o	28b. Timinjul ury - At home, farm, c. (Specify)  of my knowledge, def examinetion end/or	e of y M 28c. Injury M 1[c. street, fectory, office wath occurred at the least of the least occurred at the le	ther: 4 Nursing ury at ork? Yes 2 No	period to the care of the care	Yes 2 No  one)  idence 6 □Othe  how injury occurre  (Street and Number  win, State)	of death?  1  Yes 2 N  or (Specify)  ad  or or Rural Route Number  nner as stated.	
ledical Certification: To Be Completed by	25. Wes case referred to medica examiner?  1	Hospitel: 1 Inpatii  28e. Dete of Inju (Month, De gation not be 28e. Plece of In building, ef g Physician: To the best Examiner: On the basis o end menner st	28b. Timinjul ury - At home, farm, c. (Specify)  of my knowledge, def examinetion end/or	street, fectory, office	ther: 4 Nursing up at ork? Yes 2 No ime, date and plac opinion, death occ	period to the care of the care	Yes 2 No one) idence 6 Othe how injury occurre  (Street and Number wwn, State)	of death?  1  Yes 2 N  or (Specify)  and  or or Rural Route Number  or or Rural Route Number  onner as stated.  and due to the cause(s)	
ledical Certification: To Be Completed by	25. Wes case referred to medica examiner?  1  Yes	Hospitel: 1 Inpatii ggation not be sined  28e. Dete of Inju (Month, De 28e. Plece of In building, et  g Physician: To the best Examiner: On the basis o end menner st	28b. Timinjui iury - At home, farm, c. (Specify) of my knowledge, de f examinetion end/or eted.	street, fectory, office	ther: 4 Nursing ury at ork? Yes 2 No  noime, date and plac opinion, death occ use number	perfunction perfunction perfunction perfunction perfunction for the perfunction perfunctio	Yes 2 No one) idence 6 Othe how injury occurre (Street and Number wn, State) cause(s) and mar date and place, a	of death?  1  Yes 2 N  N (Specify)  and  N or or Rural Route Number  or or Rural Route Number  on or Rural Route Number  on or Rural Route Number  (Month, Day, Year)	
Medical Certification: To Be Completed by	25. Wes case referred to medica examiner? 1   Yes   No  27. Mannar of Death 1   Natural   5   Pendir Investir   Pendir   Hospitel: 1 Inpatii ggation not be lined 28e. Plece of Injuiding, et 28e. Plece of Injuiding, et gg Physician: To the best Examiner: On the basis o end menner st	iny y Year)  28b. Timinjui  iury - At home, farm, c. (Specify)  of my knowledge, de f examinetion end/or eted.	street, fectory, office	ther: 4 Nursing ury at ork? Yes 2 No  noime, date and plac opinion, death occ use number	perfunction perfunction perfunction perfunction perfunction for the perfunction perfunctio	Yes 2 No one) idence 6 Othe how injury occurre (Street and Number wn, State) cause(s) and mar date and place, a	of death?  1  Yes 2 N  N (Specify)  and  N or or Rural Route Number  or or Rural Route Number  on or Rural Route Number  on or Rural Route Number  (Month, Day, Year)		
Medical Certification: To Be Completed by	25. Wes case referred to medica examiner?  1	Hospitel: 1 Inpatii ggation not be lined 28e. Plece of Injuiding, et 28e. Plece of Inpution gg Physician: To the best Examiner: On the basis of end menner st  M. M. who completed cause of c	28b. Timinjui  iury - At home, farm, c. (Specify)  of my knowledge, de f examinetion end/or eted.  LALL  Jeath (Item 23a) (Typ	street, fectory, office that occurred at the investigation, in my	ther: 40 Nursing ury at onk? Yes 2 No ime, date and plac opinion, death occurs number	perfit to the curred at the time	Yes 2 No one) idence 6 Othe how injury occurre (Street and Number wn, State) cause(s) and man date and place, a 29d. Date signed MMCIF	of death?  1  Yes 2 N  or (Specify)  and  or or Rural Route Number  or or Rural Route Number  onner as stated.  and due to the cause(s)	



permit. Pages 1 and 2 should be file.
Depertment of Health and Mental Hygle important if item 27 is marked any Injury or other **Physician** /Medical Examiner

**Physician** 

/Medical

Examiner

10a. State

**Funeral** 

Director

x 28a-f show a notified at

7 is marked other than "naturel", or items 23s or traumatic event, the Medical Examiner must be a

Directo

Funeral

þ

Completed

Be

filed within 72 hours after death with the Maryland Hyglena.

Baltimore, Maryland 21215-0020

SB USB ò director

Examine physicien and the burial-transit been signed by the a should be datached s certificate has b director, page 2 s funeral After

The law requires that the death certificate be executed P.O. Box 68760 Division of Vital Records, Physician: this or Attending s effer des. 124 hours effer the Funeral Direct plately filled in b To the Hosp within 24 ho To the Fune completely fi

Physician/Medical Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. þ Completed 1 Yes 25 No Be 25. Wes case referred to medical examiner? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Hesidence 6 Other (Specify) 0 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Deeth 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? 28a. Date of Injury (Month, Day Year) Certification: 5 ☐ Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicida 28e. Plece of Injury - At home, farm, streat, factory, office building, etc. (Specify) 4 - Homicide edicai 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a, Certifie 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and plece, and due to the cause(s) and manner stated.

28f. Location (Street and Number or Rural Route Number, City or Town, Stele) 29d. Date signed (Month, Day, Year)

1 ☐ Yes 2 ☐ No

State Registrar

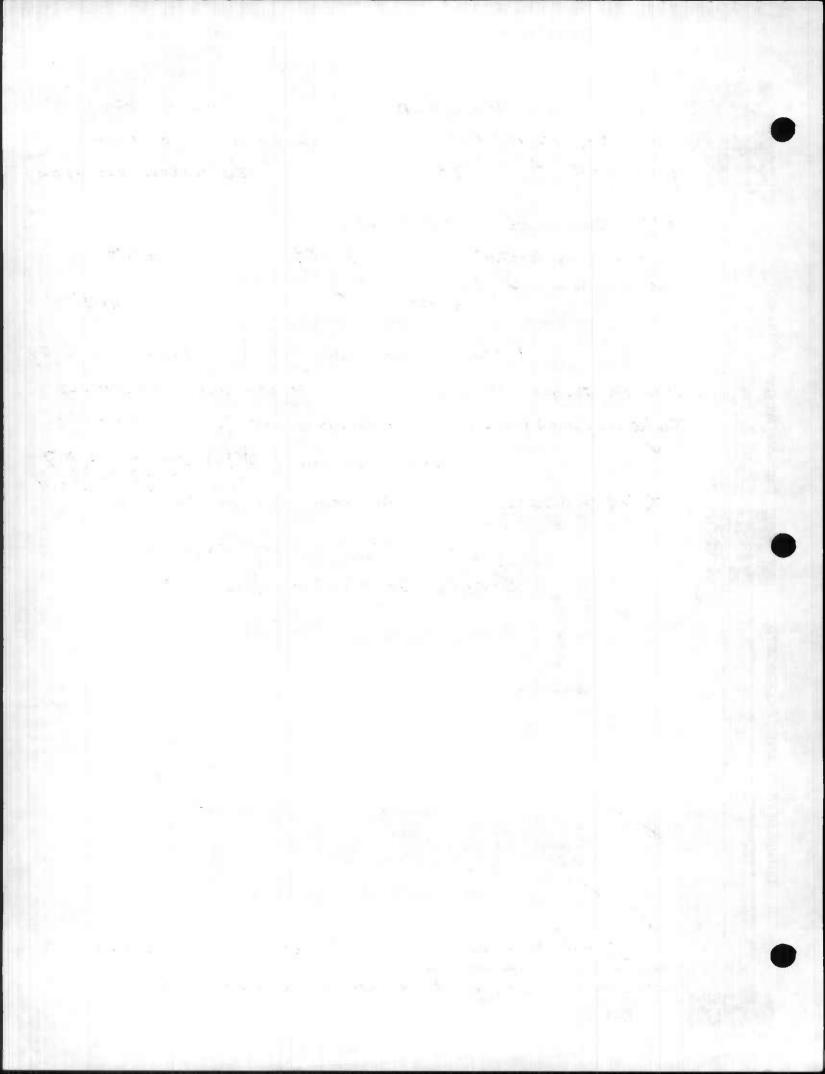
NESTOR M. CARMONA מוא 31. Date filed (Month, Day, Year) 32. Registrar's Signature 1999

re to be mora los 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

29b. Signature and fitte of certifier

6012 HARFORD ROAD BALTO, MD 21214

29c. License number



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death 1. Decedant's Name (First, Middle, Last) 3. Time of Death MARCH 5, 1999 6:22 P.M DORIS GOODRICH REESE 4e Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Saint Joseph Medical Center Baltimore Towson If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) Months Days 1□M 2√F 76 Yrs. 214-18-7538 July 20, 1922 | Maryland Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Maryland Baltimore Timonium 10e. Sfreet and Number 10f. Zlp Code 10g. Citizen of What Country? 8 Belmullet Court #102 21093 U.S.A. 12. Was Decedenf Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian. Black, White, etc. 1 Never Married 2 Married 1 Yes 2 No If Yes, Give Year or Dates: 1 ☐ Yes 2 No Specify: 3 Widowed 4 Divorced White 16a. Dacedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) College (1-4or 5+) Florist 12 years Bookkeeper/Designer 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) William Goodrich Marie Sommers 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) John Reese 8 Belmullet Ct. #102 Timonium, Maryland 21093 (husband) 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, cramatory or other place) 20c. Locetion - City or Town, State 1 ☐ Burial 2 ② Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 3-8-99 Green Mount Crematory Baltimore, Maryland 21. Signature of Funeral Service Licensee 22. Name and Address of Facility
Mitchell-Wiedefeld Home, George Ferras 6500 York Road Baltimore, Maryland 21212 23a. Pert1. Enter the disease, of complications thef caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Death Immediate Cause (Final disease or condition resulting In death) CORONARY ARTERY DISEASE Due to (or as a consequance of): Sequantially list conditions, if any, leading to immediate ceuse. Entar Underlying Cause (Disease or injury that initiated evants resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco usa contribute to the cause of death? Unknown 1 Yes 2 No 3 Probably ACUTE RENAL FAILURE 24b. Were autopsy findings available prior to 24a. Was an autopsy completion of cause of death? 1 ☐ Yes 2 🖾 No 1 Yes 2 No 25. Was cesa referred to medicel axaminar? 26. Placa of Daath (Check only ona) 1 Yes Z No Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Rasidence 8 Other (Specify) 27. Mannar of Death 28a. Data of tnjury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 5 Panding Investigation 1 ☐ Yes 2 ☐ No 2 Accidant 6 Could not be datamined 3 ☐ Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a. Cartifiar (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 29c. License number 30263 30. Name and address of person who completed cause of daath (Item 23a) (Type, Print)

certificate be Division of Vital Records. or Attending 24 hours at Funeral D within 2 To the

**Physician** 

Examiner

**Funeral** 

Director

item 27 is marked other than "natural", or items 23s or 28s-f show other traumstic event, the Medical Exeminar must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after a Department of Heelth and Mentel Hygiene. Important: if Item 27 is marked other than "natural; or item any lajury or other traumatic event, the Medical Exercises page.

**Physician** /Medical

**Examiner** 

physician and the burial-transit

the

80 USe

the

signed b

à

certificate

this

After

after deeth. Diractor: Aft

funeral

Examiner

Physician/Medical

2

Completed

Be

2

Certification:

edical

Baltimore,

the Maryland

death

/Medical

10a State

Directo

Funeral

p

Completed

Be

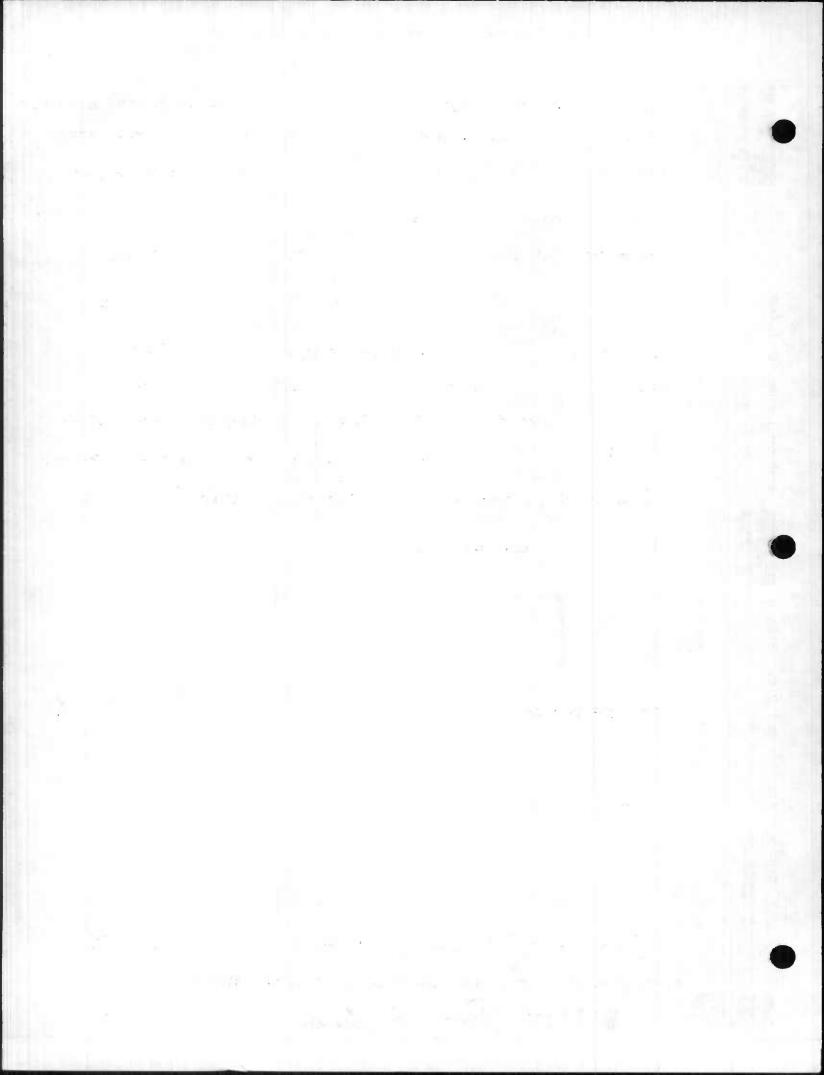
State Registrar

31. Date filed (Month, Day, Year)

FRANCIS KHOO, M.D.,

32. Regietrar's Signature

7601 OSLER DRIVE TOWSON, MARYLAND 21204



Records,

1. Decedant's Name (First, Middla, Last) 2. Data of Death 3. Time of Death Month **Physician** Ruley 12:03 p.m. Elva March 1999 /Medical 4e. Facility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Stella Maris Towson Baltimore Co. 8. Dete of Birth (Month, Day, Year) 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. last birthday) 6. Sex Birthplace (Stata or Foreign Country) Funerai 1□M 2NF Days Hours 212-03-9337 80 Yrs Director August 12,1918 Maryland Usual Residence of Decadant 10e. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits item 27 is marked other than "natural", or items 23s or 28s4 show other traumatic event, the Modical Examinar must be notified at 1 ☐ Yas 2 No Director Maryland Baltimore Fork 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 21051 6408 Brinton Lane United States Funeral 12. Was Decadant Evar In U,S. Armed Forcas? 1 ☐ Yas ≥ ☑No If Yas, Giva Year or Datas: 11. Marital Status Was Dacedani of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) Raca - Amarican Indian, Black, Whita, atc. 1 ☐ Nevar Marriad 2 Married 1 Yas 2 No Specify: by White Specify: 3 Widowed 4 Divorced Completed 15. Decedent's Education 16a. Decedant's Usual Occupation 16b. Kind of Business/Industry (Giva kind of work dona during most of working life. DO NOT usa ratired) (Specify only highast grada completed) Elamantary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home permit. Pages 1 and 2 should be file Department of Health and Mentel by Important: if item 27 is marked oth any linjury or other traumatic event 2008. 17. Fathar's Nema (First, Middla, Last) 18. Mother's Nama (First, Middle, Meldan Sumama) Edward 0'Neill Mary Hamilton 19a. Informent's Neme/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rurel Routa Number, City or Town, Steta, Zip Coda) Fork, Maryland 21051 Mr. William G. Ruley, Sr. /Husband 6408 Brinton Lane 20a. Method of Disposition
1 ☑ Burial 2 □ Cramation 3 □ Ramoval from State 20b. Place of Disposition (Nama of cematery, cremetory or other place) 20c. Location - City or Town, Stata 4 ☐ Donation 5 ☐ Othar (Specify) 3/12/99 Baltimore, MD Parkwood Cemetery 21. Signature of Funaral Sarvica Licansee Michael E. Canapp 22. Nama and Addrass of Fecility 5305 Harford Road Micol LEONARD J. RUCK, INC. Baltimore, MD 21214 23a. Pert1. Entar the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Onset and Deeth **Physician** /Medical Immediata Cause (Finel disaasa or condition resulting in daath) a Lung Cancer **Examiner** Dua to (or as a consequence of): Examiner bunal-transit Saquantially list conditions, if any, laading to immadiata causa. Enter Undarfying Causa (Disaase or Injury that Initiated avents rasulting in daath) Last Dua to (or as a consequence of) physician s the bunal certificate be Physician/Medical Dua to (or es e consequence of): 950 Part II. Other algnificant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the cause of death? signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 🐧 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed 1 Yes 2 No certificate 1 ☐ Yas 2 ☐ No Division of Vital or Attending Physician: efter death. Be 25. Was casa rafarred to medical 26. Place of Daath (Check only ona) Hospital: 1 Yas 2 No Other: 4 Nursing Homa 5 Rasidence 6 Nothar (Specify) Hospice Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of injury (Month, Day Yaar) 27. Manner of Daath 28b. Tima of 28d. Describe how Injury occurred 28c. Injury at Work? After 1 (XNatural 5 Panding invastigation 1 ☐ Yes 2 ☐ No 2 Accidant Director: 6 Could not ba 28a. Placa of Injury - At homa, farm, street, factory, office building, etc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 3 Suicida 4 Homleida the Funeral D Hospital 1 Certifying Physicien: To the bast of my knowledge, death occurred at the time, date end place, and due to the causa(s) and manner es stated.

Madical Examiner: On the besis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceusa(s) and manner stated. Medical 29a. Cartifian (Check on one) within 2 To the 29b. Signature and title of 29c. Licansa number 29d. Data signed (Month, Day, Year) D43725 30. Name end eddress of parson who completed cause of deeth (Item 23a) (Type, Print) Dr. Tariq Mahmood, 2300 Dulaney Valley Road, Timonium, MD 21093 31. Deta filed (Month, Day, Yaar) 32. Ragistrar's Signeture State MAR 1 0 1999 Registrar



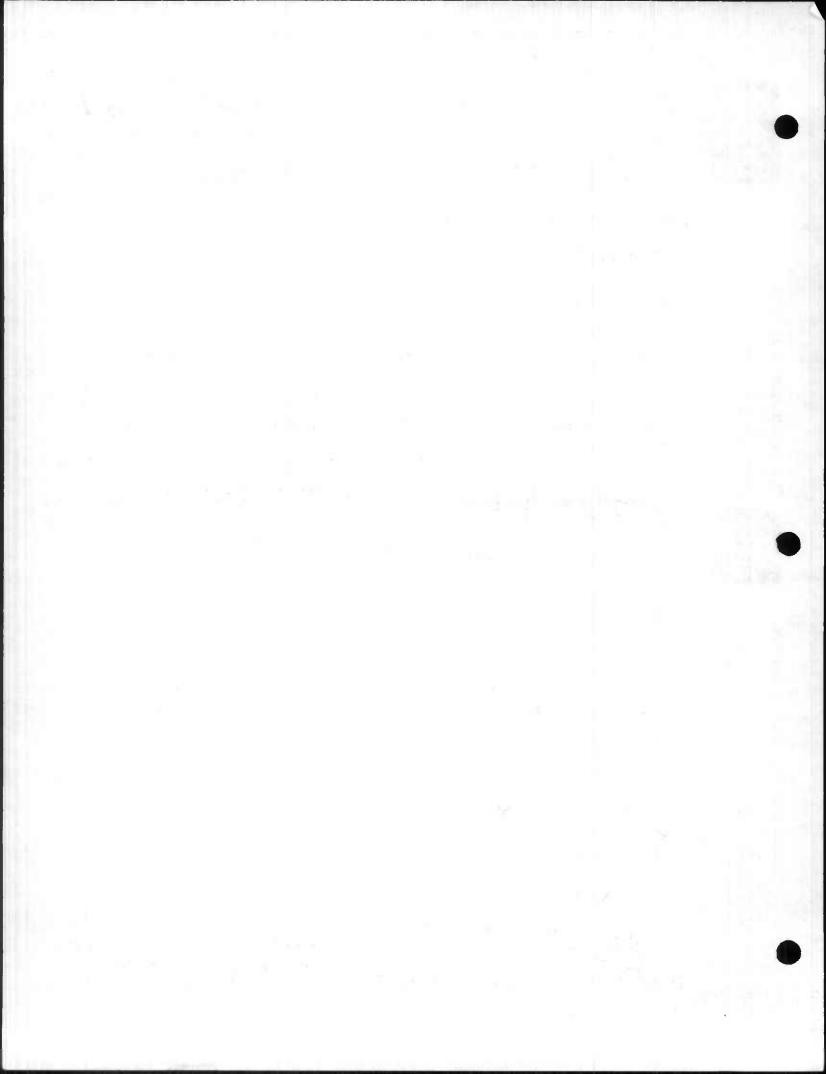
### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth REAMS **Physician** Month FLORENCE MARCH 1:40Am /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** RANDALLSTOWN CENTER. BALTIMORE HOSPITAL NORTHWEST 7. Age (In yrs. last birthdey) If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Sociel Security Number Birthplece (State or Foreign Country) **Funeral** 1□ M 2X F Yrs Director 216-32-4623 JULY 30,1907 Pennsylvania Usuel Residence of Decedent with the Maryland 10e. Stete 10b. County 10c. City, Town or Location 7 is marked other than "netural", or items 23e or 28a-f show traumatic event, tra Modical Examiner must be notified all 10d. Inside City Limits 1 ☐ Yes 2 No Directo Maryland | Baltimore Woodlawn 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 3508 Mayfair Road 21207 U.S.A. death Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American Indien, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mantal Hygiena. Important: If item 27 is marked other than "natural", or item eny injury or other traumatic event, ma Medical Exercises. 1 ☐ Yes 2 No If Yes, Give Yeer or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: ģ Specify: 3 N Widowed 4 Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be Love George Isabella. R. Allen 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 28 Bryce Court, Baltimore, Maryland 21236 Ronald K. Reams (son) 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other plece) 20c. Locetion - City or Town, Stete 1 X Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Lorraine Park Cemetery MAR. 8 Woodlawn, Maryland 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, Maryland 21133 8/28 Liberty Rd. Randallst book, or heart fellure. List only one ceuse on each line. Approximete Intervel Between **Physician** /Medical Immediete Ceuse (Final PINEUMONIA. diseese or condition resulting in death) Examiner Due to (or es e consequence of): Examiner sician and burial-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in death) Lest Due to (or es e consequence of): P.O. Box 68760. 2 Physician/Medical the Due to (or es e consequence of) as Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown HIPERTENSION. Division of Vital Records. þ 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed 20 No 1 ☐ Yes 2 No After this certificata 1 ☐ Yes To the Hospital or Attanding Physician: within 24 hours aftar death.

To the Funeral Director: After this certific completely filled in by the funeral director, 25. Wes case referred to medical Be 26. Plece of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA 1 ☐ Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. Menner of Deeth 28d. Describe how Injury occurred edical Certification: 28b. Time of 28c. Injury et Work? 1 Neturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner as steted.
2 Medical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner steted. 29a. Certifie 29b. Signature and 29c. License number He of certifier HOVSE 29d. Date signed (Month, Day, Year) PHYSICIAM 1 42723 · MARCH 3745 FOX FORD STREAM
BALTIMORE MD 30. Name end downs of person who completed cause of deeth (Item 23e) (Type, Print) HARISH AVVERAHALLI

32. Registrar's Signature

State Registrar



- 1	Dharaia	1	1. Decedent's Nema (First, Middle, Last,					2. Date of De		Vene	3. Time of Death		
	Physic /Medi			Helen L.	Regus			Month	Dey 05 ₁ 1	999	10:50AM		
	Exami		4e. Facility Neme (If not institution, giva				4b. City, Town,	or Location of Deat			, = 0 0 0 0 1111		
			Citizens Nursi	ng Home		A see a second s	CANADA TO SECURITION AND ADDRESS OF THE PARTY OF THE PART	De Grac	e Har	ford			
	Funeral Director		210 11 0000	7. Age (III	yrs. lest birth	nday) If Under Months	1 Year If Under 24 H Days Hours M		th ey, Year) 1914		piece <i>(Stete or Foreig</i> ntry) yland		
	land and		Usuel Residence of Decedent  10e. Stete 10b. County	10	c. City, Town	or Location			-	1.	IOd. insida City Limits		
	Mary Firsh	Į.	Maryland Harford	Co	Hours	e De Gra	300				1 X Yes 2 No		
	r 28a	Director	10e. Street end Number	00	Havie	10f. Zip			10g. Citizen of	What Cou	ntry?		
	h with		415 S. Market St	reet		2	1078		U.S.	Δ			
20	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, the Medical Exercine must be notified at Ances.	by Funeral		12. Wes Decedent Ever Armed Forces? 1 ☐ Yas 2 No if Yes, Give Yeer or Datas:	r in U,S.		dent of Hispanic Origin? city Cuben, Mexican, Pu	(Specify Yes or No erto Rican, etc.)	- 14. Rei Ble				
P	hou	8	15. Decedent's Edu		160 [	Decedent's Usu	ai Occupation		16b. Kind of B				
215	n na	Completed	(Specify only highest greds	completed)	(	(Give kind of wo	rk done during most of v	vorking	100. Kind of B	usiness/in	dustry		
217	Jiene Trans	E O	Elementery/Secondary (0-12)	College (1-4or 5+)		Home		Own	Home	2			
PC	othe	Be C	17. Fether's Neme (First, Middle, Last)				18. Mother's N	leme (First, Middle	, Maiden Surner	na)			
/lar	Aenta Aenta rked tic e	To E	0sca		ur			nk					
an	s ma		19e. informent's Neme/Reletionship (Ty		19b.	19b. Mailing Address (Street end Number or Rural							
Σ.	and and a saith		George Bowersox	(Son)	350	09 Hicko	ory Avenue,	Baltimon	e, Mary	land	21211		
Baltimore, Maryland 21215-0020	Pages 1 nent of He ant: If iten ury or oth		20a. Method of Disposition 1 ☐ Burial 2 🛣 Cremation 3 ☐ R 4 ☐ Donetion 5 ☐ Other (Specify)	emovel from Stete	20b. Piece of Disposition (Neme of cemetery, cremetory or other place) Green Mount Cemet		ther place)	Date 3/9/99		Location - City or Town, State altimore, Marylan			
Balt	permit. Departrimportu		21. Signeture of Funeral Service License	est of		A. Ala	d Address of Fecility	r. Funera	1 Home	owr.	and 21211		
"			23a. Peril. Enter the disease, or complications thet caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heer failure. List only one ceuse on each line.  Approximate Interval Retrieval Retr										
٩	Physician /Medical Examiner		Immedieta Cause (Finel disaese or condition resulting in deeth)	Acul		onsequence of):	onny	eolem	9		Intervel Between Onsat and Death		
_	axecuted n and al-transit	Examiner	Sequentially list conditions, if any, leeding to immediate	Dua	to (or es e co	onsequance of):				1			
Box 68760,	tath certificata be axecuted attending physician and for use as the burial-transit	edicai	Cause (Diseese or Injury thet initiated events resulting in deeth) Lest  Due to (or es e consequence of):										
30	ath ce trandi	clan/M	d	•						1			
P.O.	uiras that tha das n signed by the ai	Physi	Part II. Other significent conditions con	tributing to death but no	ot resulting in t	the underlying c	ause given in Pert I.		tobacco uss co Yes 2 1 No		o the causa of death bably 4 🗆 Unknow		
elen L. of Vital Records,	beer beer shou	Completed by				-		24e. Wes	an autopsy ormed?	CO	ere autopsy findings ellable prior to mpletion of causa deeth?		
7 6	sician: The law certificate has irector, page 2	E						10	Yes 20 No	1[	☐ Yes 2☐ No		
en Vita	an: rtifica	Bec	25. Wes case raferred to medical				28. Plece of D	eeth (Check only o					
T C	Physici this ceral direc	ToE	examinar?	ospitel:	2 ER/Outp	patient 3 DC	0.4			er (Specif	v)		
	nding Ph ath. r: After thi		27. Manner of Deeth  1 Preturel 5 Pending 2 Accident investigation	7. Manner of Deeth 1 Pending   28e. Dete of injury   28b. Time of   28c. Injury et   28d. Describe how injury occurre   2									
Regus, H	Hospital or Attending 6 24 hours after death. Funeral Director: After stely filled in by tha funer	Certification:	3 D Sulpido 6 D Could not be							nd Number or Rural Route Number, le)			
We We	To the Hospital or Attending Physician: The is within 24 hours after death.  To the Funeral Director: After this certificate his completely filled in by the funeral director, page	edicai	29a. Certifier (Check only one) 1 Cartifying Phys	ician: To the best of my ar: On the basis of exa end menner stated.	knowledge, omination end/	deeth occurred or investigation,	et the time, dete end pla In my opinion, deeth o	ce, end due to the curred et the time,	ceuse(s) end modate end plece,	enner as s end due to	teted. the cause(s)		
	To the within 2 To the comple	W	29b. Signature end title of certifier	m.	D		D 32609		29d. Dete signe	99	A		
	1		30. Name and address of person who con	mpleted cause of deeth		(ypa, Print)	evolution	Harrel	De Grac	e M	D21078		

32. Registrer's Signeture

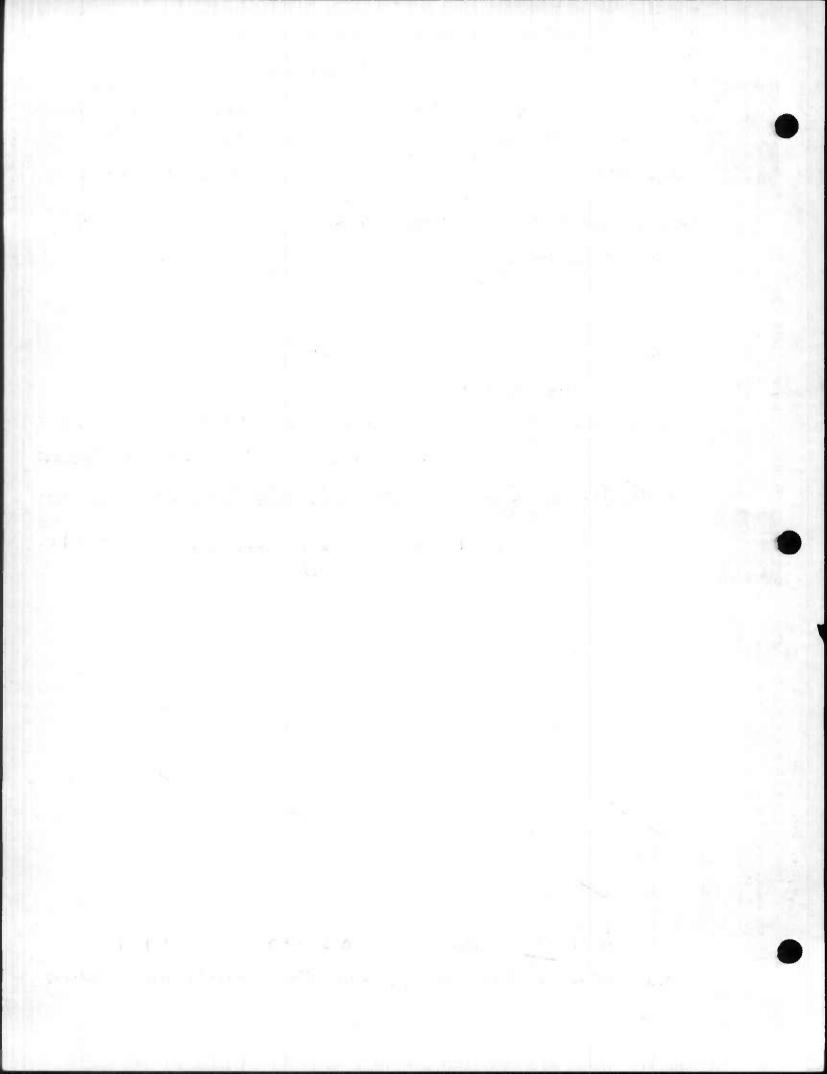
Sparker

DHMH 16 Ray 6/95

State

Registrar

31. Dete filed (Month, Day, Year)



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Deeth 2. Date of Death 1. Decedent's Name (First, Middle, Last) Month **Physician** March :20 AM /Medical 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street and number) 4c. County of Death **Examiner** If Under 24 Hrs. HMORE 6. Sex If Under 1 Year Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Days Min. 1 M 2 F Yrs. Director Usual Residence of Decedent death with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Pages 1 and 2 should be filed within 72 hours effer death with the Marylan nent of Health and Mental Hygiena.
Int: If item 27 is marked other than "naturel", or items 23a or 28a-f show ury or other treumatic event, the Maxical Examiner man be northed. Md 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? Funeral 12. Was Decedent Ever In U,S. Armed Forcas? Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11 Maritel Status 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married White Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: Completed by 3 Newidowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 9 yes 17. Father's Name (First, Middle, Last, 18. Mother's Name (First, Middle, Maiden Surname) Be Innie 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informent's Name/Relationship (Type, Print) Department of Health ar important: If item 27 is any injury or other treuding. 20b. Place of Disposition (Name of cemetery, crematory of other place) 20c. Location - City or Town, State 20a. Method of Disposition Dete March 1 Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) Funeral Chapel 22. Name and Address of Fecility 21. Signature of Puneral Service Licenses vans 8800 Harlord 21234 Part / Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest shock, or heart failure. List only one ceuse on each line. Approximate Interval Between Onset end Death **Physician** Immediate Cause (Final disease or condition rasulting in death) /Medicai **Examiner** Dua to (or as a consequence of): Examiner The law requires that the death certificata be executed Saquentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical as the Due to (or as a consequence of) use Ö Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I 23b. Did tobacco use contribute to the cause of death? been signed by the s should be detached 3 □ Probably Unknown 1 Yes 2 No Completed by 24b. Wara autopsy findings 24a. Was an autopsy eveileble prior to completion of cause of daath? performed? page 2 s has 1 □ Yes 2 □ No After this certificate To the Hospital or Attending Physician: 25. Was case rafarred to madical examiner? the funeral director, Be 26. Piece of Death (Check only ona) Hospitel: 1 Yes 2 No 4 Nursing Home 5 Residence 8 Other (Specify) 10 1 Inpatiant 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 27. Mannar of Death 28d. Describe how injury occurred Certification: 1 Natural 2 Accident 5 Panding investigation after death. 1 Yes 2 No 281. Location (Street and Number or Rural Route Number, City or Town, State) 6 Could not be datarmined 3 Sulcide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide • Funeral C Certifing Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.

2 Medical Examiner On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner seed. 29a Certifiar Medical within 2 To the 29d. Date signed (Month, Day, Year) 29b. Signature and title of ce 29c. License number

State Registrar

**DHMH 16 Rev 6/95** 

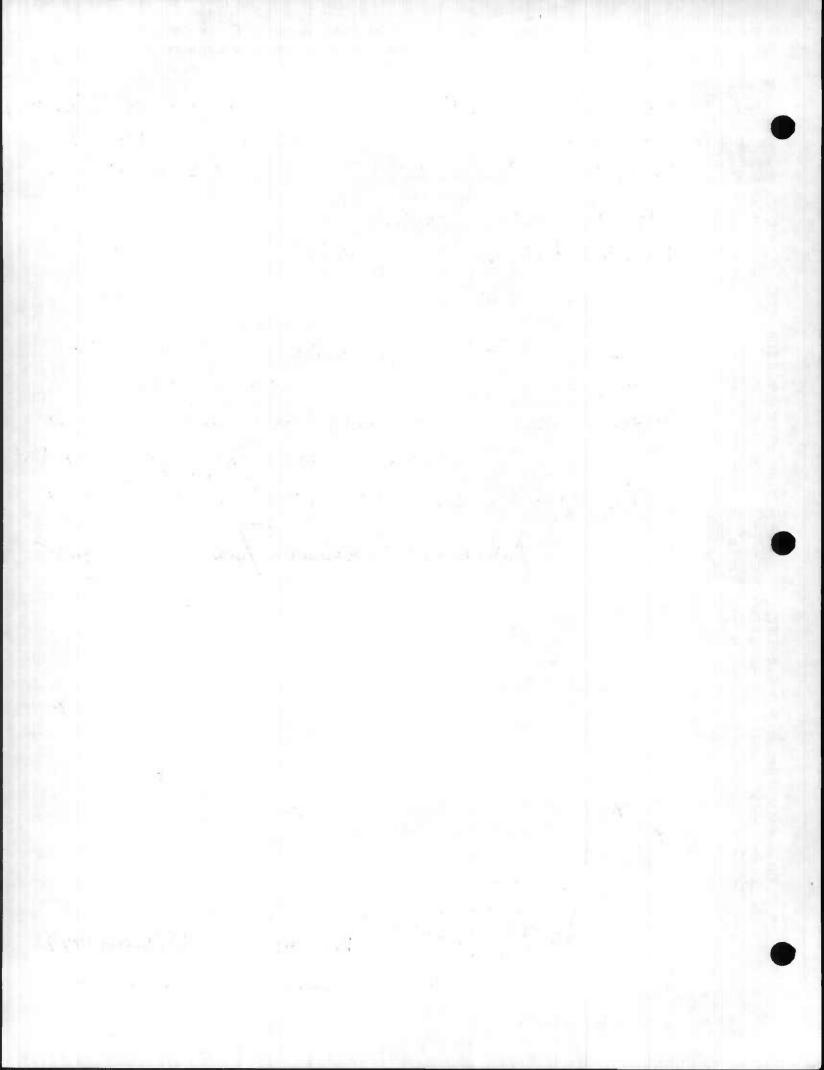
30. Nama and addrass of person

31. Data filad (Month, Day, Year)

32/Registrar's Signature

1

10 MARCH 1999



3. Time of Death 2:05P.M. 4c. County of Daath BALTIMORE Birthplaca (Stata or Foraign Country) FEB. 20, 1920 KEDSIZL WEN 10d. Insida City Limits 1 ☐ Yas 2 No 10g. Citizan of What Country? 14 Race - American Indian Black, Whita, atc. STIHW 16b. Kind of Businass/Industry

LAKE ORIVE GALOWIN, I 20c. Location - City or Town, Stete Linnaminson, N.J.

21050

Approximate Interval Batwaan

Dua to (or as a consequanca of):

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 🗎 🔾

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

28a. Data of Injury (Month, Day Yaar)

23b. Did tobacco usa contributa to the cause of death?

1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 💢 Unknown

24a. Was an autopsy performad?

24b. Wara autopsy findings aveilabla prior to complation of causa of daath?

2 No 1 Yas 1 ☐ Yas 2 ☐ No

26. Placa of Death (Chack only ona) Othar: 4 Nursing Homa 5 Residence 6X Othar (Specify) HOSPICE

1 ☐ Inpatient 2 ☐ ER/Outpatiant 3 ☐ DOA 28c. Injury at Work? 28d. Describe how Injury occurrad

1 ☐ Yes 2 ☐ No

28f. Location (Straat and Number or Rural Routa Number, City or Town, State)

1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, date and place, and dua to the causa(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, daath occurred at the time, date and place, and dua to the causa(s) and mannar stated. 29c. Licansa numbar

28b. Tima of

28a. Placa of Injury - At homa, farm, street, factory, office building, etc. (Specify)

29d. Data signed (Month, Day, Year) 3/5/99

30. Nama and address of person who complated cause of death (Itam 23a) (Type, Print)

Hospital:

DR. TARIQ MAHMOOD 2300 DULANEY VALLEY RD. TIMONIUM, MD 21093

31. Data filed (Month, Day, Year)

MAR 1 0 1999

29b. Signature and title of cortifier

25. Was casa rafarrad to medical axaminer?

5 Pending

invastigation

6 Could not be datermined

1 Yas 2 No

27. Mannar of Death

2 Accidant

3 Suicide

29a. Cartifiar

4 - Homicide

1 Natural

32. Registrar's Signatura

be axecuted

Physician/Medical

þ

Completed

Be

Certification: To

Medical

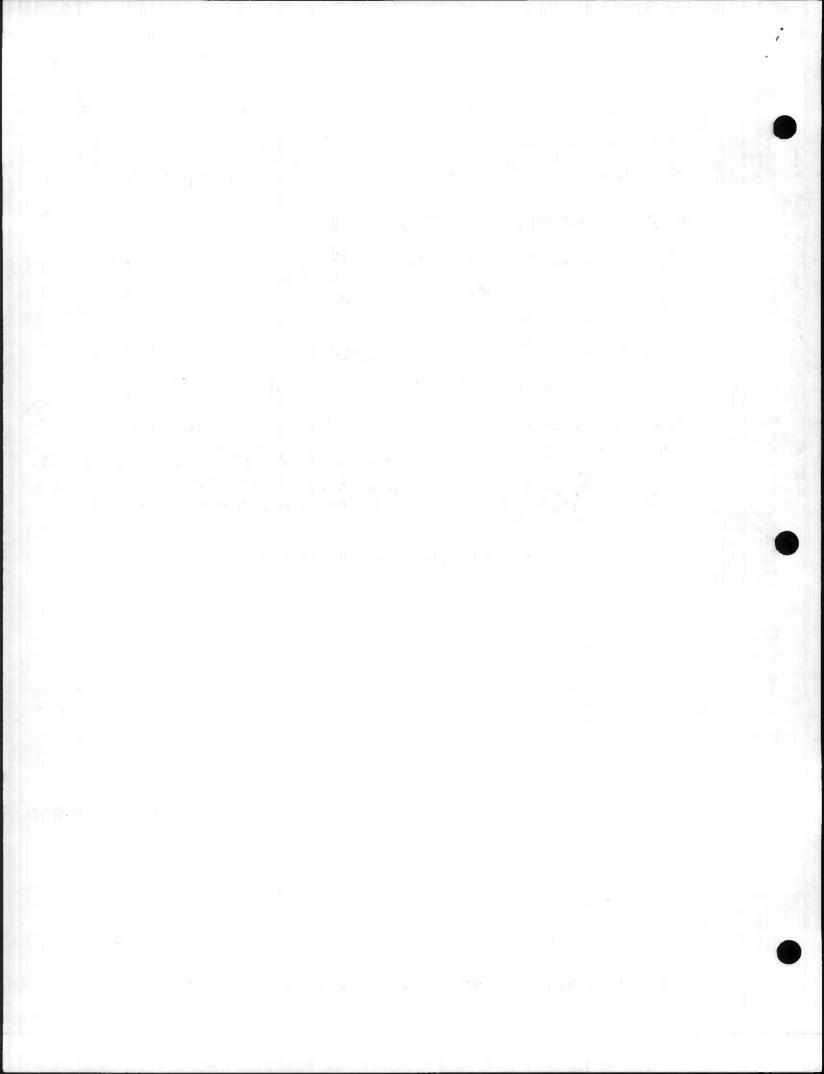
P.O. Box 68760. Records, Division of Vital To the Hospital or Attanding Physician: within 24 hours after death.

To the Funeral Director: After this cartifica

signed by

cartificate

State Registrar



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth Month 1999 1200 March 4b. City, Town, or Location of Deeth 4e Facility Neme (If not institution, give street end number) 4c. County of Deeth 7. Age (In yrs. lest birthday) If Under 1 Yeer 8. Date of Birth (Month, Dey, 9. Birthplece (State or Foreign Country) 5. Sociel Security Number 6. Sex Months Deys Hours 1 M 200 F 217-38-413le Usuel Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 12. Was Decedent Ever In U,S. Armed Forces? 1 Yes, 2 No If Yes, Give Year or Detes: Was Decedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian. 11. Marital Status Bleck, White, et 1 ☐ Never Married 2 ☐ Married Specify: White 1□Yes 2No Specify: 3 Widowed 4 □ Divorced 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elemantary/Secondary (0-12) College (1-4or 5+) 18. Mother's Nama (First, Middle. Melden Sumemel 17. Father's Name (First, Middle, Last) 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rugal Route Number, City or 20b. Place of Disposition (Ne cemetery, cremetory or March 20c. Loca tion - City or Town, State 20e. Method of Disposition 1 ABurial 2 □ Cremation 3 □ Removal from State Donetion 5 Other (Specify) emeter 21. Signature of Puneral Service License 22. Name end Address of Fecility 23a-Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cardiac or raspiratory arrest, shock, or heert failure. List only one cause on each lina. 21050 Immediate Cause (Final uromia diseasa or condition rasulting in death) Dua to (or as a consaquance of): Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Ceuse (Disease or injury that Initiated evants resulting in deeth) Last Due to (or as a consaquance of): Due to (or as e consequenca of) 23b. Did tobacco use contributa to the cause of death? Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings evailable prior to completion of cause of death? 24a. Was an autopsy performed? dementia 2 No 1 Yes 1 ☐ Yes 2 ☐ No 25. Was casa referred to medical examiner? 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 | Yes 2 | No 1 Impatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Dey Year) 28c. Injury et Work? 27, Manner of Deeth 28d. Describe how Injury occurred 28b. Time of 1 Natural 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be datarmined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28a. Place of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 4 Homicida

The law requires that the death certificate be executed Division of Vital Records, P.O. Box 68760,

**Physician** 

/Medical

**Examiner** 

Directo

Funeral

by

Completed

Be P

**Funeral** 

**Director** 

Pages 1 and 2 should be filed within 72 hours after death with the Manyland ment of Heath and Mental Hyglons. Internet of Heath and Mental Hyglons mitt. If Immers 21 is marked other than "naturel", or itema 23a or 28a-f show any or other traumatic event, the Medical Examines must be notified at

Department of Important: If its any injury or o

Physician /Medical

Examiner

attending physicien end for use as the bunal-transit

signed by the a

s certificate has t director, page 2 s

funeral director,

After this

Physician/Medical Examiner

Be Completed by

Certification: To

edical

29a. Cartifiar

(Check only one)

29b. Signeture and title of cartifier

Baltimore, Maryland 21215-0020

Scannell, Alice or Attending Physician:

n 24 hours efter death.

Ne Funeral Director: Aft pletaly filled in by the fur To the Hosp within 24 hor To the Fune completaly fi

State Registrar

31. Date filed (Month, Dey, Year)

MAR 10

1999

29d. Date signed (Month, Dey, Year)

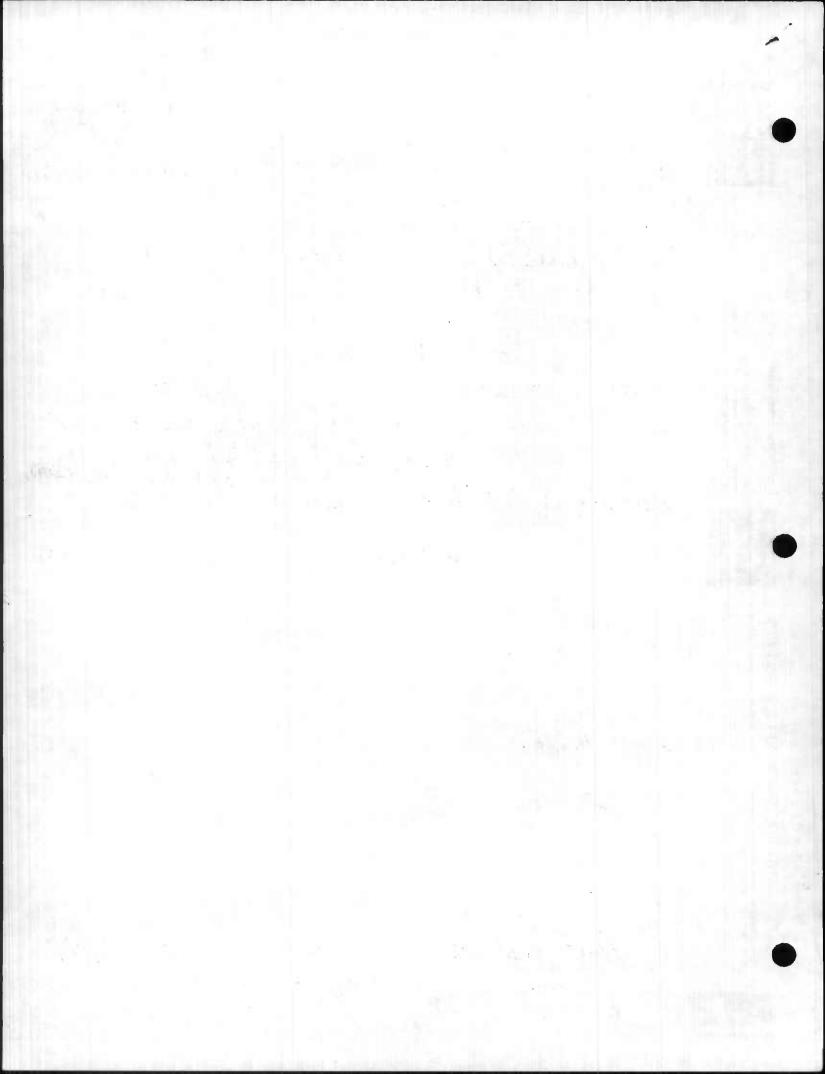
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred et the time, date and place, end due to the causa(s) end manner stated. 29c. License number

BOIAN MD

ed cause of deeth (item 23a) (Type, Print) 30. Name and eddress of person

32. Registrar's Signature

1 🗓 Certifying Physician: To tha bast of my knowladga, daath occurrad at tha tima, date and place, and dua to tha causa(s) and mannar as stated.



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Item:18 per F.H G-769 3/10/99 reb Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3 Time of Death 2. Dete of Death March Anne K. Summersgill 6:15 am 4a Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth St. Agnes Hospital N/A **Baltimore** If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey. Year) Months Deys Hours Min. Mar 26 1940 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplace (Stete or Foreign Country) Months 1□M 20XF 58 Yrs. Baltimore 218-36-8362 Usual Residence of Decedent 10h Count 10c. City, Town or Location 10d, Inside City Limits Baltimore Co. Lansdowne 1 ☐ Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 141 Fifth Avenue 21227 United States 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien Bleck, White, etc. 1 ☐ Yes 2 X No If Yes, Give Yeer or Dates: 1 ☐ Never Married 2 ☒ Married 1 Yes X No Specify: White 3 Widowed 4 Divorced 15. Decadent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 Clerk Insurance 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Fether's Neme (First, Middle, Last) Anne Anna Kildis James Begy 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informant's Neme/Reletionship (Type, Print) RonaLD Summersgill 141 Fifth Avenue; Lansdowne, MD 21227 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 20e. Method of Disposition ↑ Buriel 2 Cremation 3 Removel from State 4 Donetion 5 Other (Specify) Meadowridge 3/12/99 Dorsey, MD of Funeral & ervice License 22. Name end Address of Fecility Ambrose Funeral Home of Lansdowne 2719 Hammonds Ferry Rd; Lansdowne, MD 21227 23a. Pert1. Enter the disease, or complications that caused the shock, or heart failure. List only one cause on each line. deeth. Do not enter the mode of dying, such es cardiac or respiretory errest, Approximate Interval Between Onset end Deeth Immediate Ceuse (Finel disease or condition resulting in deeth) ng/0/00515 Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in death) Lest Due to (or es e consequence of): Due to (or es e consequenca of) 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yas 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings avellable prior to completion of cause of deeth? 24e. Wes an autopsy performed? 1 Yes 20 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 28c. Injury et Work? 27. Menner of Deeth 28d. Describe how injury occurred 28b. Time of 1 Neturel 5 Pending 1 Yes 2 No investigation 2 Accident

physician and s the buriei-transit The law requires that the death certificete be asscuted been signed by the should be deteched Sunnersail certificate has b lirector, page 2 s Attending Physician: this death. after deatl Director; ŏ hours 8

**Physician** 

/Medical

Examiner

10a. Sta MD

Director

Funeral

þ

Completed

**Funeral** 

**Director** 

permit. Pages 1 and 2 should be filed within 72 hours after death with the Meryland Department of Health and Mental Hyglene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Exercise must be notified at DDSs.

**Physician** 

/Medical Examiner

Examiner

Physician/Medical

by

Completed

Be

Certification: To

edicai

3 Suicide

29a. Certifier

4 | Homicide

(Check only one)

30. Neme end address

29b. Signeture end title of cartified

S USB Po

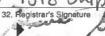
funeral director,

0 Registrar

State

Nun VI

6 Could not be



person who completed cause of deeth (Item 23e) (Type, Print)

28e. Pleca of injury - At home, ferm, street, factory, office building, etc. (Specify)

1518 Sulphur Spring Road Arbutho MD Z1227

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

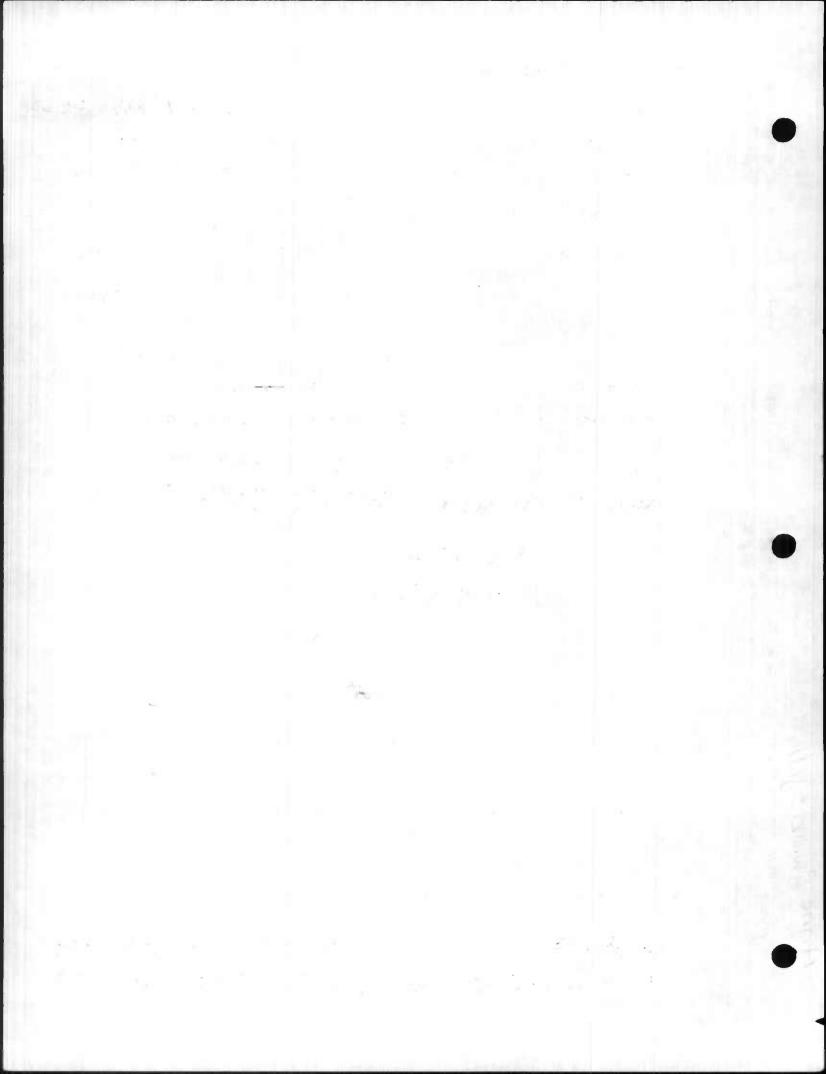
2 Medical Examiner: On the bests of examination end/or investigetion, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) end menner stated.

29d. Dete signed (Month, Dey, Year)

28f. Location (Street and Number or Rurel Route Number, City or Town, Stete)

**DHMH 16 Rev 6/95** 

To the Hosp within 24 ho To the Fune completely fi



## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedant's Name (First, Middla, Last) 2. Date of Death 3. Time of Death Month Day Year **Physician** Thomas Sanford Sprinkle, Jr. 10:00 PM 8, 1999 March /Medical 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street and number) 4c. County of Death Examiner 10433 Waterfall Terrace Columbia Howard If Undar 24 Hrs. 8. Date of Birth (Month, Day, Year) July 22 1922 5. Social Security Number 7. Age (In vrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Days 12 M 2□ F Months 239-30-2407 76 Yrs. Director North Carolina Usuai Residence of Decedent the Maryland 10a. State 10c. City. Town or Location 10b. County 10d. Inside City Limits r than "natural", or items 23a or 28a-f show the Madical Examiner must be notified at 1 ☐ Yes 2 No Director Maryland Baltimore Lansdowne 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 38 First Avenue 21227 Funeral United States deeth 13. Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. 12. Was Decedant Ever in U.S. Armed Forces? 11/1942 1 (XYes 2 □ No If Yes, Give 1 /1046 11. Marital Status Pages 1 and 2 should be filed within 72 hours after inent of Health and Mentel Hygiene.
Int: If Item 27 is marked other than "natural", or Ite 1 □ Naver Married 2 N Married Specify: White 1 ☐ Yea 2 No Specify: altimore, Maryland 21215-0020 1/1946 Ag 3 ☐ Widowed 4 ☐ Divorced Year or Dates: Completed 15. Decedent'a Education (Specify only highast grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Induatry (Give kind of work done during most of working life. DO NOT use retired) Eiementary/Secondary (0-12) College (1-4or 5+) Computer Operator Social Security 18. Mother's Name (First, Middle, Maiden Sumame) 17. Fether's Neme (First, Middle, Last) Be Thomas Sanford Sprinkle, Sr. Florina Mable Oaklev 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Evelyn R. Sprinkle (Wife) 38 First Avenue Lansdowne, MD 21227 20b. Place of Disposition (Nama of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 0 120 Burial 2 □ Cremation 3 □ Ramoval from State permit. Page Department of Important: If any Injury or once Moreland Memorial Park 3/11/99 Parkville, MD 4 Donetion 5 Dother (Specify) 22. Name and Address of Facility Ambrose Funeral Home of Lansdowne 21. Signature of Funeral Service Licensi 1328 Sulphur Spring Road Arbutus, MD 21227 23a. Part1. Enter the disease, or complications that caused the shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death death. Do not enter tha mode of dying, such as cardiac or raspiratory arrast, Physician /Medical Immediate Cause (Final SEPSIS disease or condition resulting in death) Examiner Due to (or as a consequence of) Examiner DECUBITUS VLEGR physician end s the burial-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Last Due to (or as a consequence of): certificate be exec P.O. Box 68760 Physician/Medical Due to (or as a consequence of) use as attending i signed by the a 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown by Records, 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy peen performad' hes 1 Yes 2 No this certificate 1 ☐ Yes 2 ☐ No Division of Vital Attanding Physician: director, Be 25. Wes case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 6 Nor 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 28e. Dete of Injury (Month, Dey Yaer) 27. Manner of Death 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury at Work? HOME After 5 Pending Investigation 1 Natural death. 1 ☐ Yes 2 ☐ No 2 Accident after death Director: / 3 Sulcida 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide Hospital of the Hours a To the Hospital within 24 hours a To the Funeral Completely filled 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end piece, and due to the cause(s) and manner as atated.
2 Madical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piaca, and due to the cause(s) and manner stated. 29a. Certifier edicai (Check only one) 29c. License number 29d. Date aigned (Month, Day, Year) 29b. Signature and title of certifier D51860 MARCH MD address of person who completed cause of death (item 23a) (Type, Print) 30. Name an

10

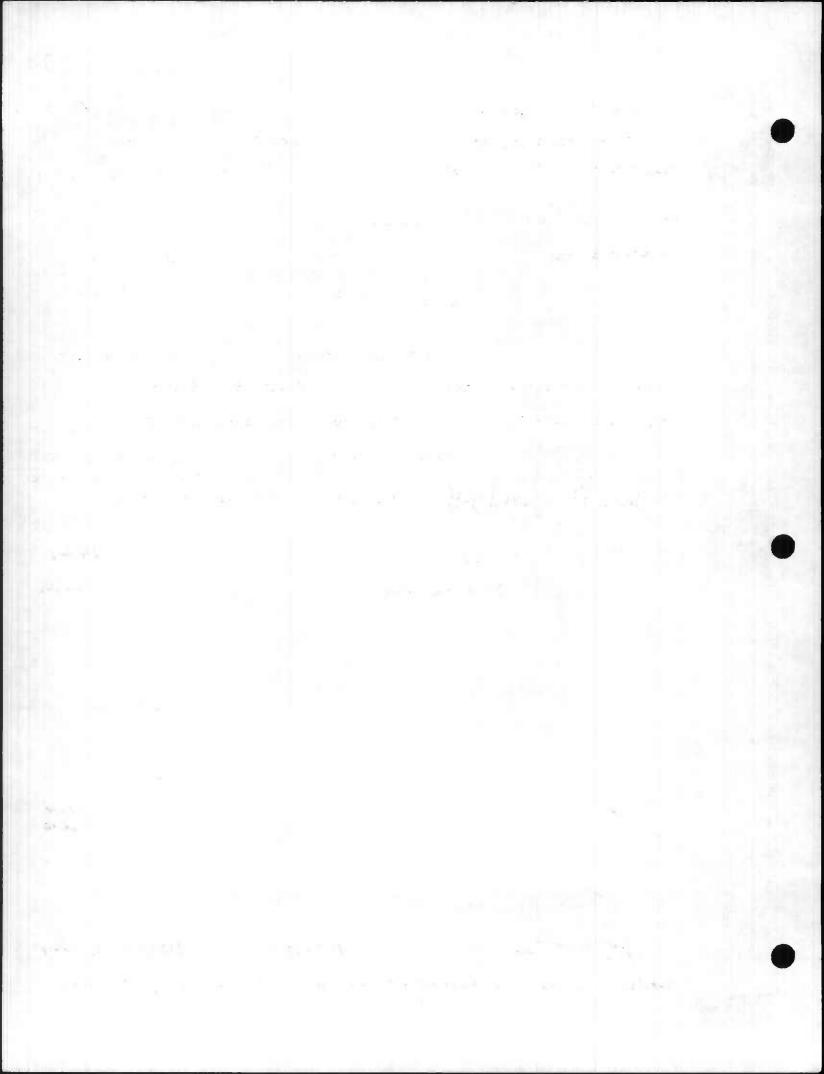
State Registrar



FISIF

31. Date filed (Month, Dey, Year) MAR 1 0

1460 GLLICOTT CTR M #103 ELLICATT CITY MO 2/043

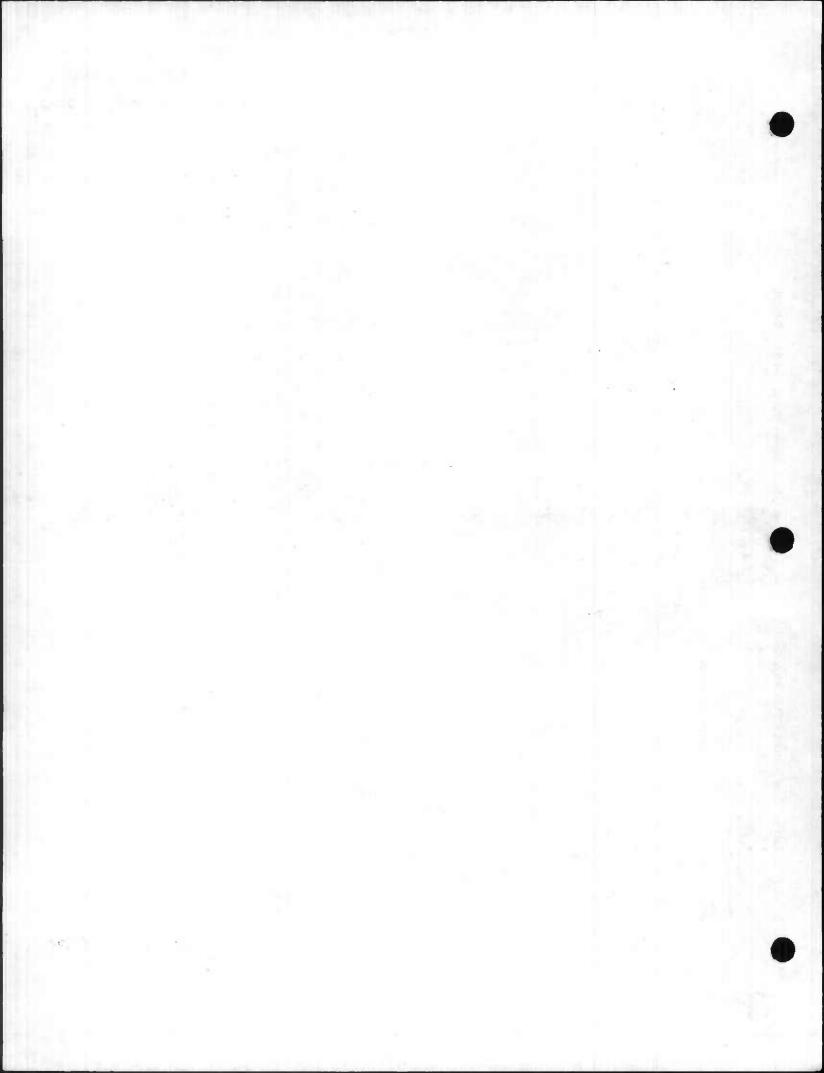


### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death March **Physician** Maxie 2:02pm 1999 /Medical 4e Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner North west Mospital Center Balto. Balto ff Under 1 Year | If Under 24 Hrs. 5. Social Security Number 6. Sex 1 M 2 ☐ F 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Birthplace (State or Foreign Country) **Funeral** Days Hours 5,1922 SOUTH CAROLINA 250-20-0040 Yrs. Director Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 28s-f show 1 Yes 2 □ No Director 10e. Street and Number 10g. Citizen of What Country? 6 DARREL permit. Pages 1 and 2 should be filed within 72 hours after death w Department of Health and Mental Hygiene.
Important: If item 27 is marked other than "natural", or items 23a empiripury or other traumatic event, the Medical Exemptor traumatic event, the Medical Exemptor traumatic event. PARK DRIVE USA.

14. Race - American Indian,
Bleck, White, etc. Funeral 12. Was Dacadent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 1 X Yes 2 No 01-13-44 If Yes, Give Year or Detes: 01-17-46 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: à 3. Widowed 4 □ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) 8 + HGRADE College (1-4or 5+) HEAVY EQUIPMENT OPERATOR U.S. ARMY CORPOFENGINESS 17. Father's Nama (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be ERNEST SELLERS BEULAH (MN-UNKNOWN) 2 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informent's Neme/Ralationship (Type, Print) PARK DRIVE APTB-1, BALTO, M.D. 21208 POWELL WARREN ETISHA 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition

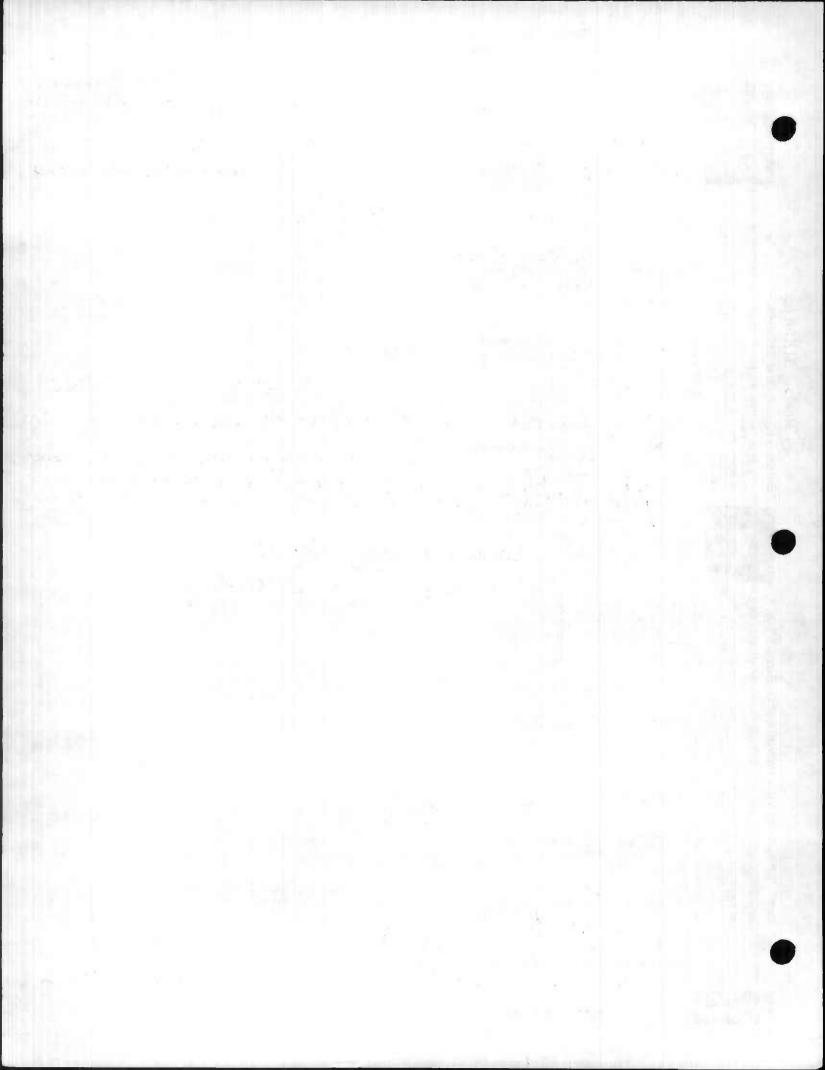
1. Burial 2 □ Cremation 3 □ Removal from State Dete 20c. Location - City or Town, Stata 03-12-99 OWINGS MILLS, MD. 4 ☐ Donation 5 ☐ Othar (Specify) GARRISON FOREST 21. Signature of Funerel Sarvice Licensee 22. Name and Address of Fecility FUNERAL HOME BROWN JR. JOSEPH. FULTON AVE. BALTI MORE, Mb. 2/3/
uch as cardiac or respiratory arrest,
intraval Between
Onset and Death N. 23a. Part1. Byter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart failure. List only one cause on each line. **Physician** Infarction /Medical Immediate Ceuse (Final disease or condition resulting in death) Myocardial minutes Examiner Due to (or as a consequence of): Physician/Medical Examiner Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated evants resulting in death) Last Due to (or as e consequance of) Mellitus Records, P.O. Box 68760. Diabetes Dua to (or as a consequence of): 88 My pertension YRUTS 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No by 24b. Were autopsy findings available prior to completion of causa of deeth? Be Completed 24a. Wes en autopsy performed? page 2 1□ Yes 2☑No 1 ☐ Yes 2 ☐ No certificata Division of Vital or Attanding Physician: funeral director, 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☑ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Certification: To this 28e. Data of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? After 1 Matural 5 Pending 24 hours efter death. 1 ☐ Yes 2 ☐ No 2 Accident investigation 3 Suicida 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At homa, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicide Hospital 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end place, and due to the cause(s) end menner as stated.
2 Medical Examiner: On the besis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner stated. Medical 29a. Certifier completely (Check only one) within 2 \$ 29c. License number 29b. Signetura and titla of cartifier 29d. Date signed (Month, Day, Year) llen D43152 1999 MO March 30. Nama end addrass of parson who complated cause of death (Item 23a) (Type, Print) 1717 Gwyn OHK AK Steven miller Balto. MO 32. Registrar's Signeture 31. Dete filed (Month, Day, Year) State Registrar MAR 1 0 1999 **DHMH 16 Rev 6/95** 



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene \ Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death March 959 **Physician** AMES 2 ALEXANDER DAMUELS /Medical 4b. City, Town, or Location of Deeth 4c. County of Death 4a Facility Name (If not institution, give street and number, Examiner Baltimore If Under 24 Hrs. 8 Hours Min. maryland General 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day If Under 5. Social Security Number Birthplace (State or Foreign Country) 6. Sex **Funeral** 15-86-5486 Months Days 1XM 20 F 34 Yrs. Director Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-t show 7 is marked other then "netural", or items 23e or 25e-f shor traumetic event, the Medical Examples must be notified at Ves 2 □ No Director MARYLAND 10g. Citizen of What Country? 10e. St/eet and Number 2816 21215 NORFOLK AVENUE USA. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 11. Maritel Status 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: BLACK If Yes, Give Year or Dates: Àq 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Hygiene. +HGRADE UNEMPLOYED Department of Health and Mental Hygic Important: If Nem 27 is marked other 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Pages 1 and 2 should be DOROTHI SAMUELS WILLIE 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2816 NOR FOLK AVENUE, BALTIMORE, MD, 2/2/5
lece of Disposition (Name of Dete 20c. Location - City or Town, State DOROTHY CURETON (MOTHER) 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition

12 Burlal 2 Cremation 3 Removel from State 8 ZION CEMETERY 4 ☐ Donation 5 ☐ Other (Specify) 22. Name end Address of Facility
JOSEPH H. ature of Funeral San BROWN JR. FUNERAL HOME JOSEPH 23a. Pay 1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shick, or heart failure. List only one cause on each line. BALTIHORE, MD.2/2/
Approximate
Interval Between
Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical redio outmorary Examiner Examiner physician and s the burial-transit that the deeth certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or thjury that initiated events resulting in death) Last Due to (or as e consequence of) Physician/Medical Due to (or as a consequence of): for use as 950 signed by the a Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 0 1 Yee 2 No 3 Probably 4 Unknown Division of Vital Records, þ The law requires 24b. Were autopsy findings eveilable prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed been : To the Hospital or within 24 hours after death.

To the Funeral Director: After this certificate has I 2 No 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Was cese referred to medicel examiner?
1 ☐ Yes 2 ☐ No Be 28. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) P 1 Inpatient 2 MER/Outpatient 3 DOA 27. Menner of Deeth 1 DNaturat 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Certification: 5 Pending 1 Yes 2 No 2 Accident investigation 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Hospital edicai 29a. Certifier 1 Certifying Phyalcian: To the best of my knowledge, death occurred et the time, date and place, and due to the ceuse(s) and manner as stated 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and menner stated. (Check only one) the 29b. Signature end title of certifier 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) General Hospital Kenneth 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State Registra MAR 1 0 1999



Johnson, Elizabeth

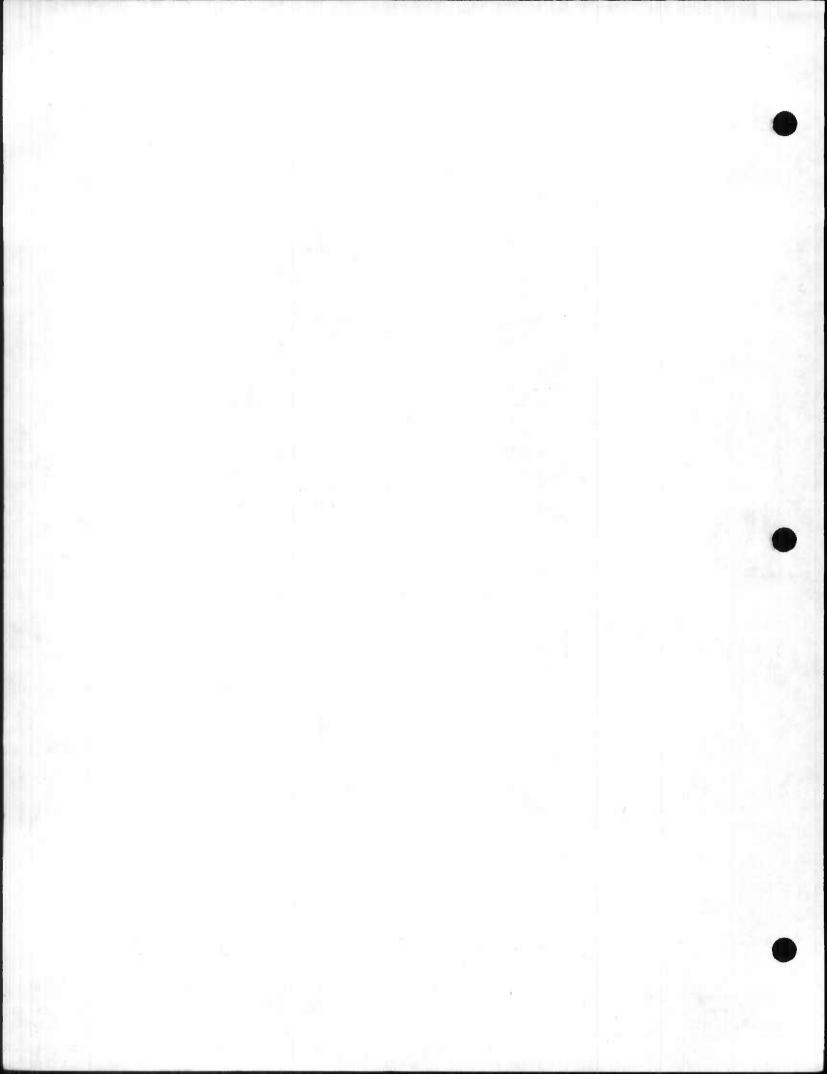
**Physician** /Medical Examiner

physicien end the buriel-transit The lew requires that the deeth certificate be executed Box 68760. 80 Records, P.O. has of Vital After this funara Division

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death Month **Physician** Elizabeth Catherine Schroen March 6,1999 6:40 a.m. /Medical 4a Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner North Arundel Hospital Glen Burnie Anne Arundel Co. If Under 1 Year | If Under 24 Hrs. 8. Data of Birth (Month, Day, Year)
Aug. 10,1934 Birthplaca (State or Foreign Country)
 Maryland 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Days Months Hours 213-32-2326 Yrs. 64 Director Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or itema 23a or 28a-f show treumatic event, the Medical Examinar must be notified at Maryland Anne Arundel Pasadena 1 ☐ Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7954 Holly Road 21122 U.S.A. Funeral Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 12. Was Decedent Evar in U,S. Armed Forces? 14. Race - American Indian, 11 Marital Status Black, Whita, atc. 1 Yes 2 No If Yas, Give Year or Dates: 1 Never Married 2 Married specify: White 1 Yas 2 XNo Specify: P 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) permit. Peges 1 and 2 should be filed wit Depenment of Health and Mentel Psyllent Important: if tem 27 ie marked other that eny injury or other traumatic event, that page. 12 N/A Homemaker Own Home 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Nama (First, Middle, Last) Norman Stinchcomb Elizabeth M. Wiechert 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informent's Neme/Ralationship (Type, Print) 7954 Holly Road Pasadena, Maryland 21122 Norman D. Schroen Husband 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from Stata
4 Donation 5 Other (Specify) Glen Haven Mem. Park March 9,1999 Glen Burnie, Maryland 21. Signature of Funeral Service Licenses 22. Nama and Addrass of Facility McCully-Polyniak Funeral Home, P.A. Colline 3204 Mountain Road Pasadena, Maryland 21122 23a. Part Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, sheck, or heart failure. List only one cause on each line. Approximate tntarval Batween Onsat and Death Immediata Cause (Finel hears mone diseasa or condition rasulting in death) ue to (or as a consequence of) Physician/Medical Examiner Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown by 24a. Was en autopsy performed? 24b. Were autopsy tindings available prior to Completed completion of causa of death? 1 Yas 20 No 1 Yes 2 No 25. Was caaa rafarred to medicat axaminer? 8 26. Place of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA 1 Yas 2 No Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) edicai Certification: To 28a. Date of Injury (Month, Day Year) 28b. Tima of 27. Manner of Death 28d. Describe how injury occurred 28c. Injury at Work? of the deeth. 1 Naturel 5 Pending invastigation 1 Yes 2 No 2 Accident Director: / 28f. Location (Street end Number or Rural Route Number, City or Town, State) 6 Could not be 3 Suicide 28a. Plece of Injury - At homa, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicide To the Hospital or within 24 hours aft To the Funeral Di completely filled in Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

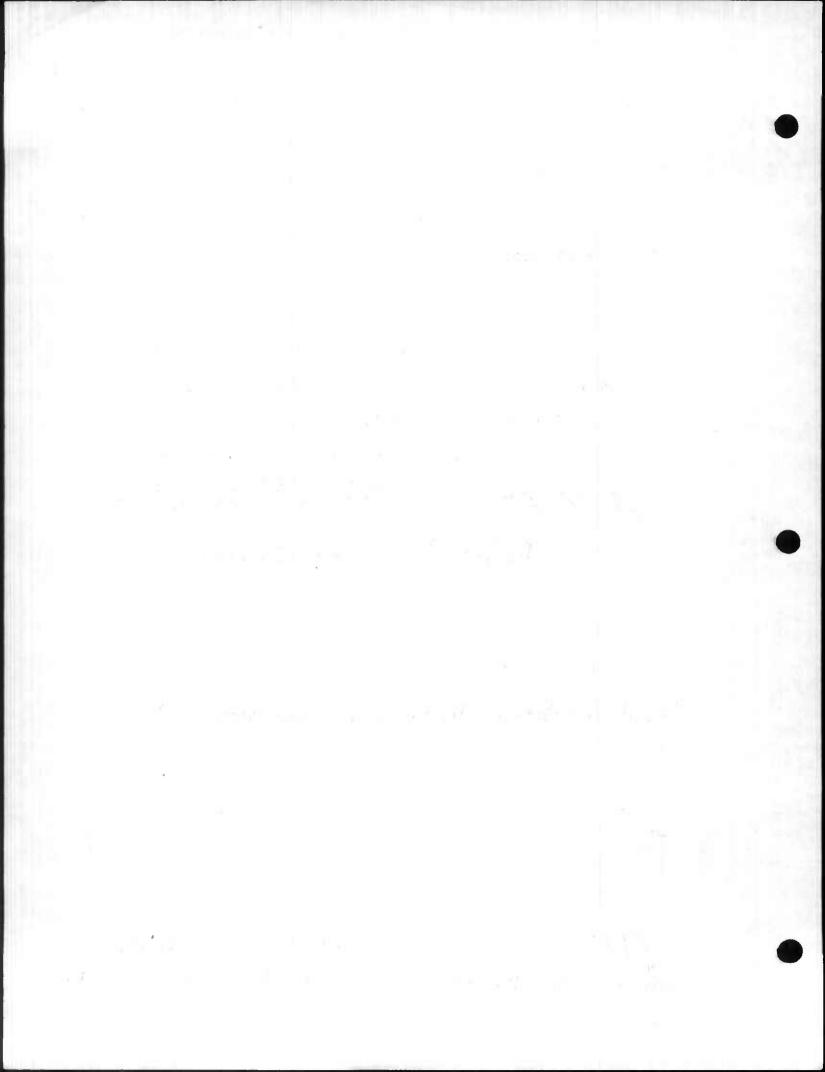
| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only 29d Date signed (Month, Day, Year) 29c. Liconsa numba 29b. Signature and title of certifier 0 30. Name and address of person who completed cause of death (from 23a) (Type, Print) 1600 Crain Hwy. Glen Burnie, Maryland 21061 Dr. Charles Wu, M.D. 31. Data filed (Month, Day, Year) 32. Registrer's Signatura State Registrar MAR 1 0 1999 **DHMH 16 Rev 6/95** 

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene



State of Maryland	/ Department of Health	and Mental Hygiene-	10	
	Cartificate of Deat	h	19	

							Ce	rtificat	e of	Death			Reg. No.	J	16:	04
Dh	lai		1. Decedent's Nam	ne (First, Middle	Last)							2. Date of De		Voor	3. Tim	ne of Death
	nysici Medic		EMMA	SCALIC	)						I	Month MARCH	08 <sup>□¶y</sup> 99	9 Year	9:2	25 AM
	xamir		4e. Fecility Nama (			num <i>ber)</i>				4b. City, Town,		tion of Death	4c. Cou	nty of Deeth	,	
***					STREET					BALTIMO				N/A		
	neral ector		5. Social Security N 212–16– Usuel Residence of	4661	6. Sex 1□ M 2□F	7. Age (In yrs. 91	last birthday) Yrs.	If Under Months	1 Yaar Days	Hours I	Min.	Date of Birt (Month, Da)	r, Year)	9. Birth Cou 7 Mary	place (Stantry) /lanc	ate or Foreig
and	-		10a. State	10b. County		10c. C	ity, Town or Lo	cation							10d. Insir	te City Limits
death with the Maryland	nothied at	5	Md.	n	ı/a	Ъ	altimo	×								Yas 2 No
the 28a	non mon	Director	10e. Street and Nu		./ a		archio.	10f. Zip	Code			T	10g. Citizen	of What Cou	intry?	
ith with 23a or	2	<u>-</u>	136 E	Clemen	t Street			,	212	30					,	
ter death	TE S	Funeral	11. Marital Status	OZGIIOI1	12. Wes De	cedent Ever In L	J,S. 13.	Was Dece		lispanic Origin an, Mexicen, P	7 (Speci	fy Yes or No-		SA Race - Ameri	ican India	n,
or its	9	by	1 ☐ Never Marr 3 🄀 Widowed	riad 2 Marrie	Armed I ed 1 Tes If Yes, C Year or	3 2 XNo		It Yes, spec 1 ☐ Yes		Specify:	uarto Ri	can, etc.)	Spe	Black, White, cify: wh	ite	
15-00 72 hours	los!	Completed	(Sne	15. Decedent's	s Education	<b>√</b> )	18a. Dece	dent's Usua	ol Occup	ation	working		16b. Kind o	Business/Ir	ndustry	
within within than than	other traumatic event, the Medical	npie	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4or 5+)				(Give kind of work done during most of working life. DO NOT use retired)									
	T.	Cor	8 0										Owner			
Maryland d 2 should be file th end Mental Hy 7 is marked othe	000	Be			,								Meiden Sumeme)			
should be and Mental I	affic	To		eckline								e Just				
Mar 12 sho h end	raum		19a. Informant's N		<sub>ip (Type, Print)</sub> Daughter	. 1				and Number o						
	thar	-	20a. Method of Dis		Daugnter		Place of Dispo			load, S		- T	-			
Baltimore, permit. Pages 1 au Department of Heal Important: If item.			1 Deuriai 2	_	3 □Removal tron ec <i>ify)</i>	n State	udon Pa	ark C	emet	ery		11/99	Baltir			0
Departiment	any Ir		21. Signature of Funeral Service Licensee  22. Name and Address of Facility  McCully-Polyniak Funeral Home P.A.  130 E. Fort Ave. Baltimore, Md. 2123										130			
			23a. Part1. Enter t shock, or hee	the diseasa, or o	complications that	causad the dea	th. Do not ant	er the mod	le of dyir	ng, such as car	rdiac or r	aspiratory ar	rest,	1. 212	Approx	imata Between
Physic /Med															Onset a	and Death
Exami			Immediate Cause (Final disease or condition resulting in death)  Metastatic Lung Cancer													
		F	Due to (or es a consequence of):  b. Due to (or as e consequence of):													
petn. p	ansit	Examiner														
O, exec	riel-tr	Exa	Sequentially list co if any, leeding to in ceuse. Enter Under	nmadiate eriving		D00 t0 (t	or as e consec	(uence or).						1		
Box 68760, eath certificete be executed ettending physician and	ne pr	Medical	Cause (Disease or Injury that initiated events resulting In death) Last  Due to (or as a consequence of):													
68 tiffice	es th	Med										į				
Box ath cer	use.	an.			d								-			
that the death ed by the etter	of fo	Physician	Part II. Other signif	licant condition	s contributing to	death but not res	ulting In the u	nderlying c	euse giv	en in Part I.		23b. Did t	obacco use	contribute t	to the car	uss of death
P.O. at the dby th	igned by the ettendin be deteched for use	hy	. 1								v	101	(es 20M	6 3 □ Pro	bably	4 Unknow
S, less the	pe q	by P	· idbeili	MZIVE	Arter	105 CIEV	0716	Chi	1100	a scula	rVU	202		7		
cords requires been sign	should	ted	·										an autopsy med?	a\	valleble pi	
e e e e e e e e e e e e e e e e e e e	CA	Completed												of	ompletion deeth?	of ceuse
If Rec	page	Con										101	es 2 No	1	☐ Yes	20 No
of Vital Records, Physician: The lew requires the certificate has been signed.	director, page	Be (	25. Wes cese refer examiner?	red to medical							Deeth (	Check only o	ne)			
Of Ohysic of this o	ō	2	1 ☐ Yes 2 ☐		Hospital: 1	Inpatient 2	ER/Outpetier			4 LI NUISI	ng Home	5 Presid	ence 6 🗆	Other (Speci	fy)	
	unera	on:	27. Manner of Deet	th 5 Pending		of Injury onth, Day Year)	28b. Time of Injury	2	8c. Injur Wor	y at k?	28	d. Describe h	ow injury oc	curred		
DIVISION To the Hospital or Attending R within 24 hours efter death. To the Funaral Director: After	the funeral	Certification:	2 ☐ Accident 3 ☐ Suicide	investiga	ation			М	1 🗆	Yes 2 □ No						
DIVISION  or Attending efter death.  Director: After	in by	틭	4 Homicide	determin	286. Plac	ce ot Injury - At h ding, etc. <i>(Speci</i> i	ome, farm, str <i>fy)</i>	eet, factory	, office		28	f. Location (S City or Tox	itreet and Nu n, State)	mber or Aur	al Route i	Num <i>ber,</i>
pital ours orai	completely filled in by		20a Cadilia	arrage and a	B) 11 = 0											
To the Hospital within 24 hours To the Funaral	stely	edical	29a. Certifier (Check only one)	2 Medicat E	Physician: To the xaminer: On the l	basis of examina	wledge, death tion and/or in	occurred vestigation,	at the tin in my o	ne, date end pi pinion, death c	lace, and occurred	d due to the d at the time, d	euse(s) and late and plac	menner es : e, and due t	steted. to the ceu	se(s)
ithin of the	oldmo	ĕ	29b. Signature and	title of certifier	and ma	nner stated.		290	Licans	a number		T.	29d. Date sig	ned (Month	Day Ye	97)
7.87	ŏ			ale				200		1620	3		2 9	99	July, 100	/
1		-	1 10	// /					7	- 0 -	J		211	1 1 1		
	u		30. Name and eddr	ess of person w	ho completed cau		n 23e) (Type,	Print)	\	nt S	1	B - 1	Lin	10 40	2 11	130
			31. Date tiled (Mont	th-Day Vone		Begicter's Sign	171	1	1)	11 7	1.	12/	17)	V16	_ '	- 50
D-	Sta	e	Date their (Mp//	MART	n 1999 °2.	Registrar's Signa	1	9	Ann.	11						



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene O Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Month **Physician** March 9, Jennie D. Schonhoff 1999 1:30 A.M. /Medical 4a Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Brightwood Center Brooklandville Baltimore If Under 1 Yeer | If Under 24 Hrs. Birthplece (State or Foreign Country) 5. Social Security Number 8. Dete of Birth (Month, Dey, Year) 7. Age (In yrs. last birthdey) **Funeral** Hours Months 1 M 2 XF 213-48-9031 Yrs Italy Director Oct. 14, 1907 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits ir than "natural", or items 23s or 28s-f ahow the Medical Examiner must be notified at Baldwin 1 ☐ Yes 2 No Director Md. Harford 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 2819 Orchard Lakes Drive 21013 United States Funeral flied within 72 hours after death 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 11. Merital Status 1 ☐ Yes 2 🔯 No If Yes, Give Year or Detes: 1 Never Merried 2 Merried altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify Specify: White 3 ☑ Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry I Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Father's Neme (First, Middle, Last) Be permit. Peges 1 and 2 should be to Department of Health and Mental Important: If Itam 27 Is merked of any Injury or other traumatic ave Guiseppe Casale Giacomina Palmieri 2 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Francis E. Gonce(Friend/POA) 2819 Orchard Lakes Drive Baldwin, Md. 21013 20b. Plece of Disposition (Name of cemetery, cremetery or other plece) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 X Burial 2 ☐ Cremetion 3 ☐ Removel from Stete Most Holy Redeemer 3/11/99 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Fungral Service Lipensee Milton J Knight Jr 22. Name and Address of Fecility Leonard J. Ruck, Inc. 5305 Harford Road Baltimore, Maryland 21214 23a. Pert1. Enter the disease, ondomplications that asset the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feiture. List only one cause on each line. Approximete Interval Between Onset end Deeth **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Due to (or as a consequence of). Examiner Zweelis nemon sician and burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last Due to (or es e consequence of) attending physician for use as the buria Box 68760 Physician/Medical Due to (or es a consequence of): P.O. signed by the a Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Dld tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Serile dementa Records. þ 24b. Were eutopsy findings available prior to Completed Concerdre Leart failure 24e. Wes en eutopsy completion of cause of death? Muchan 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificata Division of Vital or Attanding Physician: 8 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpatient Other: ↑ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 1 Yes 2 YNo Certification: To 3□ DOA this funeral 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Aftar 1 Accident 5 Pending investigation e Hospital or Attanding 24 hours after death. e Funeral Diractor: After 1 Yes 2 No 6 Could not be 3 Suicide 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) à 4 Homicide filled in 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, and due to the cause(s) end menner es stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end plece, and due to the cause(s) and manner stated. 29a. Certifier edicai To the Hosp within 24 ho To the Fune completely fi (Check only one) 29b. Signature and title of bertil 29d. Date signed (Month, Day, Year) 29c. License number Attendada 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

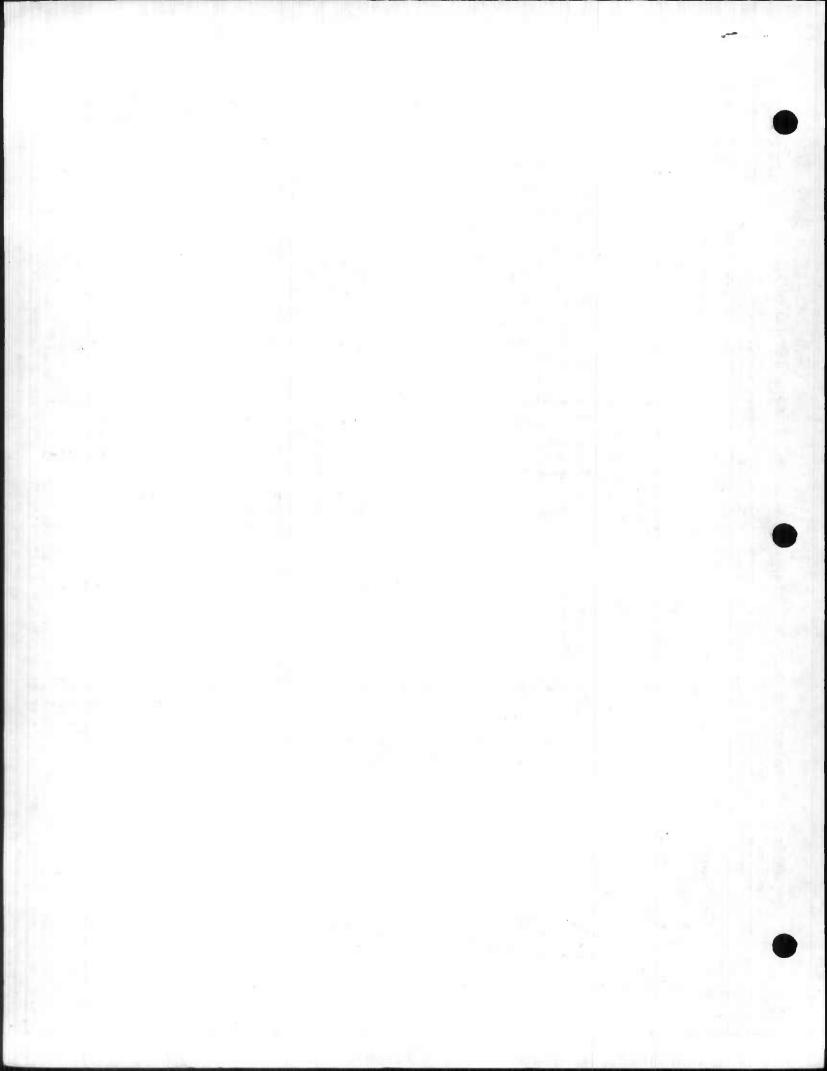
**DHMH 16 Rev 6/95** 

State Registrar

chw.ARtz

MD

1150 1999. Registrar's Signeture



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death Item 10e Per AB Film G769 3-9-99 rja 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** John Henry Smith 1999 March 3, 3:00 AM /Medical 4e Facility Neme (Il not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Harford Memorial Hospital Havre de Grace Harford 8. Date of Birth (Month, Dev. Year)
Dec. 20, 1924 5. Social Security Number If Under 1 Year If Under 24 Hrs. 6. Sex Birthplace (State or Foreign Country)
 Virginia 7. Age (In yrs. last birthday) **Funeral** 1√2 M 2□ F Months Days 74 Yrs. 578-16-5286 Director Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Maryland Harford Havre de Grace Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? "natural", or items 23s or adical Examiner must be 40 Robin Hood Rd. 21078 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 → Yes 2 No If Yes, Give Year or Detes: 1943-46 1 ☐ Never Married 2 ☑ Married 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry pernit. Pages 1 and 2 should be filed within Department of Health and Mental thygiene. Important: if Item 27 is marked other than "sany injury or other traumatic avent, in the Elementery/Secondery (0-12) College (1-4or 5+) unknown unknown unknown unknown Maryland 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be John Wesley Smith Lualma Corbin 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Joel D. Smith/wife 40 Robin Hood Road, Havre de Grace, Maryland 21078 altimore, 20b. Place of Disposition (Name of 20a. Method of Disposition 20c. Location - City or Town, Stete Dete cemetery, cremetory or other place) 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State 4☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Fecility
State Anatomy Board, 655 W. Baltimore Street 21 Sommer Sorvice Licenses Pirector Baltimore, Maryland 21201 Baltimore, Maryland 21201
Rutt. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, she k, or heart failure. List only one cause on each line. Approximete tntervel Between Onset and Death Physician /Medical fmmediete Cause (Finat disease or condition resulting in deeth) Examiner Physician/Medical Examiner The law requires that the death certificate be executed for use as the burlet-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initieled events resulting in death) Lest Due to (or es e Box 68760, Due to (or es e consequence of) signed by the all the detached for Pert ff. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert f. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yee 2 ☐ No Records, Be Completed by 24b. Were autopsy findings available prior to 24a. Was en eutopsy performed? completion of cause of death? 1 ☐ Yes 2 ☐ No 1 Tyes 2 No certificate of Vital Attanding Physician: director, 25. Was case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 1 Impatient 2 ER/Outpatient 3 DOA Certification: To 1 Yes 2 No this funaral 28a. Dete of fnjury (Month, Day Year) 27. Menner of Deat 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Division After 5 Pending investigation 1 Netural al or Attandin after death. I Director: Aft 1 ☐ Yes 2 ☐ No 2 Accident ne Hospital or Atta n. 24 hours after de ne Funeral Directo pletaly filled in by th 3 ☐ Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide Medical 29e. Certifier 119 certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner es stated (Check only 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated. To the I within 2 29b. Signatury

State Registrar

**DHMH 16 Rev 6/95** 

31. Dete filed (Month, Day, Year)

MAR 1 0 1999

32

Registrar's Signature

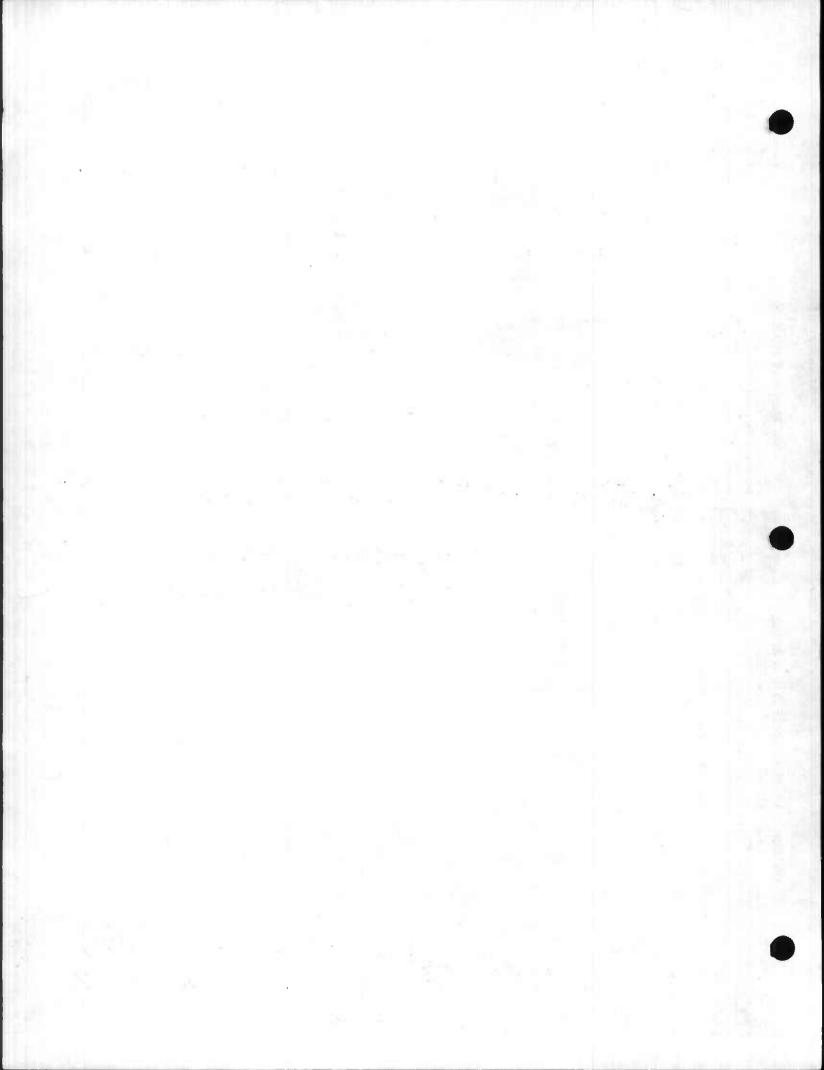
0300

8

3/3/

Johns

ORIGINAL



#### Piease Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Schmith Martin 0715 March 1999 4a Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 5401 012 Court 4c. County of Deeth Randall 5 Town Rond Northwor Hospital Center BALTIMORE 7. Age (In yrs. lest birthday) If Under 1 Year | If Under 24 Hrs. 5. Social Security Number Sex XXM 2□F 8. Date of Birth (Month, Dev. Year) Months Days Hours Yrs. 79 212-07-0025 Sept. 28,1919 MARYLAND Usual Residence of Decedent 10e State 10h Counts 10c. City, Town or Location 10d. Inside City Limits 1 X Yes 2 □ No MD. N/A BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1213 STEELTON AVENUE 21224 U.S.A 12. Was Decedent Ever in U,S. Atmed Forces? 1 M Yes 2 □ No If Yes, Give Year or Dates: 1944-46 Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced WHITE 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 8 BETHLEHEM STEEL CRANE OPERATOR 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) JAMES C. SCHMITH ADELAIDE SCHAEFER 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) DIANE DISNEY/DAUGHTER 5 STABLE GATE COURT, PERRY HALL, MD. 21128 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1X Burial 2 Cremetion 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) SACRED HEART OF JESUS 3/9/99 BALTIMORE, MD. 21. Signature of Funeral Service Licenses 22. Name and Address of Facility LILLY & ZEILER INC. FUNERAL HOME 700 S. CONKLING STREET, BALTIMORE, MD. 21224 Approximete Interval Between Onset and Death 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final 2 weefs diseese or condition resulting in death) Due to (or es a consequence of): ne umonia Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest Due to (or as e consequence of): Due to (or as e consequence of) Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco usa contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown remia 24b. Were autopsy findings eveilable prior to completion of cause of death? 24a. Wes an autopsy 2 No 1 Yes 2 No 25. Wes cese referred to medical examiner? 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Menner of Death 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Natural 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homlcide

requires that the death certificate be executed Division of Vital Records, P.O. Box 68760,

**Physician** 

/Medical

Examiner

**Funeral** 

Director

r 28a-f show

7 is marked other than "natural", or itsms 23s or traumatic event, the Medical Examples must be re-

permit. Peges 1 and 2 should be filed within 72 hours after of Department of Health and Mental hygiene. Important: If Item 27 is marked other than "natural", or Nar any injury or other traumatic event, the Medical Exercise.

**Physician** /Medical

**Examiner** 

physician end the bunal-transit

Examiner

Physician/Medical

p

Completed

Be

2

Certification:

edical

29e. Certifier

29b. Signature and title of certifier

Baltimore, Maryland 21215-0020

Director

Funeral

þ

Completed

Be

with the Meryland

death

signed by the aid be detached for page 2 hes certificete Hospital or Attending Physician: funeral director, After this efter death. Director: Aft within 24 hours e To the Funeral D completely filled To the

State Registrar

8. Knopf 31. Date filed (Month, Dey, Year) MAR 9

30. Name and address of person who completed ceuse of deeth (Item 23e) (Type, Print)

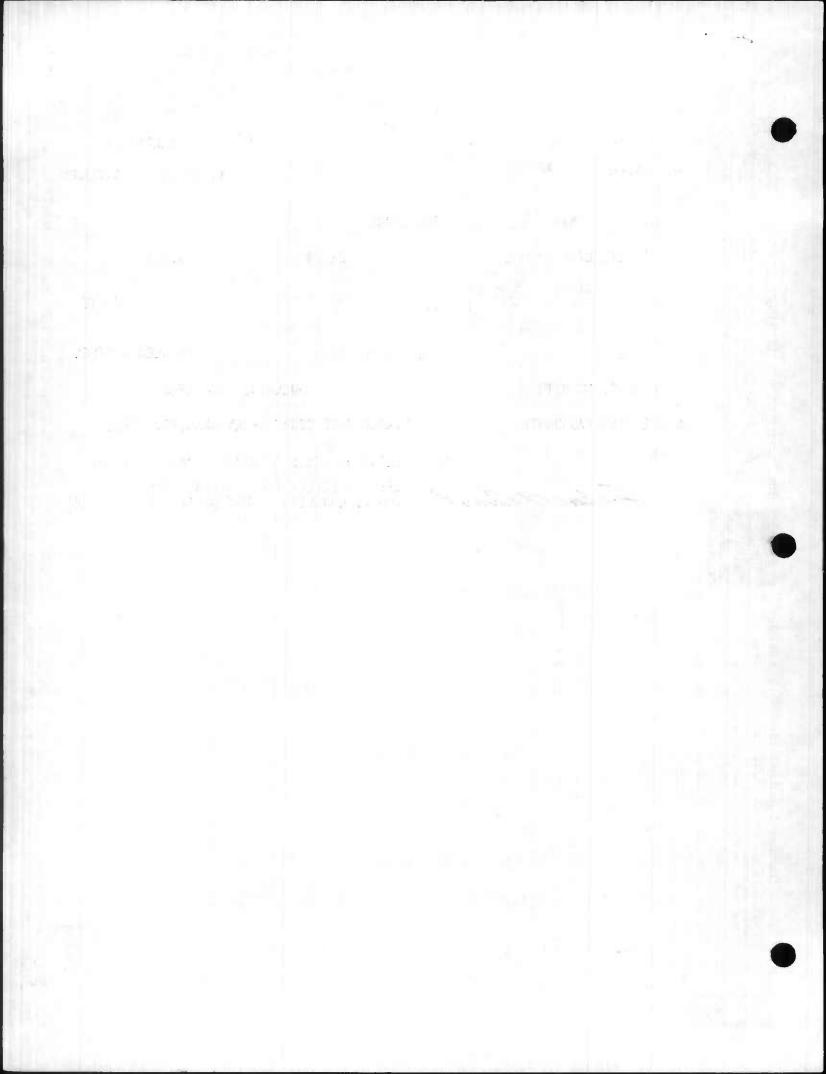


Northnot Hospital Cener 5401 010 com Road

1/2 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

29d. Date signed (Month, Day, Year)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** 615 pm 4e. Fecility Neme (If not institution, give street and number) March /Medical 4b City, Town, or Location of Death 4c. County of Deeth Examiner Maryland 5. Sociel Security Number If Under 1 If Under 24 Hrs. 7. Age (In yrs. lest birthday) 9. Birthplace (State or Foreign **Funeral** 10M 2DF Deys 219-28-2317 Director Usuei Residenca of Decedent 10a State 10b. Count City, Town or Location 10d. Inside City Limits ns 23a or 28a-f shov must be notified at 1 Yes 2 No Completed by Funeral Director Md. 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? SA 1205 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ② No If Yes, Give Yeer or Detes: 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 11. Marital Status traumatic event, the Medical Examiner 1 ☐ Never Married 2 Merried 6 1 Yes 2 No Specify Specify: 3 ☐ Widowed 4 ☐ Divorced rock 15. Decedent's Education 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) al Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) 11 Der VISOr Fether's Neme (First, Middle, Last) Mother's Neme (First, Middle, Meiden Sumeme) Be h and Mental to is marked of Pages 1 and 2 should be Shields larence 19e. Informent's Name/Reletionship (Type, Print) Department of Health ar Important: If Item 27 is any Injury or other trau 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriai 2 □ Cremetion 3 □ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Servica Licensee 22. Name and Address of Fecility

Left Miller P.C. 2008 funeral when disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, heart feilure. List only one cause on each line. Approximete Intervel Betw Onset end Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting In death) Examiner Physician/Medical Examiner 8n5 4 or Attending Physician: The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lesl and Records, P.O. Box 68760, Due to (or es e consequence of) Pert il. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 3 □ Probably 4 12 Unknown signed by 1 Yes 2 No Completed by pege 2 should be 24b. Were autopsy findings eveilable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? this certificate has 2 MNo Division of Vital director. 25. Wes case referred to medical B 26. Plece of Deeth (Check only one) 1 Yes 2 No 1 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 2 ☐ ER/Outpetient 3 ☐ DOA funeral 28e. Dete of Injury (Month, Day Year) 27. Manner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Affer 1 Watural 5 Pending 1 ☐ Yes 2 ☐ No investigetion 2 Accident after death Director: / the 6 Could not be determined 3 Suicide To the Hospital or Atte within 24 hours after de To the Funeral Directo completely filled in by the 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Piece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner state(s). Medical 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 6

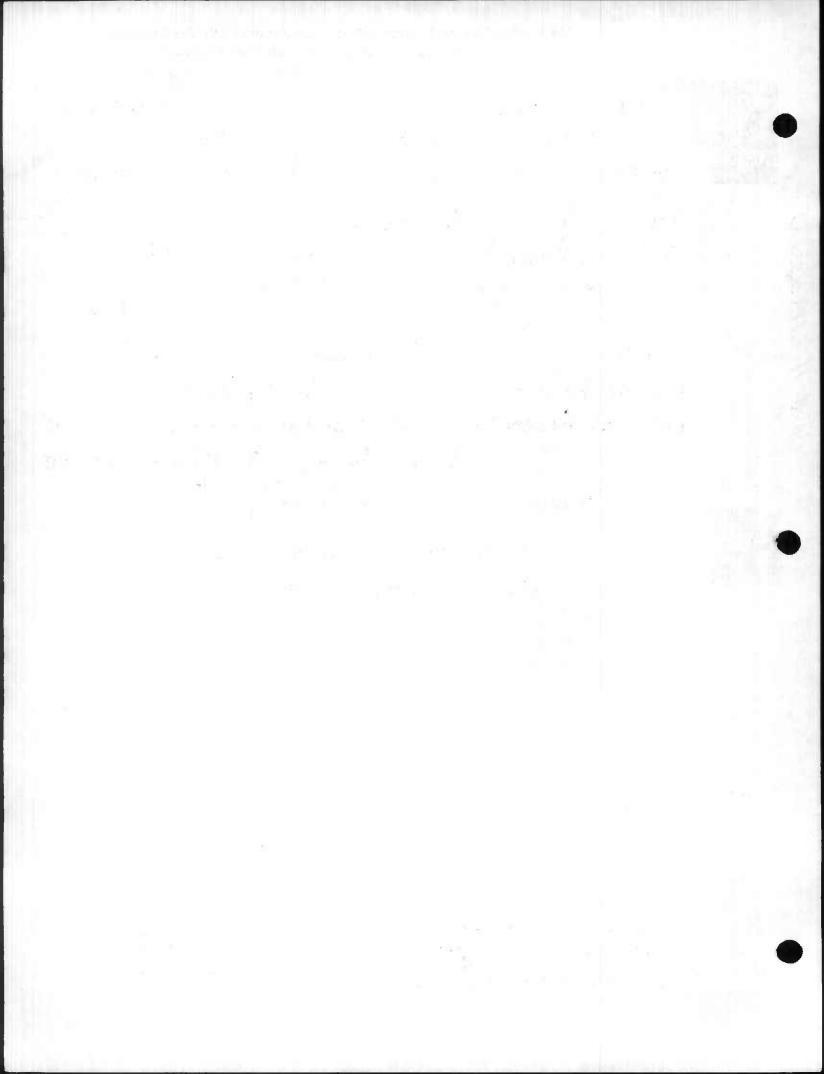
Go Marylon

eddress of person who completed cause of death (Item 23e) (Type, Print)

32. Register's Signeture

mostata

State Registrar

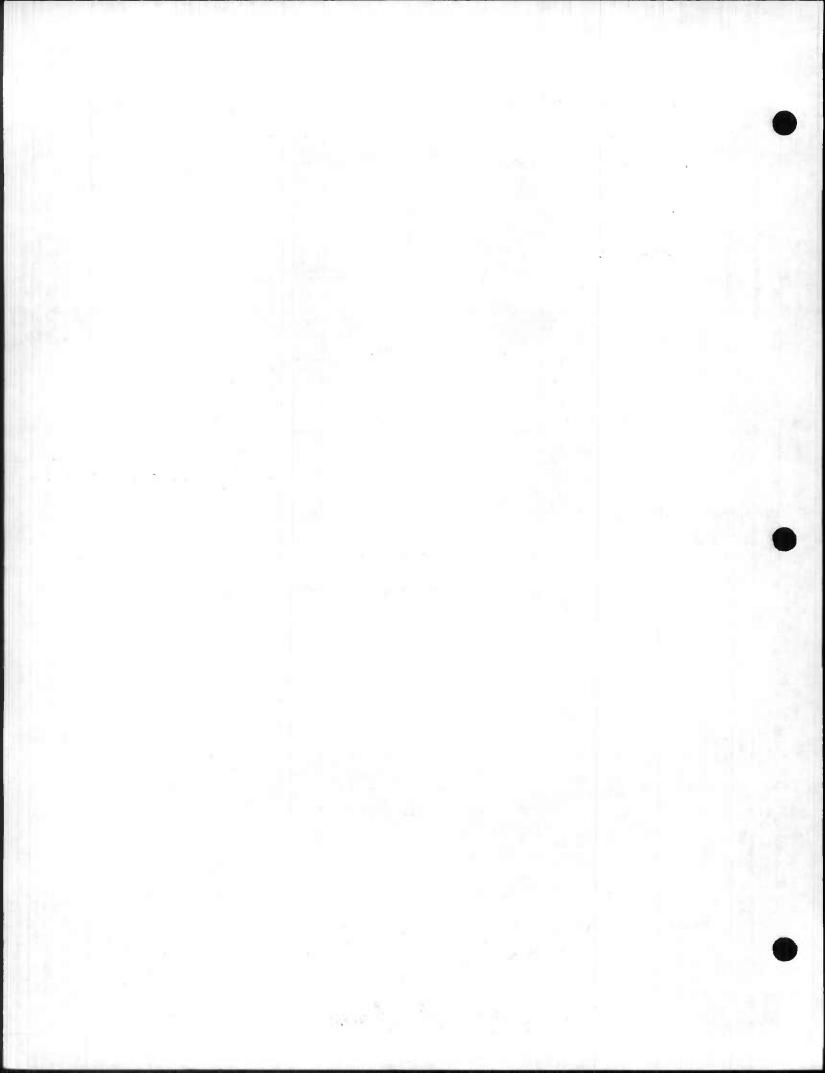


### Please Type or Print in Black Indelible Ink. Assure Ail Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 9 0 7 6 5 9

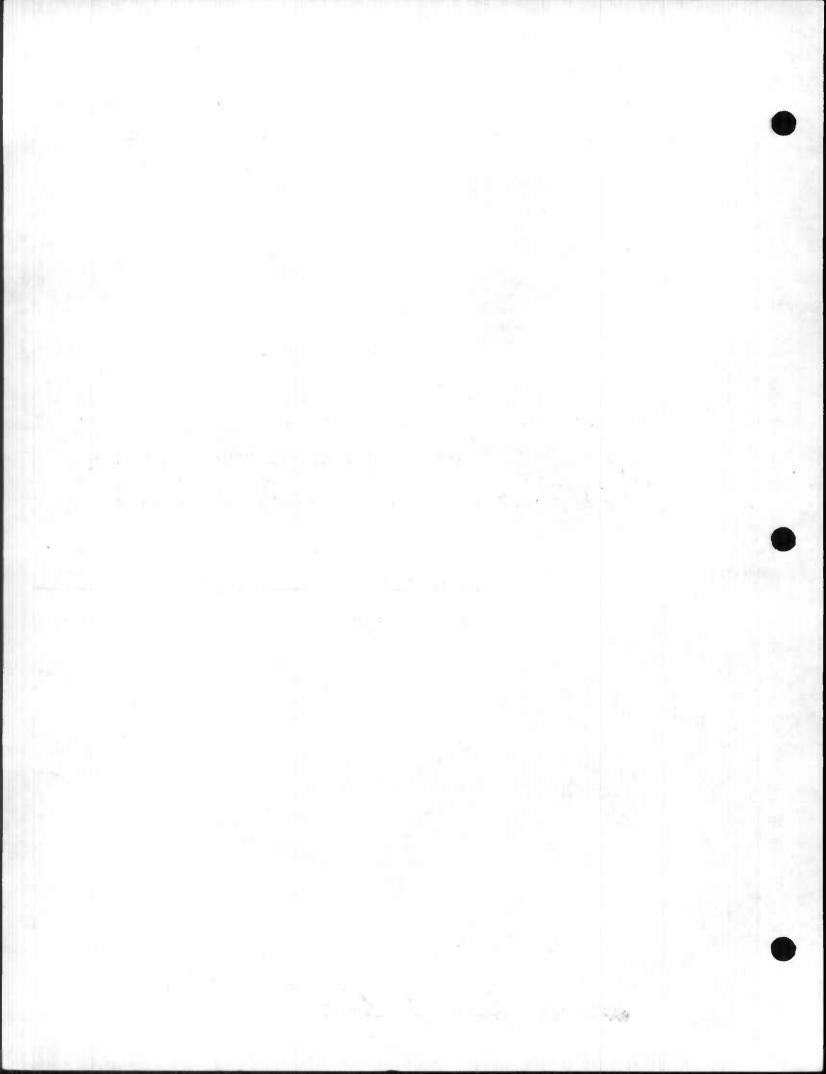
Physician Medical Examiner  Funeral Director  Fu	Time of Death			
Elizabeth Warren Wells  Archard 2 1999 6  Archar	. 1 C DM			
Funeral Director    Funeral Director   Funeral Dire	:15 PM			
S. Social Security Number 1076-16-3891  Total Periodence of Decedent 108. State   106. County   100. City, Town or Location 108. State   106. County   101. Zep Code 109. State   106. State   106. County   101. Zep Code 109. State   106. State   106. County   101. Zep Code 109. State   106. State   106. County   101. Zep Code 109. State   106. State   106. County   101. Zep Code 109. State   106. State   106. County   101. Zep Code 109. State   109. State   106. State	1			
O76-16-3891  O77-16-3891  O77-1				
10a. State   10b. County   10c. City, Town or Location   10d. In   11d   10d. In   11d   10d. In   10d.	sylvania			
Elementery/Secondary (0-12)    College (1-4or 5+)   teacher	side City Limits			
Elementery/Secondary (0-12)    College (1-4or 5+)   teacher	☐ Yes 2 No			
Elementery/Secondary (0-12)    College (1-4or 5+)   teacher	United States			
Elementery/Secondary (0-12)    College (1-4or 5+)   teacher				
Elementery/Secondary (0-12)    College (1-4or 5+)   teacher				
John Henry Warren  19e. Informant's Neme/Relationship (Type, Print)  Barry Wells/son  20e. Method of Disposition  1 Burlal 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  21. Signature of Funeral Service Licensee  22. Name and Address of Fecility Mitchell-Wiedefeld Home, 6500 York Rd.  23a. Part I. Enter the diseese, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  1 Immediate Cause (Final disease or condition resulting in death)  2 Immediate Cause (Final disease or condition resulting in death)  2 Interpretation a correspondence of the print o				
John Henry Warren  19e. Informant's Neme/Relationship (Type, Print)  Barry Wells/son  20e. Method of Disposition  1 Burlal 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  21. Signature of Funeral Service Licensee  22. Name and Address of Fecility Mitchell-Wiedefeld Home, 6500 York Rd.  23a. Part I. Enter the diseese, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  1 Immediate Cause (Final disease or condition resulting in death)  2 Immediate Cause (Final disease or condition resulting in death)  2 Interpretation a correspondence of the print o				
20e. Method of Disposition    20e. Method of Disposition   20e. Method of				
Physician /Medical Examiner    Immediate Cause (Final disease or condition resulting in death)   Due to (or as a consequence of):    Physician   Due to (or as a consequence of):	9)			
Physician /Medical Examiner    Immediate Cause (Final disease or condition resulting in death)   Amultiple organ failure				
Physician /Medical Examiner  23a. Pan1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Interconse Consent of the cause of the caus	Inc.			
Immediate Cause (Final disease or condition resulting in death)   Immediate Cause (Final disease or condition resulting in death)   Immediate Cause (Final disease or condition resulting in death)   Immediate Cause (Final disease or condition resulting in death)   Immediate Cause (Final disease or condition resulting in death)   Immediate Cause (Final disease or condition resulting in death)   Immediate Cause (Final disease or condition resulting in death)   Immediate Cause (Final disease or condition resulting in death)   Immediate Cause (Final disease or condition resulting in death)   Immediate Cause (Final disease or condition resulting in death)   Immediate Cause (Final disease or condition resulting in death)   Immediate Cause (Final disease or condition resulting in death)   Immediate Cause (Final disease or condition resulting in death)   Immediate Cause (Final disease or condition resulting in death)   Immediate Cause (Final disease or condition resulting in death)   Immediate Cause (Final disease or condition resulting in death)   Immediate Cause (Final disease or condition resulting in death)   Immediate Cause (Final disease or condition resulting in death)   Immediate Cause (Final disease or condition resulting in death)   Immediate Cause (Final disease or condition resulting in death)   Immediate Cause (Final disease or condition resulting in death)   Immediate Cause (Final disease or condition resulting in death)   Immediate Cause (Final disease or condition resulting in death)   Immediate Cause (Final disease or condition resulting in death)   Immediate Cause (Final disease or condition resulting in death)   Immediate Cause (Final disease or condition resulting in death)   Immediate Cause (Final disease or condition resulting in death)   Immediate Cause (Final disease or condition resulting in death)   Immediate Cause (Final disease or condition resulting in death)   Immediate Cause (Final disease or condition resulting in death)   Immediate (Final disease or condition resulting in death)   Imme	roximate val Between et and Deeth			
metagratic consiners - every	days			
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying				
a cause. Enter Underlying	year			
D A D A G Cause (Disease or injury C. That initiated events				
d				
Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.  1	cause of death?			
performed? evailable completi	ion of cause			
or death  1 □ Yes 2 ☒ No 1 □ Yes	2 No			
1 Yes 2 No 1 Yes  25. Wes case referred to medical 26. Plece of Deeth (Check only one)  Hospital: Other:				
25. Wes case referred to medical axaminer?  1	on's home			
28a. Date of Injury  28b. Tima of 28c. Injury at 28d. Describe how injury occurred  1 Natural 5 Pending (Month, Day Year)  28d. Describe how injury occurred  1 Natural 5 Pending investigation  1 Nestribution				
25. Wes case referred to medical axaminer?	te Number,			
29a. Certifier (Check only one)  10 Certifying Physician: To the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.  29a. Certifier (Check only one)  10 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.	cause(s)			
29b. Signeture end title of cartifier 29d. Date signed (Month, Day, 1	Year)			
D26839 3/3/99				
30. Name and address of person who completed cause of death (Hem 23a) (Type, Print)	06/			
State State  31. Date filed (Month, Day, Year)  32. Registrar's Signature	/			

DHMH 16 Ray 6/95



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

RIEDA  me (If not Institution, ILADE AVEN  ity Number  2—6680  ce of Decedent  10b. County BALTI  d Number  LADE AVEN  tus  Married 2 Marrie  ed 4 Divorced  5pecify only highes  Secondary (0-12)  8  ame (First, Middle, L  ARRY  SHAPIRO  Disposition  2 Cremation  100 Marrie Second  2 Cremation  100 Marrie Second  100 Mighan  100	MORE  12. Was Do Armed of Myes, Year or it grade complete.  College  Last)  NIECE  3 □ Removytro	TTZ HOUSE  7. Age (In yrs  8  10c. C  10c. C  ecadent Ever in I Forces? s 2 No Give r Dates:	is last birthday) 32 Yrs.  Sity, Town or Lo BALTIM  U.S. 13. V	Mas Decedent of It Yes, specify Cub	4b. City, Town, or Li  BALTIM  If Under 24 Hrs. Hours Min.  21208  dispanic Origin? (Span, Mexican, Puerto Specify:	ORE  6. Dete of Birth (Month, Day, SEPT . 12	RY 22, 1 4c. County of BALTIN Year) 9, 1916  Og. Citizen of What U.S.A.	Death  ## APPLICATION OF THE PROPERTY OF THE P		
trity Number 2—6680 ce of Decedent 10b. County BALTI 1 Number LADE AVEN 1 Number LADE AVEN 1 Number 1 Specify only highes Secondary (0-12) 8 ame (First, Middle, L ARRY 1 SHAPIRO 1 Disposition 2 Cremation 1 Other (So	MORE  12. Was Do Armed of Myes, Year or it grade complete.  College  Last)  NIECE  3 □ Removytro	TTZ HOUSE  7. Age (In yrs  8  10c. C  10c. C  ecadent Ever in I Forces? s 2 No Give r Dates:	BALTIM  U.S. 13. V  16a. Decec (Give life. L)  ASSEM	Mas Decedent of It Yes, specify Cub	BALTIM If Under 24 Hrs. Hours Min.  21208  dispenic Origin? (Span, Mexican, Puerto Specify:	ORE  6. Dete of Birth (Month, Day, SEPT . 12	BALTIN Year) 9 2, 1916  Dg. Citizen of What U.S.A. 14. Rece- Black, Specify:	MORE Birthplace (State or Foreign MD)  10d. Inside City Limit 1 Yes 2X N  at Country?  American Indian, White, etc.  WHITE		
tity Number 22-6680 ce of Decedent 10b. County BALTI d Number LADE AVENI tus Married 2 Married 15. Decedent Specify only highes Secondary (0-12) 8 ame (First, Middle, L ARRY CS Neme/Relationsh SHAPIRO Disposition 2 Cremation 100 5/10ther (So	6. Sex  1 M 2 F  MORE  12. Was Do Armed 1 Jest Wes College College Last)  NIECE  3 Removering	7. Age (In yrs  Example 10c. C  10c. C  10c. C  10c. C  10c. C  10c. C	BALTIM  U.S. 13. V  16a. Decec (Give life. L)  ASSEM	Months Days  cation  ORE  101. Zip Code  Was Decedent of It if Yes, specify Cub  I Yes 2 No  dent's Usual Occup kind of work done  DO NOT use retire	If Under 24 Hrs. Hours Min.  21208 Hispanic Origin? (Span, Mexican, Puerto Specify:	6. Dete of Birth (Month, Day, SEPT - 12	year) 1916  Og. Citizen of What U.S.A.  14. Rece- Black, Specify:	Birthplace (State or Foreign Country)  MD  10d. Inside City Limit 1 Yes 2X N  at Country?  American Indian, White, etc.  WHITE		
10b. County BALTI d Number LADE AVENI tus Married 2 Marrie ed 4 Divorced 15. Decedent' Specify only highes Secondary (0-12) 8 me (First, Middle, L ARRY L's Neme/Relationsh SHAPIRO Disposition 2 Cremation iop 5 Other (Sp	UE    12. Was Dr. Armed   1   Yes   ecedent Ever in I Forces? s 2 0 No Give r Dates:	BALTIM  U.S. 13. V  16a. Decec (Give life. L  ASSEM	Was Decedent of In If Yes, specify Cub  I Yes, specify Cub  I Yes 2 No  dent's Usual Occup kind of work done DO NOT use retire	dispanic Origin? (Span, Mexican, Puerto Specify:  pation during most of work	ecity Yes or No- Rican, etc.)	U.S.A.  14. Rece- Black, ' Specify:	1 □ Yes 2 Nat Country?  American Indian, White, etc.  WHITE			
tus  Married 2 Merrie  Married 2 Merrie  15. Decedent'  Specify only highes  Secondary (0-12)  8  ame (First, Middle, L  ARRY  's Neme/Relationsh  SHAPIRO  Disposition  2 Cremation  100 5 Other (So	UE    12. Was Dr. Armed   1   Yes   ecedent Ever in I Forces? s 2 0 No Give r Dates:	BALTIM  U.S. 13. V  16a. Decec (Give life. L  ASSEM	Was Decedent of In If Yes, specify Cub  I Yes, specify Cub  I Yes 2 No  dent's Usual Occup kind of work done DO NOT use retire	dispanic Origin? (Span, Mexican, Puerto Specify:  pation during most of work	ecity Yes or No- Rican, etc.)	U.S.A.  14. Rece- Black, ' Specify:	1 □ Yes 2 Nat Country?  American Indian, White, etc.  WHITE			
LADE AVENI tus  Married 2 Marrie ed 4 Divorced  15. Decedent' Specify only highes Secondary (0-12) 8  ame (First, Middle, L ARRY  L's Neme/Relationsh SHAPIRO Disposition 2 Cremation 100 5 Other (So	12. Was Dr. Armed 1   Yes   1   Yes	Forces? so 28 No Give r Dates: ad) a (1-4or 5+)	16a. Deced (Give life. L	Was Decedent of In If Yes, specify Cub In Imperior 2 In I	dispanic Origin? (Span, Mexican, Puerto Specify:  pation during most of work	ecity Yes or No- Rican, etc.)	U.S.A.  14. Rece- Black, ' Specify:	American Indian, White, etc. WHITE		
Married 2 Married 4 Divorced  15. Decedent' Specify only highes Secondary (0-12) 8 ame (First, Middle, L ARRY  'S Neme/Relationsh' SHAPIRO Disposition 2 Cremation iog 5 Other (So	12. Was Dr. Armed 1   Yes   1   Yes	Forces? so 28 No Give r Dates: ad) a (1-4or 5+)	16a. Deced (Give life. L	1 ☐ Yes 2 ☑ No dent's Usual Occup kind of work done DO NOT use retire	dispanic Origin? (Span, Mexican, Puerto Specify:  pation during most of work	1	14. Rece- Black, Specify:	American Indian, White, etc. WHITE		
Married 2 Marrie  4 Divorced  15. Decedent' Specify only highes Secondary (0-12)  8  ame (First, Middle, L ARRY  's Neme/Relationsh  SHAPIRO  Disposition  2 Cremation  5 Other (So	Armed 1   Yes	Forces? so 28 No Give r Dates: ad) a (1-4or 5+)	16a. Deced (Give life. L	1 ☐ Yes 2 ☑ No dent's Usual Occup kind of work done DO NOT use retire	Specify: pation during most of work	1	Specify:	White, etc. WHITE		
Specify only highest Secondary (0-12) 8 ame (First, Middle, L ARRY I's Neme/Relationsh SHAPIRO Disposition 2 Cremation iop 5/10ther (So	college College Last)  hip (Type, Print)  NIECE  3 □RemovgFfro	9 (1-4or 5+)	ASSEM	kind of work done DO NOT use retire	during most of work	ing	6b. Kind of Busin	ness/Industry		
ARRY  's Neme/Relationsh  SHAPIRO  Disposition  Communication  Com	nip (Type, Print) / NIECE 3 □RemoveHro						IMBREI	LLA FACTORY		
SHAPIRO Disposition Cremation Crematic Crem	/ NIECE		WEIGENE		18. Mother's Nam	e (First, Middle, M		BEN TACTORI		
SHAPIRO Disposition Cremation Disposition	/ NIECE			FISH	SARAH			(UNKNOWN)		
Disposition  2 Cremation iop 5 Other (So	3 Removatiro		19b. Mailir	ng Address (Street	and Number or Rur	al Route Number,	City or Town, Sta	ate, Zip Code)		
	pecify)	m 90%	Place of Dispo cemetery, cren	sition (Name of matory or other pla		Date 2	20c. Location - Cit			
Mary Co	21//						DUNDALK, MD			
theart failure. List of use (Final adition ath)  st conditions, to immediate Underlying to or injury vents ath) Last	a	Due to (  RENAL N	(or as a consequence of as a consequence of as a consequence or as a consequence or as a consequence of a consequence of as a consequence of a conseq	quence of): IIA juence of): EROSIS	eng, such as cardiac	····		Approximate Interval Between Onset and Death MIA & STATE MONTHS YEARS		
ignificant condition	ns contributing to	death but not re	sulting in the ur	nderlying cause gi	ven in Part I.	23b. Did tot	bacco use contri	ibute to the cause of des		
Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  INFLUENZA  23b. Did tobe 1   Yes							1 Yes 2 Due 3 Probably 4			
								24b. Were autopsy finding eveilable prior to completion of cause of death?		
			3000	×1 100		1 ☐ Yes	Yes 20 No 1 □ Yes 20 No			
referred to medical  2010  Death  5 Pending investig	28a. Dal (Me	Inspitel: Other			ny at rk?		(Check only one) e 5 ☐ Residence 6 ☐ Other (Specify) 8d. Describe how injury occurred			
e 6 Could no determine	ned 259, 118						28f. Location (Street and Number or Rural Route Number City or Town, State)			
1 Certifying 2 Medical E	Examiner: On the	basis of examin	owledge, deeth etion and/or inv	occurred et the tivestigation, in my o	me, dete end place, opinion, deeth occur	and due to the car red et the time, da	use(s) end mann ite and place, and	ner as stated. d due to the cause(s)		
29e. Certifier  (Check only one)  1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner (Check only one)  1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner state.										
and title of pertifier	W 1	rull		Do	7421		2/23	199		
and title of certifier		use of death (Ite	m 23a) (Type,	Print)	-		> 1 -4	300 2120		
	1 Certifying 2 Medical E	1 Certifying Physician: To the and mind title of pertifier  and title of pertifier  ddress of person who completed c	1 Certifying Physician: To the best of my kn 2 Medical Examiner: On the basis of examinand manner stetes.  and title of certifier	1 Certifying Physician: To the best of my knowledge, deett 2 Medical Examiner: On the basis of examinetion and/or in and title of certifier  and title of certifier  ddress of person who completed cause of death (Item 23s) (Type,	1 Certifying Physician: To the best of my knowledge, deeth occurred et the ti 2 Medical Examiner: On the basis of examinetion and/or investigation, in my and manner stetre.  29c. Licensed direction and title of certifier and titl	Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, 2   Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occur and title of person who completed cause of death (flem 33s) (Type Print)	1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, and due to the ca 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, do and manner stete.  29c. License number 25ddress of person who completed cause of death (Item 23a) (Type, Print)	Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, and due to the cause(s) end mann 2   Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, date and place, and and title of pertifier   29c. License number   29d. Date signed ()   29d. Date signed (		



#### Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month 1999 DA184 WATJON 10:20 Au 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Daath 4c. County of Death NORTHWEST GENERAL RANDALLSTOWN BALTIMORE If Under 1 Yaar | If Undar 24 Hrs. 5. Social Sacurity Number 8. Data of Birth (Month, Day, Year) 6-8-03 7. Age (In yrs. last birthday) Birthplace (Stata or Foreign Country) 10 M 20 F Months Days Hours Min. 219-92-2270 95 Yrs. JAMAIĆA, W.I. Usual Rasidance of Dacedant 10a. Stata 10b. County 10c. City. Town or Location 10d. Inside City Limits BALTIMORE RANDALLSTOWN 1 ☐ Yes 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 3664 CLIFMAR 21244 US 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarlo Rican, atc.) 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: 14. Race - Amarican Indian. 11. Marital Status Black, Whita, atc. 1 Navar Married 2 Married 1 Yas 2 No Specify: Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry 15. Dacedant's Educetion (Specify only highast grada complated) Elamantary/Secondary (0-12) Collaga (1-4or 5+) -0-DOMESTIC SELF EMPLOYED 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) FRANCES WATSON ISABELLA HARRIS 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Ralationship (Type, Print) YVONNE STEWART (GRAND-DAUGHTER) 3664 CLIFMAR RANDALLSTOWN, MD 21244 20b. Place of Disposition (Nama of cematary, cramatory or other place) Data 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 N Burial 2 ☐ Cremation 3 ☐ Removal from State 3-8-99 4 ☐ Donation 5 ☐ Other (Specify) WOODLAWN CEMETERY WOODLAWN, MD 22. Name and Addrass of Facility 21. Signature of Funeral Service Licensee REDD FUNERAL SERVICE 1721-27 N. MONROE ST. BALTIMORE, MD 21217 winder 23a. Part1. Enter tha disaasa, or complications that caused tha death. Do not antar tha moda of dying, such as cardiac or respiratory arrest, shook, or heart failura. List only one cause on each lina. Approximate Intarval Batwean Onset and Death Blee den Immediata Causa (Final disease or condition rasulting in daath) Dua to (or as a consequance of): Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings availabla prior to complation of ceusa of death? 24a. Was an autopsy 1 Yas 2 ₽No 1 TYas 2 No 26. Placa of Death (Chack only ona) Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 2 ☐ ER/Outpatient 3 ☐ DOA

Examiner Sequentially list conditions, if any, laading to immadiata ceuse. Entar Underlying Causa (Disaasa or injury that initiated avants rasulting in daath) Last Physician/Medical

4 Homicida

**Physician** 

/Medical

**Examiner** 

MD

Director

Funeral

by

Completed

**Funeral** 

Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene.

Important: If them 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event.

**Physician** 

/Medical

Examiner

physician and the burial-transit

esn

signed by the a

page 2

certificate

After this funeral

24 hours after death.

Funeral Director: Al

within 2 To the

Hospital or Attending Physician:

þ

Completed

Be

2

Certification:

Medical

Division of Vital Records, P.O. Box 68760,

Baltimore, Maryland 21215-0020

Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I.

25. Was cesa rafarrad to medical axaminar? Hospital: 1 Inpatiant 1 Yas 2 No 28c. injury at Work? 28b. Tima of 28d. Describe how injury occurred

27. Manper of Death 28a. Data of Injury (Month, Day Year) 1 Natural 5 Panding Investigation 2 Accidant 8 Could not be datarmined 3 Suiclda

28a. Place of Injury - At homa, farm, straat, factory, offica building, atc. (Specify)

281. Location (Street and Number or Rural Routa Number, City or Town, Stata)

Descripting Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

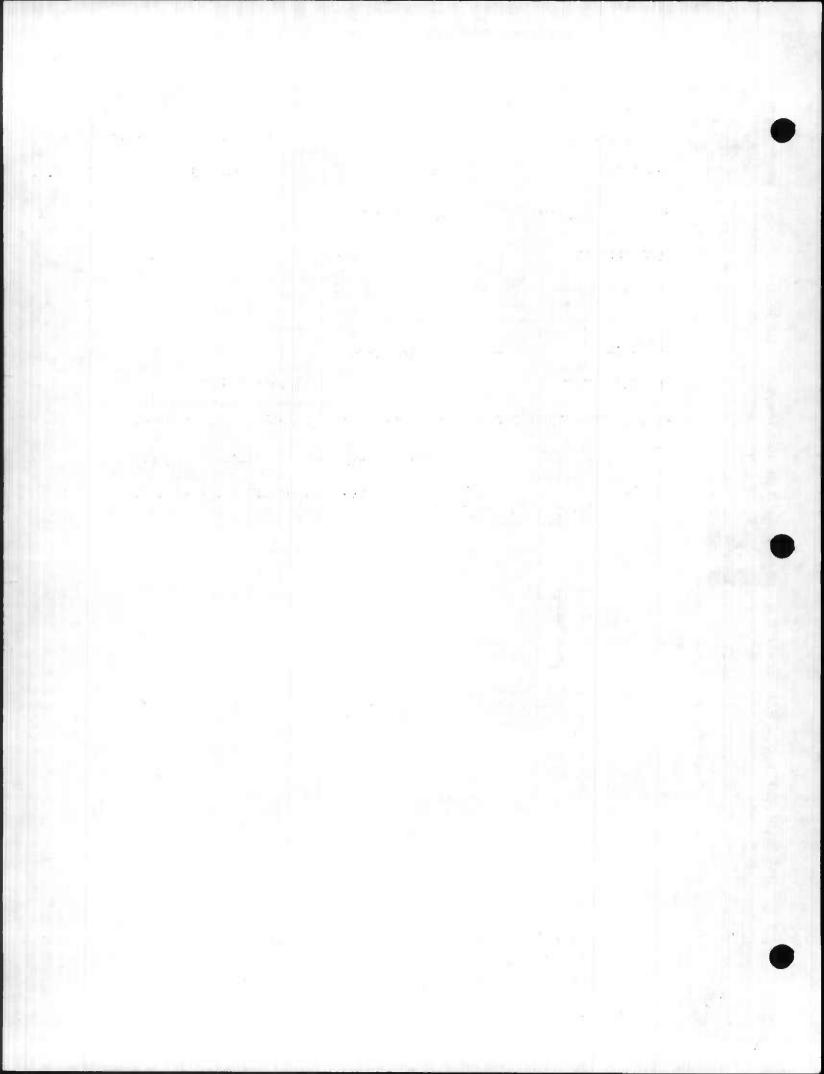
Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifian (Check only one) 2 Medital 29d. Data signed (Month, Day, Year) 29c. Licensa number 29b. Signatura and titla of

March 4, 1999

30. Nama and addrass/of person/who completed ceusa of daath (Item 23a) (Type, Print) IMPERIAZ, TR

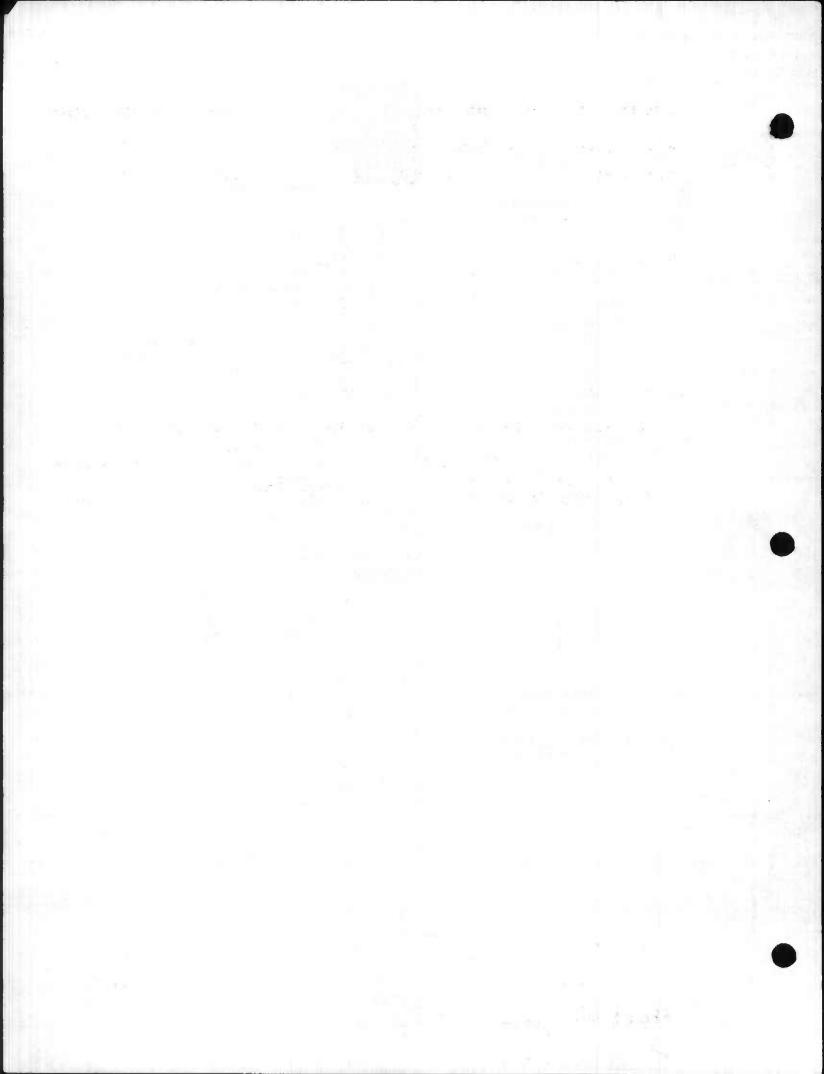
State Registrar 31. Data filad (Month, Day, Year) 0

32, Registrar's Signatura



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 07662

				Oldio of M	arylaria / L		ficate of	Death		g. No.	UI	002	
	Obvesto		1. Decedant's Neme (First, Middla, La	st)					2. Deta of Daati Month	h Day	Yaar	3. Time of Death	
	Physici /Medi		BRITTEN E.	ALEXANDE	R. SR.				Februar		999	21:49	
	Examir		4a. Fecility Nema (If not institution, giv					4b. City, Town, or L		4c. County		21.43	
4			Union Hospital of	Cecil Co	inti			Elkto	**		Cont	1	
	Funeral		5. Social Sacurity Number 6. S		ga (In yrs. last bir		f Undar 1 Year	If Undar 24 Hrs.	6. Date of Birth (Month, Dey,		Cecí 9. Birthpi	lace (Steta or Foreign try)	
g.	Director		705-09-6884 Usual Rasidance of Decedant	M 2□ F	88	Yrs.	lonths Days	Hours Min.	October 7	, 1910	Mary	yland	
	filed within 72 hours efter death with the Marylend Hyglene. ther than "natural", or flems 23a or 28a-f show ont, the Medical Examiner must be notified at	20	10a. Steta 10b. County		10c. City, Tow						10	0d. İnsida City Limits	
	he h	Director	Maryland Cec	11			n East			- 2000 2.00			
	E 9 E	D	10e. Street and Number				10f. Zip Coda		10	0g. Citizan of W	hat Coun	try?	
	ath ,	Funeral	202 Roney Avenue		-		219			United	Stat	es	
	ep .	Ine	11. Maritai Status	12. Wes Decedant Armed Forces:	Evar In U,S.	13. Was	s Decedant of Has, specify Cub-	lispanic Origin? (Sp en, Maxican, Puarto	ecify Yes or No- Rican, etc.)		- Amarica	an Indian, etc.	
21215-0020	be filed within 72 hours efter death with the Maryler itel Hyglene. d other than "natural", or flems 23s or 28s-f show event, the Medical Examiner must be notified at	by	1 ☐ Never Married 2 ☑ Merrled 3 ☐ Widowed 4 ☐ Divorcad	1 ☐ Yas 2 ☒ If Yas, Give Yaar or Datas:	1 ☐ Yas 2 ☒ No If Yas, Give 1 ☐ Yas		Yas 2⊠ No			Specify:	T 77 0		
	2 ho	Completed	15. Decedant's Ed	lucation	16a.	. Decedant	's Usual Occup	pation	. 1	16b. Kind of Businass/Industry			
215	nin 7	pie	(Specify only highast gra Elamantary/Secondary (0-12)	de completed) Collaga (1-4or	(Give kind of work dona during most of wor				Country C1			1ub	
21	filed withi Hygiena. ther than int, the M	E	7	Collaga (1-401		eens	Keeper		Golf Cours				
	Hygent, ent,	BeC	17. Fathar's Name (First, Middle, Last)						a (First, Middla, Maidan Sumame)				
lar	Mentel Merked of	ToB	David Alexander					Susie S	harn				
Maryland	A DEE	-	19a. Informant's Name/Ralationship (	Type, Print)	19b	. Mailing A	Addrass (Street	and Number or Rui		City or Town,	Stete, Zip	Code)	
Ξ			Anna M. Alexander									,	
ē,	Heelth Heelth Ther tr		20a. Mathod of Disposition	/ Spouse	20b. Placa of	f Disposition	on (Nama of	nue, Nort	Data	MD 219 20c. Location - 0		wn. Stata	
2	0 = 5		1⊠ Burial 2 □ Cremation 3 □	Removal Iron State		*	ory or othar place		eb. 27				
Ħ	artmen ortant: Injury		4 Donation S Other (Specification of Fundral Service Income	///	Rose		Cemeter			Calvert	, Mai	ryland	
Baltimore,	Depariment of the population o		21. Signature of Fuperal Service arcer	2///		Crou	ame and Addra	ss of Facility eral Home					
	40240		whole.	non		127	South 1	Main Stre	et, Nort	h East,	MD	21901	
		ı,	23a. Part 1. Entar the disaase, or com shock, or haart failura. List only	olicetions that cause ona causa on each l	d the deeth. Do	not antar th	he mode of dyir	ng, such es cardiac	or raspiratory arra	ist,		Approximate Intarval Between	
	Physician										1	Onsat end Death	
	/Medical Examiner		Immediata Causa (Final disassa or condition rasulting in dath)  a. Chromic Congestive Heart Janlane Sycanical Sycanical Chromical Congestive Congestive Congestive Congestive Sycanical Chromical Chromical Congestive Conge										
			rasulting in daath)		Dua to (or as a	consequar	nce of):						
	D E	lue		Inter	87541	1-1-	7 hro	3875 × 2	lung			4 years	
	ifficate be executed g physicien and as the buriel-transit	Examiner	Sequentially list conditions, if any leading to immediate										
50,	cien Suriel	iii	Sequantially list conditions, if any, laading to immadiata causa. Entar Underlying Causa (Disease or Injury C. Ventricular Film (1-th 2 to a)									1 en	
68760,	hysic the t	edical	that initiated avants rasulting in daath) Last  Dua to (or es e consequanca of):										
	ing p										lew		
Box	The law requires thet tha death centi ate hes been signed by the ettanding page 2 should be detached for use a	Physician/N	_										
	he el	sic	Part II. Other significant conditions of	ontributing to death b	out not resulting In	n the unda	rlying causa giv	ren in Pert I.	23b. Did to	id tobacco use contributs to the cause of death?			
P.0	res thet tha de signed by the e I be detached i	Phy	Dal. 1 2.6	e - 0	10005	Le.			1 🗆 Ye	8 2 DNO	3 Prob	ably 4 Unknown	
	gned be de	by	muer		( Elli	770	7						
of Vital Records,	been si		Clar Ht	mal	2/1	111	- +	c .	24a. Wes en			are autopsy findings	
သို့	s be	Completed		0,-01	Trun	/ ( (	-170	n	ponom		cor	mplation of causa daath?	
Ä	The law ate hes pege 2	HO			v .				1□ Ye	s 21110	1	Yas 2□ No	
tal		BeC	25. Was casa raferrad to medical					26 Place of Door	th (Check only one			7100 2010	
>		To B	axaminar?	Hospital:	ant 2 ER/Ou	tnationt (	3 DOA Oth	or.	oma 5 ☐ Rasida		. (0	.)	
0	Physic this seei di		27. Menner of Deeth	28a. Dete of Inju	ry 28b. 1	Tima of	28c. Injur		28d. Describe ho			7	
o	th. Afte	tion	1 ☑Natural 5 ☐ Panding 2 ☐ Accidant invastigation	(Month, De	y Year) i	injury		k? Yas 2 □ No					
Division	dea ctor y the	flca	3 Sulcida 6 Could not be		jury - At homa, fa	ırm. straat.	factory, office		28f. Location (Str	aat and Numbe	r or Rura	l Routa Number.	
Š	after Dire	Certification:	4 ☐ Homicida datarminad	building, at	c. (Specify)	,	,,	-	City or Town	, Stata)			
	spita nours nerai		29a. Certifiar 1 Cartifying Ph	sician: To the best	of my knowledga	a, death oc	curred et the tin	ne. data and placa.	and dua to tha ca	use(s) end mar	nar as st	etad.	
	To the Hospital or Attending Ph within 54 thours alter death. To the Funeral Director: After th completely filled in by the funeral	edical	(Check only 2 Madical Exam	iner: On the basis o and mannar st	f axaminetion en	d/or invast	igation, in my o	pinion, death occur	red at tha tima, da	ita and place, a	nd due to	tha cause(s)	
	omp	Me	29b. Signeture and titla of certifier	Λ			29c. Licens	e number	29	d. Deta signed	(Month, L	Day, Year)	
	H > H 0		Sayantil	aliKY2	1-1 m	1	27	2307		2/24	1/90	7	
			20 11/					- /		-/-	1//		
	6		30. Nama and addrass of person who	complated causa of c	laath (Item 23a)	(Type, Prin	11)	maa	1921-	T 17 1	) o = - 1	L, M.D.	
			31. Data filed (Month, Dey, Year)	7 77 Poolate	ar's Signatura	-10	// /	11) 00	/ = - [	J.K.J	alel	., M.D.	
	Sta Registr		FEB 2 5 1999	Sz. riegisti	an a originatura	/							



								Certi	ificate o	of Death		Reg. No.				
	Physician	n	1. Decedent's Na		RRY TIVIS	s Bu	CKIN	IGHAN	4		2. Dete of D Month FEB	eeth Dey	Yeer 9 9 9	3. Tin	ne of Death	
Q.	/Medica Examine		4a Facility Neme		give street and num					4b. City, Town, o			anty of Dee			
4	LAGITITIC	'	CAPPOLI	COLINI	Y GENER	AT L	CDT	ד א ידי		MECTMIN	CULD	CAI	DOLL			
	Funeral		5. Social Security				yrs. lest bi	rthday)	If Under 1 Ye		S. 8. Date of B	irth	RROLI 9. Bir	thplece (SI	ete or Foreign	
	Director		216-22 Usuel Residanca		1∑ M 2□ F		70	Yrs.	Months De	ys Hours Min		11928		RYLAI	ND	
	dend we	- h	10a. Stata	10b. County		10	c. City, Tow	vn or Loca	tion					10d. Insk	de City Limits	
	Mary	101	MD.	CARRO	LL		FIN	KSBU	JRG					1 ☐ Yes 2X No		
	vith the Mar	e	10e. Streat and N	umber					10f. Zip Cod	Θ		10g. Citizen	of What Co	ountry?		
	th with the Marylen 23s or 28s-f show		904 LO	RRAINE	DR.				210	048	40	USA				
020	or items	by runeral	11. Merital Status 1 Never Me 3 Widowed	12. Was Deced	ces? 2 No		If Y	s Decedent	of Hispanic Origin? ( Juban, Mexican, Pue	(Specify Yes or Nerto Rican, etc.)	0- 14.1	Race - Ame Bleck, Whit	- American Indian, K, White, etc.			
9	natural.	5		15. Decedent	s Education			. Deceder	nt's Usuel Oc	cupation		16b. Kind o	Kind of Business/Industry			
21215-0020	withir ena. than	Completed	Elementery/Sec		1	College (1-4or 5+)			(Give kind of work done during mos life. DO NOT usa retired)		ERK	BALTIMOF ELECTRIC				
Maryland	be fill H out	0	17. Father's Name		ası) JIAM TIV	IS E	BUCKI	NGHA	AM	18. Mother's N EUNIC	ama (First, Middle E BRO			1000		
ary	4 DEE	-	19a. Informant's	Name/Ralationsh	ip (Type, Print)		191	b. Meiling	Address (Str	eet end Number or i	Rural Route Num	ber, City or To	wn, Stete,	Zip Code)		
Ž	tra tra		TERRY I	RUCKINO	HAM - I	WIFE	90	4 T.C	DRRATI	VE DE	FINKCE	IIDC N	ND 3	1049	2	
Baltimore,	of Heer item		20e. Method of Di	sposition	3 □Removal from S	20b. Plece of Disposition (Name of camelony, cremetory or other pleca)					Dete	20c. Locati	on - City or	Town, Ste	te	
Balti	permit. Page Department of Important: If any Injury or once.		21. Signature of	uneral Service L	icensee					dress of Fecility F					21157	
	Physician		23a. Pert1. Enter shock, or he	the disease, or o part failure. List o	complications thet ca only one ceuse on ae	used the ech line.	deeth. Do	not enter	the mode of	dylng, such as cardi	ac or respiretory	arrest,			kimate Il Between and Deeth	
	/Medical Examiner		Immediate Ceuse disease or condit resulting in deeth	ion	a. Con		ry a		ry dis	sease				two	years	
-	executed on and riel-transit	Carmine	Sequentially list of	conditions,	b	Due	to (or es e	conseque	ence of):			- 14				
00	se ex		if eny, laading to cause. Enter Und Cause (Disease of	derlying										t		
ox 68760,	T 0 8	Medic	that initiated evan resulting in death	its	d	Due	to (or as a	conseque	nca of):							
Bo	daeth e atter	200	D	Tell A v - v - Abal v							00h D4	44-6		1	on of death 9	
P.O.	ed by the datach													4 Unknow		
of Vital Records,	8 5 8		Dementia								24a. Wes an autopsy performed?			4b. Were autopsy findings available prior to competition of cause		
I Re	The lay	dino									10	Yes 2 N	lo	of death?	2 No	
/ita	certificete	D	25. Was case refe examiner?	erred to medical							eeth (Check only	one)				
7	5 00	0	1 ☐ Yes 2	No No	Hospitel: 1 🗆 In	patient	XXER/O	utpetlent	3□ DOA	Other: 4 Nursing	Home 5 □ Re	sidanca 6 🗆	Othar (Spe	ecity)		
0	g Ph ar th		27. Manner of Dec	eth	28e. Dete o	Injury	28b.	Time of	28c. I	njury et Work?	28d. Describe	how Injury or	ccurred			

ne Mospital or Attending n 24 hours efter deeth. The Funeral Director: After pletaly filled in by the fune

1 ☑Naturel 2 ☐ Accident Pending investigation 1 Yes 2 No 3 Suicide 6 ☐ Could not be datarmined 28f. Location (Street and Number or Rural Route Number, City or Town, Steta) 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 4 Homicide

29a. Certifier (Check only one)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the cause(s) and mannar as stated.

2 Medical Examiner: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and mannar stated.

29c. License number 29d. Date signed (Month, Day, Year) D17040 February 22, 1999

30. Name and eddrass of parson who completed cause of death (Item 23e) (Type, Print)

Howard G. Lanham, M.D. 215 WASHINGTON HEIGHTS, WESTMINSTER, MD. 21157

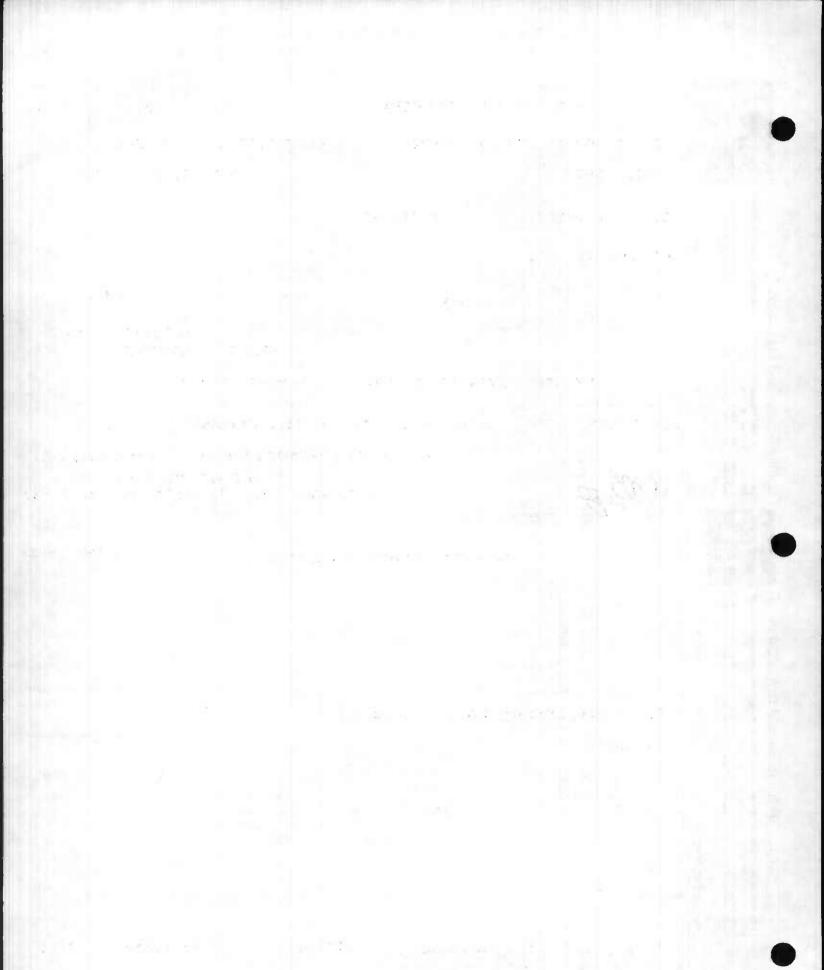
State Registrar

Certificatio

Medical

31. Date filed (Month, Day, Year)

Within 2



#### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death 1255 1999 Month Feb Simon Jonas Boggs, Sr. AM 4a Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Mariner Health of Bel Air Bel Air Harford If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Months Days Hours Min. (Month, Day, Year) 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) Birthplaca (State or Foreign Country) XXM 2 F Days Yrs. 93 Sept. 13, 1905 West Virginia 216-32-4784 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Yes 2 No Maryland Bel Air Harford 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 601 - B Thames Way 21014 USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Datas: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxicen, Puerto Rican, atc.) 14. Rece - American Indian. Black, White, etc. 1 ☐ Never Married 2 ☑ Married 1 Yes 2 No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Board of Education 11 Carpenter 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Andrew Nettie M. Simmons (nmn) Boggs 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 601 - B Thames Way, Bel Air, Maryland 21014 Helen I. Boggs / Wife 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 Buriay 2 Cramation, 3 4 Donation 5 Coher Specify 3 Removal from Stata Bel Air Memorial Gardens 2-25-99 Bel Air, Maryland of Funeral Servi 21. Sign Nama and Address of Facility HOWard K. McComas III Funeral Home, P.A. 1317 Cokesbury Road, Abingdon, MD 21014 Michilons that coused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, one cause on each line. Immediate Cause (Final CHRONIC OBSTRUCTIVE PULMONARY DISEASE SEVERAL disease or condition rasulting in deeth) Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting In death) Last Due to (or as a consequence of): Due to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco usa contributa to the cause of death? 3 Probably 4 Unknown 1 Tas 2 No CONGESTIVE HEART FAILURE 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy CORUNARY ARTERY DISEASE 1 ☐ Yes 2 No DEMENTA AL 25. Was cese referred to medical examiner? ALZHEINER'S DISEASE 1 ☐ Yas 2 ☐ No 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred 5 Pending Invastigation 1. Natural 1 Tyes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 - Homicide

The law requires that the death certificate be executed

3099s, Simon

within 24 ho To the Fune completaly fi 0

Registrar

**Physician** 

/Medical

Examiner

**Funeral** 

Director

2 should be filed within 72 hours after death with the Maryland n and Mental Hygiene. Is marked other than "naturel", or items 23s or 28s-f show

Baltimore, Maryland 21215-0020

Pages 1 and 2 should be

Department of Health ar Important: If item 27 is any injury or other trau

**Physician** /Medical

Examiner

physician and the bunel-transit

the signed by t d be detach

certificate

this Aftar this funeral of

Director: /

24 hours aft Funerei Di letaly filled in

or Attending Physician:

death.

Examiner

Physician/Medical

Be Completed by

Certification: To

Medical

29a. Certifier

(Check only one)

r than "naturel", or items 23s or 28s-f show the Medical Examiner issust be notified at

Directo

Funeral

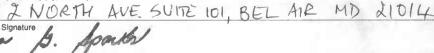
þ

Completed

30. Name and address of person who completed cause of death (Item 23e) (Type, Print) M.

29b. Signature and little of contifie

ABHYANKAR



1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) end menner as stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

29d. Date signed (Month, Day, Year)

31. Date filed (Month, Day, Year) 32. Registrar's Signature 5 1998

State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 3. Time of Death 1 Decedent's Nama (First Middle Last 2 Date of Death **Physician** 1645 ALEXANDER BORDEN PEBRUARY 10, 1999 /Medical 4a Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deat Examiner APAM COURT # 202 SCOTT PRINCE GEORGES AUREL 9100 If Undar 24 Hrs. 5. Sociel Security Number If Under 1 Year 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dev. Year) Birthplace (State or Foreign Country) **Funeral** Days Min. 100M 2□ F Months Hours Yrs. 79 Director 070 18 6629 Brooklyn NY 12/04/1919 Usual Residence of Decedent the Maryland 10a State 10b. County 10c, City, Town or Location 10d. Inside City Limits r than "natural", or itama 23a or 28a-f ahow the Medical Examiner must be notified at 1 ☐ Yes 2 No Laurel Director MD Prince Georges 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with TISA 20708 9100 Scott Adam Ct Funerai permit. Pages 1 and 2 should be filed within 72 hours efter deeth 1 Department of Health end Mentel Hygiene. Important: If item 27 Is marked other than "natural", or itama 23 any injury or other traumatic avent, in a Medical Examme main 12. Was Decedent Ever in U,S. Armed Forcas? 101 Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - Amarican Indian. Black, White, etc. 1941-No If Yes, Give Yaar or Datas: 1√2 Nevar Married 2 Married 1 ☐ Yes 2 ☐XNo Specify White à 1945 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Mechanical Engineer Federal Government 4 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Mary Komosinska Joseph Kwasiborski 19a. Informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 4914 Brookeway Dr/Bethesda MD 20816 Barbara Woods (neice) Baltimore, 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Locetion - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 2/25/99 Alexandria VA Metropolitan Crematory 4 Donation 21. Signatura of Funaral Sarvice Ligensee 22, Name and Address of Facility any ir Advent Funeral & Cremation Services Palls Church VA 22046

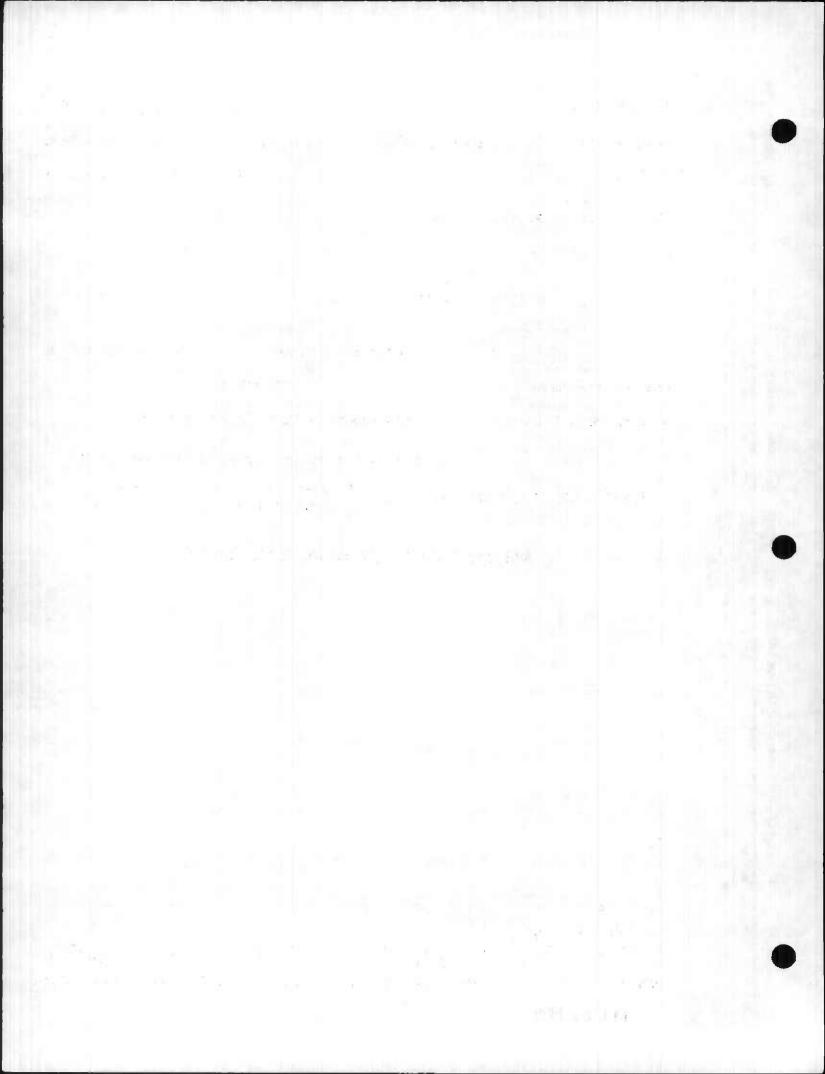
23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one ceuse on each line. Approximata Interval Between Onset and Death **Physician** Immediata Cause (Final disease or condition resulting in death) /Medical · ARTERIOSCIEROTIC CARPIOVASCULUR DISEASE **Examiner** Due to (or as a consequence of): Physician/Medical Examiner attending physician and for use as the buriel-transit The law requires that the death certificate be executed Sequentially list conditions, it eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Last Due to (or as a consequence of) Box 68760, Due to (or as a consequence of) ed by the a 23b. Did tobacco use contribute to the cause of death? o. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. signed by the 3 Probably 4 Unknown 1 Yas 2 No ئە Records, à 24b. Were sutopsy findings available prior to completion of cause of death? been si 24a. Was an autopsy performed? Completed has les page 1 ☐ Yes 2 No cartificate 1 ☐ Yes 2 ☐ No Division of Vital Physician: Be 25. Was case referred to medicel 26. Place of Death (Check only one) examiner? Hospital: Other: 4 Nursing Home 5 Residence 6 □Other (Specify) 1 Inpatient 2 ER/Outpatient 3□ DOA Lo 1 Yes 2 No After this 28c. Injury et Work? 27. Manner of Death 28e. Date of Injury (Month, Dey Year) 28d. Describe how Injury occurred Certification: or Attending 1 Neturel 5 Pending Investigation after death.

Diractor: Aft
d in by the fur 1 Yes 2 No 2 Accident 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 6 Could not be determined 3 Suicide in 24 hour. the Funeral Dirac-28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide the Hospital 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at tha tima, data and place, and due to the cause(s) and manner as steted. edical completely (Check only one) Madical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. within 2 29b. Signatu 29c. Licansa number 29d. Date signed (Month, Dey, Year) 0 d cause of death (Hem 23a) (Type, Print) MARIO DRIVE CHEVERLY, MARYLAND 20785 GOLUS JR MO 300) HOSPITAL

State Registrar 31. Date filed (Month, Day, Year)

FEB 2 5 1999

32. Registrar's Signeture



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month Feb. 28 **Physician** 1999 3:21 AM Dennis L. Bowman /Medical 4a Facility Nama (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 6 Allison Way Elkton Cecil 5. Social Security Number 6. Sex 1 Ø M 2 ☐ F If Under 1 Year If Undar 24 Hrs. 8. Data of Birth (Month, Dey, Year) 7. Age (In vrs. last birthday) Birthplace (Steta or Foreign Country) **Funeral** Hours Days Months 1947 Pennsylvania July 12, Director 222-32-1094 Usuel Residence of Deceden the Marylend 10a. State 10c. City, Town or Location 10d. Inside City Limits 10b. County 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 No Directo Maryland Cecil Elkton 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 6 Allison Way 21921 USA Funeral death 12. Was Decedent Ever in U,S. Armed Forcas? 1 X Yas 2 □ No If Yes, Give 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11. Marital Status permit. Peges 1 and 2 should be filed within 72 hours effer c Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural," or item any injury or other traumatic event, the Wedgell Example Black. White, etc. 1 Nevar Married 2 Married 1 ☐ Yes 2 No Baltimore, Maryland 21215-0020 Specify: Specify: by 3 Widowed 4 Divorcad White. Year or Dates: 1965-69 Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highast grada completed) Elementary/Secondery (0-12) College (1-4or 5+) Engineering Technician 12 Aberdeen Proving Gr. 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Sylvester Bowman Eleanor McClement 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informent's Neme/Relationship (Type, Print) Elkton, MD 21921 Donna Bowman/Wife 6 Allison Way 20b. Placa of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Steta 1 ☑ Burial 2 ☐ Cramation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) White Clay Creek Cemetery 3-3-99 Newark, Delaware 21. Signature of Funeral Service Licensee 22. Name and Address of Facility R. T. Foard Funeral Home, P. A.
111 S. Queen St., Rising Sun, MD 21911
anter the mode of dying, such es cardiac or respiratory arrest, 23a. Part1. Entar the diseasa, or complications that caused the death. Do not enter the mode of dying, such as car shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medicai Immediata Cause (Final Gastric Cancer · Metastatic disaase or condition resulting in death) **Examiner** Examiner The law requires that the death certilicete be executed physician and the buriel-tren Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or as a consequence of): Physician/Medical Due to (or as a consequence of) Po signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No Records, þ 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Was an autopsy Completed peeu 2 No 1 ☐ Yes 2 ☑ No 1 Yes certificate Division of Vital Hospital or Attending Physician: 25. Was case referred to medical Be 26. Place of Death (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28c. Injury et Work? 27. Manner of Death 28a. Date of tnjury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred Certification: After 1 Naturel 5 Pending efter deeth. Director: Aft 1 ☐ Yes 2 ☐ No invastigation 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide 24 hours e 152 Certifying Phyeician: To the best of my knowledge, death occurred et the time, dete end plece, and due to the cause(s) and menner as stated.

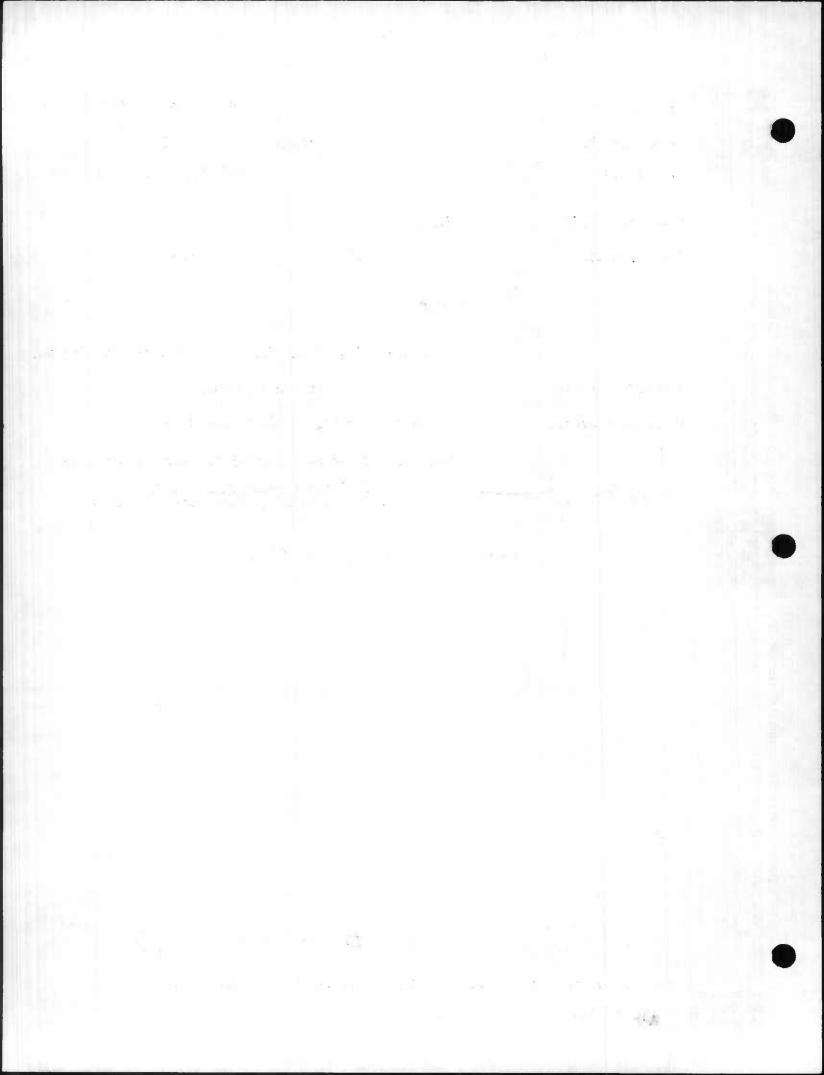
2 Medical Examinar: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, dete and plece, and due to the cause(s) and manner stated. 29e. Certifier Medicai To the To the To the 29c. Licensa number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier D35653 9 3 10+1VA 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Dr. Martha Hosford 111 W. High St., Suite 104 Elkton, MD 21921

State Registrar 31. Date filed (Month, Dey, Yeer)

MAR 01 1999

32. Registrar's Signature

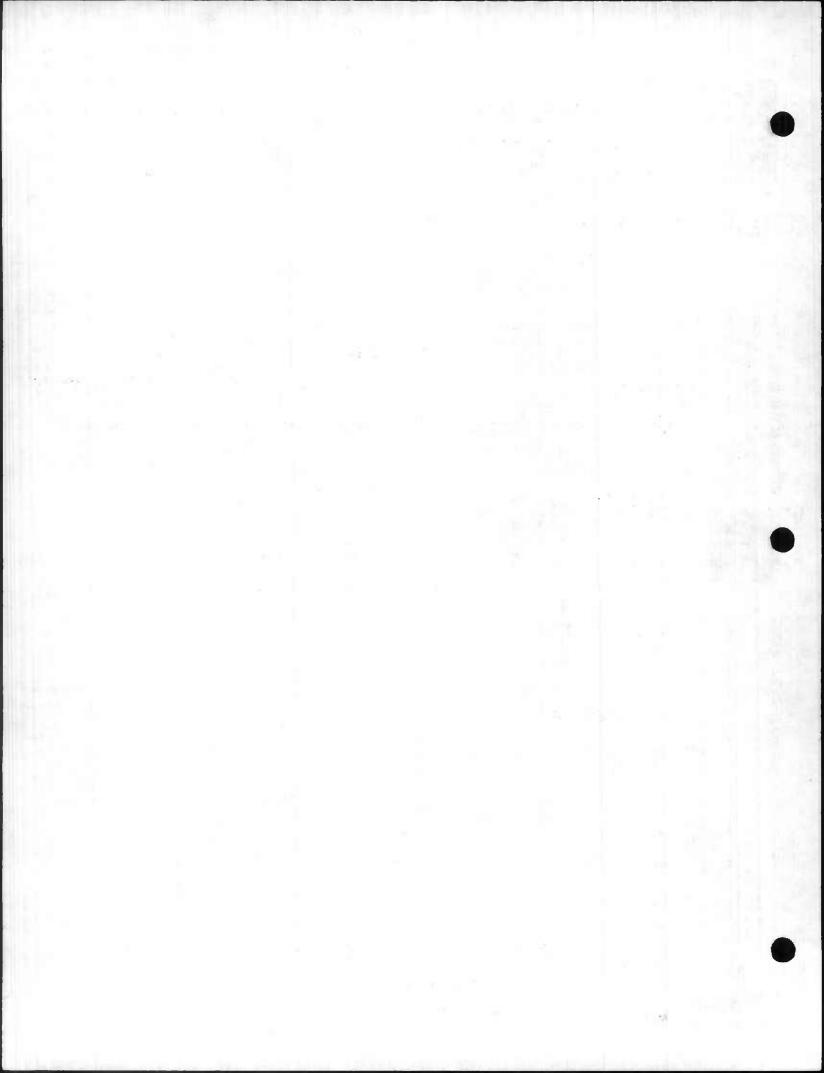
rocks



State of Maryland / Department of Health and Mental Hygiene 0 0 7667

		lame /First Mide	do Lasti													
	1. Decedent's N	iame (1 iist, ivid)	Jie, Last/								2. Date of Do			Year	3. Time o	Deat
ician dical	NORA	SPOTSW	OOD	BEN	NJAMIN						Februa	ry 27		999	5:58	P
niner	4a Facility Nam	e (If not institution	on, give s					4	b. City, To		cation of Deat	9 1	County			
	Calvert	Manor	Hea1	theare	Cant	ar			Rf	sing	Sun		(	Cecil	1	
al	5. Social Securi		6. Sex			rs. last birthda	y) If Under		If Under	24 Hrs.	8. Date of Bi	irth			ilaca (State i	r For
or	212-01-	-5058	10	M 2⊠F	94	Yrs.	Months	Days	Hours	Min.	June 2	ay, Year)	904		ada	
	Usual Residence										buile 2	- 5 , 1	704	Can	aua	_
	10a. State	10b, Count	у		10c.	City, Town or	Location							1	Od. fnside C	ty Li
to	Marylar	od Co	cil			North	Foot								1 🗆 Yes	2 🛭
Directo	10e. Street and	_	CII			NOTEII	10f. Zio	Code				10g. Citiz	zen of W	hat Coun	itry?	
	101.16		_													
Funeral		rysville		ld 12. Was Dece	adant Ever in	110 11	3. Was Deced	901	ienenie Or	inin? /Co	oihi Voc or N			Stat	en Indian,	
5	11. Marital State			Armed For	rces?	0,3.	If Yes, spec	ify Cube	n, Mexica	n, Puerto	Rican, etc.)	0.		, White,		
by F	1000	larried 2 ☐ Ma d 4 ☐ Divorce		1 ☐ Yes If Yes, Giv	/0		1 ☐ Yes 2	2⊠ No	Specify:	:			Specify:	Wh	ite	
	3 LOX VVICOWE			Year or Da	ates:	10.0						144 45	1.45		4	
Completed	(S	15. Deceder specify only higher	nt's Educ est grade	cation completed)		(Gi	cedent's Uaus ve kind of wor	rk done d	turing mos	st of worki	ng			siness/Ind	dustry	
d d	Elementary/S	econdery (0-12)		College (1	1-4or 5+)		DO NOT us		)				thir	_		
8		. 2				Sear	mstress	5						cture	er	
88	17. Father's Na	me (First, Middle	, Last)						18. Moth	er'a Neme	(First, Middle	e, Maiden :				,
0	Joseph	Spotswo	od						Suz	anna	Spots	wood		llder	n name	1
	19e. Informent's	a Name/Relation	ship (Ty)	pe, Print)		19b, Ma	ailing Addreas	(Street e								
	Robert	Spotswo	od /	Nephe	7,7	2520	O Biggs	e Hid	ahway	No.	rth Fa	ct M	m o	1901	00 to 100	
	20a. Method of		04 /	перпе		Place of Dis	position (Nen	ne of		, 140	Date				wn, State	
		2 Cremation		emoval from S			rematory or o		-,		arch 5			- 1		
		on 5 Other (			Ro		nk Ceme				1999	Calv	ert,	Mar	ryland	
e e	21. Signature o	Funeral Service	Ligense		2		22. Name an Crouch									
OI.																
	23a. Part1. Ent shock, or l Immediate Cau disease or cond resulting in dea	dition	st only on	e cause on e	ach line.	eath. Do not e	127 Sou enter the mod	e ot dying	g, such es	cardiac o	r respiratory a	rth E	Last,	1	2190 Approxime Interval Be Onset and	e wee Dea
Examiner	Immediate Cau disease or conduction of the condu	se (Final dition th) t conditions, o immediate	st only on	e cause on e	UTE Due to	eath. Do not e	127 Sou enter the mode ARD/ sequence of):	e ot dying	g, such es	cardiac o	r respiratory a	rth E	Last,	1	Approxime Interval Bel Onset and	e wee Dea
Medical Examiner	shock, or Immediate Cau disease or concresulting in dea	se (Final dition th)  t conditions, o immediate nderlying or trijury ents	st only on	e cause on e	Due to	MYO (or as a cons	anter the mode sequence of):	e ot dying	g, such es	cardiac o	r respiratory a	rth E	Cast,	1	Approxime Interval Bel Onset and	e wee Dea
Medical Examiner	shock, or I Immediate Cau disease or concresulting in dea Sequentially list if any, leading t cause. Enler U Cause (Oiseass that initiated ev- resulting in dea	se (Final dition th)  t conditions, o immediate nderlying e or injury ents	a b c d	A C	Due to	MYO (or as a const	127 Source of the mode of the	e ot dying	INT	EARC	Tion	mrest,		f	Approxime Interval Bel Onset and	e wee Dear
Medical Examiner	shock, or limmediate Cau disease or concresulting in dea Sequentially list if any, leading to cause. Enler U Cause (Disease that initiated ever resulting in deal	se (Final dition th)  t conditions, o immediate nderlying or trijury ents th) Last	a b c d	A C	Due to	MYO (or as a const	127 Source of the mode of the	e ot dying	INT	EARC	Tion 23b. Did	tobacco	uss con	tribute to	Approxime Interval Bei Onset and Carlot Approxime Onset and Carlot Approximation of the Cause of the Cause	e weed Death
Physician/Medical Examiner	shock, or limmediate Cau disease or concresulting in dea Sequentially list if any, leading to cause. Enler U Cause (Disease that initiated ever resulting in deal	se (Final dition th)  t conditions, o immediate nderlying e or injury ents	a b c d	A C	Due to	MYO (or as a const	127 Source of the mode of the	e ot dying	INT	EARC	Tion 23b. Did	tobacco	ues con	tribute to	Approxime Interval Bet Onset and	e weer control of de
by Physician/Medical Examiner	shock, or limmediate Cau disease or concresulting in dea Sequentially list if any, leading to cause. Enler U Cause (Disease that initiated ever resulting in deal	se (Final dition th)  t conditions, o immediate nderlying or trijury ents th) Last	a b c d	A C	Due to	MYO (or as a const	127 Source of the mode of the	e ot dying	INT	EARC	23b. Did	i tobacco o Yes 2	uss con	tribute to 3 Proi	Approxime Interval Bet Onset and Carlot Approxime Interval Bet Onset and Carlot Approximation of the cause bably 4	e week Deat Unk
by Physician/Medical Examiner	shock, or limmediate Cau disease or concresulting in dea Sequentially list if any, leading to cause. Enler U Cause (Disease that initiated ever resulting in deal	se (Final dition th)  t conditions, o immediate nderlying or trijury ents th) Last	a b c d	A C	Due to	MYO (or as a const	127 Source of the mode of the	e ot dying	INT	EARC	23b. Did	tobacco	uss con	tribute to 3 Prol	Approxime Interval Bet Onset and Ons	e weer Death WU
by Physician/Medical Examiner	shock, or limmediate Cau disease or concresulting in dea Sequentially list if any, leading to cause. Enler U Cause (Disease that initiated ever resulting in deal	se (Final dition th)  t conditions, o immediate nderlying or trijury ents th) Last	a b c d	A C	Due to	MYO (or as a const	127 Source of the mode of the	e ot dying	INT	EARC	23b. Did	tobacco	ues con	tribute to 3 Prol 24b. Www.co.or	Approxime Interval Bei Onset and Ons	e weer Coatl
Completed by Physician/Medical Examiner	shock, or Immediate Cau disease or concresulting in dea Sequentially list if any, leading to cause. Enter U Cause (Disease that infliated ever resulting in dea Part II. Other signals.)	se (Final dition th)  t conditions, o immediate nderlying or injury ents th) Last	tonly on a b c c d	A C	Due to	MYO (or as a const	127 Source of the mode of the	e ot dying	INT	EARC	23b. Did	tobacco	uss con	tribute to 3 Prol 24b. Www.co.or	Approxime Interval Bet Onset and Ons	e weer Coation of de Unik
Be Completed by Physician/Medical Examiner	shock, or Immediate Cau disease or concresulting in dea Sequentially list if any, leading to cause. Enter U Cause (Disease that infliated ever resulting in dea Part II. Other signals.)	se (Final dition th)  t conditions, o immediate nderlying or trijury ents th) Last	al book on the state of the sta	tributing to de	Due to	MYO (or as a const	127 Source of the mode of the	ause give	g, such es	EARC	23b. Did	d tobacco	ues con	tribute to 3 Prol	Approxime Interval Bei Onset and Ons	e weed of de Unit
To Be Completed by Physician/Medical Examiner	shock, or I Immediate Cau disease or concresulting in dea Sequentially list if any, leading to cause. Enter U Cause (Diseas that initiated eviresulting in dea Part II. Other significant causes of the cause of the	se (Final dition th)  t conditions, o immediate nderlying or injury ents th) Last	al book on the state of the sta	e cause on each	Due to  Due to  Due to  Due to	Ayo (or as a constant of the c	127 Source of the mode of the	ause give	g, such es  // / / / / / / / / / / / / / / / / /	EA RC	23b. Did 1 □ 24a. Wa: perf	s en autopormed?  Yes 21  Yes 20  Yes 20  Yes 20  Yes 20  One)	Uss con	tribute to 3 Prol 24b. We so of	Approxime Interval Bet Onset and Ons	e weed Death WU
To Be Completed by Physician/Medical Examiner	shock, or I Immediate Cau disease or concresulting in dea Sequentially list if any, leading to cause. Enter U Cause (Diseas that initiated everesulting in dea Part II. Other significant in the sequence of the caus	se (Final dition th)  t conditions, o immediate nderlying or injury ents th) Last	al H	tributing to de	Due to  Due to  Due to  Due to	oath. Do not of the party of th	127 Source of the mode of the	ause give	g, such es  // / // 5  en in Part  26. Place er: 4/7N  // at // 7	CARC	23b. Did 1 □ 24a. Wa: perf	s en autopormed?  Yes 21  Yes 20  Yes 20  Yes 20  Yes 20  One)	Uss con	tribute to 3 Prol 24b. We so of	Approxime Interval Bet Onset and Ons	e weed Death WU
To Be Completed by Physician/Medical Examiner	shock, or Immediate Cau disease or concresulting in deal Sequentially list if any, leading to cause. Enler U Cause (Disease that initiated ever resulting in deal Part III. Other signal of the sequential of the	se (Final dition th)  t conditions, o immediate nderlying or injury ents  or injury ents  for MEN7	al H	tributing to de	Due to  Due to  Due to  Due to  Due to	oath. Do not of the party of th	127 Source of the mode of the	ause give	g, such es  // / / / / / / / / / / / / / / / / /	CARC	23b. Did 1 □ 24a. Wa: perf	s en autopormed?  Yes 21  Yes 20  Yes 20  Yes 20  Yes 20  One)	Uss con	tribute to 3 Prol 24b. We so of	Approxime Interval Bet Onset and Ons	e weed Death WU
To Be Completed by Physician/Medical Examiner	shock, or Immediate Cau disease or concresulting in deal Sequentially list if any, leading to cause. Enter U Cause (Disease that infliated ever resulting in deal Part III. Other significant of the Cause of the Cause (Disease that infliated ever resulting in deal Part III. Other significant of the Cause	se (Final dition th)  t conditions, o immediate ndertying or injury ents th) Last  eferred to medicate the number of the thin the	al H	ospitel: 1 1 128e. Placa	Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Inpatient 2  of Injury - At	oath. Do not of the property o	127 Source of the mode of the	ause give	g, such es  // / // 5  en in Part  26. Place er: 4/7N  // at // 7	EAS	23b. Did 1	tobecco of tobecco of	No Other	tribute to 3 Prol 24b. Www.cool of 1 E	Approxime Interval Bei Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset Approximation of Onset Approximation of Onset Approximation of Onset Approximation Onse	e weer Death WCC
To Be Completed by Physician/Medical Examiner	shock, or I Immediate Cau disease or concresulting in dea Sequentially list if any, leading to cause. Enter U Cause (Disease that initiated ever esulting in dea Part II. Other signal of the sequential of the se	se (Final dition th)  t conditions, o immediate ndertying or injury ents th) Last  eferred to medicate the number of the thin the	dons con	ospitel: 1 1 128e. Placa	Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to	oath. Do not of the property o	127 Source of the mode of the	ause give	g, such es  // / // 5  en in Part  26. Place er: 4/7N  // at // 7	EAS	23b. Did 1	d tobacco of tobacco o	No Other	tribute to 3 Prol 24b. Www.cool of 1 E	Approxime Interval Bei Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset Approximation of Onset Approximation of Onset Approximation of Onset Approximation Onse	e week of de Unik
Certification: To Be Completed by Physician/Medical Examiner	shock, or I Immediate Cau disease or concresulting in dea Sequentially list if any, leading to cause. Enter U Cause (Disease that initiated ever esulting in dea Part II. Other signal of the sequential of the se	see (Final dition th)  t conditions, o immediate nderlying or injury ents th) Last  conditions to medicate nderlying or injury ents th) Last  conditions to medicate nderlying or injury ents this conditions to medicate nderlying to medicate nderlying to medicate nderlying to medicate nderlying to medicate nderlying to medicate nderlying to medicate nderlying the nderlying the medicate nderlying the medicate nderlying the medicate nderlying the medicate nderlying the nderlying the nderlying the nderlying the nderlying the nderlying the nderlying the nderlying the nderlying the nderlying the nderlying the nderlying	dons control at the ding tigation of not be mined	cause on elecause	Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to	esulting in the linjun home, farm, cify)	127 Source of the mode of the	ause give	g, such es   // / / / / / / / / / / / / / / / / /	e of Deeth ursing Ho	23b. Did 1 24a. War perf  26d. Describe 28f. Location City or To	d tobacco of tobacco o	DNo  No  No  No  No  No  No  No  No  No	tribute to 3 Prol 24b. We ave con of 1 E	Approxime Interval Bei Onset and Ons	of de Unik
To Be Completed by Physician/Medical Examiner	shock, or I Immediate Cau disease or concresulting in dea Sequentially list if any, leading to cause. Enler U Cause (Disease that initiated ever sulting in dea Part II. Other signature of the Cause of	see (Final dition th)  t conditions, o immediate nderlying or injury ents th) Last  conditions to medicate nderlying or injury ents th) Last  conditions to medicate nderlying or injury ents this conditions to medicate nderlying to medicate nderlying to medicate nderlying to medicate nderlying to medicate nderlying to medicate nderlying to medicate nderlying the nderlying the medicate nderlying the medicate nderlying the medicate nderlying the medicate nderlying the nderlying the nderlying the nderlying the nderlying the nderlying the nderlying the nderlying the nderlying the nderlying the nderlying the nderlying	al Hing ligation I not be mined	cause on elecause	Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to	esulting in the linjun home, farm, cify)	127 Source of the mode of the mode of the mode of the sequence	ause give	g, such es   // / / / / / / / / / / / / / / / / /	e of Deeth ursing Ho	23b. Did 1 24a. War perf  26d. Describe 28f. Location City or To	s en autopormed?  Yes (Street and Swn, State)  e cause(s), date and	ues con No No No No No No No No No No No No No	tribute to 3 Proi 24b. We ave confirmed and a series of the confirmed and due to	Approxime Interval Bei Onset and Ons	e weerle we well w
edical Certification: To Be Completed by Physician/Medical Examiner	shock, or I Immediate Cau disease or concresulting in dea Sequentially list if any, leading to cause. Enler U Cause (Disease that initiated ever sulting in dea Part II. Other signature of the Cause of	see (Final dition th)  t conditions, o immediate nderlying or injury ents or injury ents  enterred to medical invest  6 Could deterred to Could de	al Hing ligation I not be mined	cause on elecause	Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to	esulting in the linjun home, farm, cify)	and and a sequence of):  Sequence of	ause give	g, such es particular de la comparta del comparta de la comparta de la comparta del comparta de la comparta del comparta de la comparta de la comparta del compar	e of Deeth ursing Ho	23b. Did 1 24a. War perf  26d. Describe 28f. Location City or To	d tobecco of tobecco o	Uss con One One One One One One One One One On	tribute to 3 Prol 24b. We average of 1 Corr (Specify and due to (Month,	Approxime Interval Bei Interval Bei Onset and Conset an	of de Unik
edical Certification: To Be Completed by Physician/Medical Examiner	shock, or I Immediate Cau disease or concresulting in dea Sequentially list if any, leading to cause. Enter U Cause (Disease that initiated ever esulting in dea Part II. Other signal of the sequential of the se	see (Final dition th)  t conditions, o immediate nderlying or injury ents th) Last  element to medical things of the conditions or injury ents the conditions of the condition	al Hons confidence in a not be mined in g Physical Examination in the mined in the	ospitel: 1 la la 28e. Placa buildin ler: On the ba and mann	Due to  Due to	coath. Do not of the search of	127 Soutenter the modern sequence of):  PRIEM Sequence of):  Prequence of):  P	ause give  A Other  Bc. Injury  office  et the tim  in my op	g, such es particular de la comparta del comparta de la comparta del comparta de la comparta del comparta de la comparta del comparta de la comparta del c	e of Deeth ursing Ho	23b. Did 1	s en autopormed?  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  One)  Sidenca 6  how injury  (Street and www, State)  e cause(s), date and  29d. Date	No Other place, a signed	tribute to 3 Proid Proid Professional Proid Professional Proid Professional Profess	Approxime Interval Bei Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset Ons	of de Unik
edical Certification: To Be Completed by Physician/Medical Examiner	shock, or I Immediate Cau disease or concresulting in dea Sequentially list if any, leading to cause. Enler U Cause (Disease that initiated ever sulting in dea Part II. Other signature of the Cause of	see (Final dition th)  t conditions, o immediate nderlying or injury ents th) Last  element to medical things of the conditions or injury ents the conditions of the condition	al Hons confidence in a not be mined in g Physical Examination in the mined in the	ospitel: 1 la la 28e. Placa buildin ler: On the ba and mann	Due to  Due to	coath. Do not of the search of	127 Soutenter the modern sequence of):  PRIEM Sequence of):  Prequence of):  P	ause give  A Other  Bc. Injury  office  et the tim  in my op	g, such es particular de la comparta del comparta de la comparta del comparta de la comparta del comparta de la comparta del comparta de la comparta del c	e of Deeth ursing Ho	23b. Did 1	s en autopormed?  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  One)  Sidenca 6  how injury  (Street and www, State)  e cause(s), date and  29d. Date	No Other place, a signed	tribute to 3 Proid Proid Professional Proid Professional Proid Professional Profess	Approxime Interval Bei Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset Ons	of de Unitaria No

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1 Decedent's Name (First Middle Last) 2. Date of Deeth 3. Time of Death Month **Physician** 06 Am 62 99 urtis Eugene /Medical 4b. City, Town, or Location of Deeth 4c. County of Death 4a Facility Neme (If not Institution, give street end number) Examiner Unapolis Anne Nrsa Honapolis and Rehab If Under 1 Year If Under 24 Hrs. 5. Social Security Number Birthplace (State or Foreign Country) 6. Se 7. Age (In yrs. lest birthdey) **Funeral** Days Min Year) 10M 20 F 253-03-4544 30-/3 Georgia Director Usual Residence of Decedent the Marylend 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or itema 23a or 28a-f show other traumetic event, tra Medical Examinar must be notified at 1 ☐ Yes 2 No Directo Maryland Anne Arundel Severna Park 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 715 Benfield Road 21146 United States death Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 Ø Yes 2 □ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No. If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours effer to Department of Haulih and Mental Hygiene. Important: If Itam 27 ie marked other than "natural", or ther eny injury or other traumatic event, the Medical Exercises. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: Specify: þ 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Etementary/Secondery (0-12) College (1-4or 5+) urance broker Insurance 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Benjamin Barnes Ola Millwood 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informant's Name/Reletionship (Type, Print) James Barnes, Son 3100 Ervin Court, Annapolis, Maryland 21403 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Burial 2 X Cremation 3 ☐ Removal from State 2/23/99 Brentwood, Maryland Fort Lincoln Crematory 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility Taylor Funeral Home 21. Signature of Funeral Servica Licansi 147 Duke of Gloucester St. Annapolis, MD 21401 due 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart tailure. List only one cause on eech line. Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Due to for es a conse Examiner physician and s the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or as a consequenca of) certificata be axecu Box 68760 Physician/Medical Due to (or as a consequence of) signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Records, P.O. 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown by 24e. Was en eutopsy performed? 24b. Were eutopsy tindings available prior to Completed peen completion of cause of death? certificate hes 1 Yes 250 No 1 Yes 2 No Division of Vital I or Attending Physician: aftar death. Director: After this certific 25. Wes case reterred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 ☐ Yes 2KTNo 1 Inpatient 2 ER/Outpetient 3 DOA funeral 27. Menner of Death 28d. Describe how Injury occurred Certification: 28a. Dete of Injury (Month, Dev Year) 28b. Time of 28c. Injury at Work? 1 Natural 5 Pending 1 ☐ Yes 2 No Investigation 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Place of Injury - At home, tarm, street, factory, office building, etc. (Specify) To the Hospital or Atte within 24 hours aftar ded To the Funeral Directo completaly filled in by the 28t. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 29a. Certitier (Check only one) edical 1 🗹 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end piece, end due to the ceuse(s) end menner as steted. 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, dete and piece, and due to the cause(s) and manner stated. 29b. Signature and little of certifi 29c. License number 29d. Date signed (Month, Day, Year)

ause of deeth (Item 23a) (Type, Print)

huan

32. Registrar's Signature

State Registrar 31. Date filed (Month, Dey, Year)

FEB 24

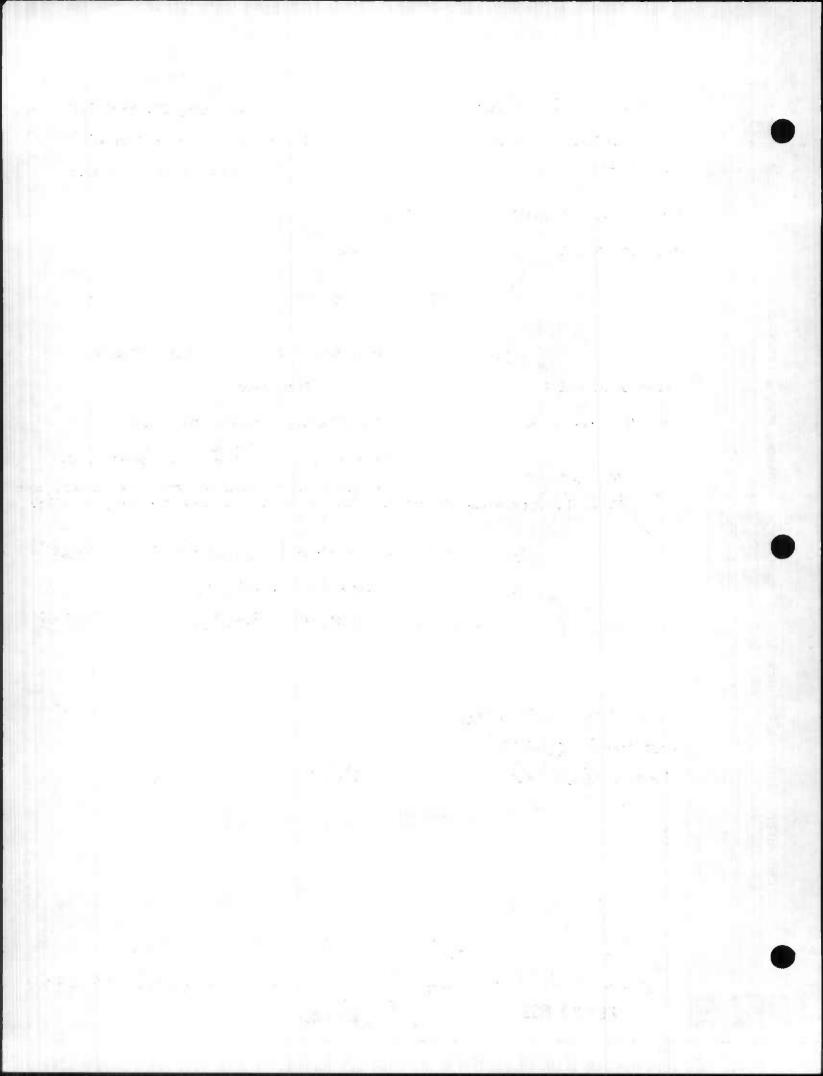
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Data of Death 1. Decedant's Nama (First, Middla, Last) 3. Time of Death BILLINGS, SE **Physician** February 20, 1999 2:15 p.m. /Medical 4a Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner North Arundel Hospital Glen Burnie Anne Arundel 8. Data of Birth (Month, Day, Year) 6. 1920 If Undar 1 Yaar | If Undar 24 Hrs. 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 9. Birthpleca (Steta or Foreign **Funeral** 1⊠M 2□F Months Days Hours 273-14-8543 78 Yrs. Illinois Director Usuel Residence of Decedent the Meryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits item 27 is marked other than "natural", or items 23s or 28s-f sho other traumatic event, ins Medical Examiner must be notified at MD Anne Arundel Pasadena 1 ☐ Yes 2X No Director 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? 185 10th Street 21122 USA Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 XYas 2 □ No If Yas, Giva WWII Yaar or Dates: Wes Dacedant of Hispanic Orlgin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Rece - American Indian. 11. Marital Status 1 Navar Married 2 Marriad 1 Yes 2 No Spacify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Business/Industry College (1-4or 5+) Elementery/Secondary (0-12) Safety Engineer U.S. Government 5± 18. Mothar's Nama (First, Middle, Maiden Sumama) 17. Fether's Neme (First, Middle, Last) Raymond H. Billings Ann Bagby 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rurel Routa Numbar, City or Town, Stata, Zip Code) Ann Billings/ wife 185 10th Street, Pasadena, MD 21122 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition Feb 23 1 Suriel 2 □ Crametion 3 □ Ramoval from Stata 4 □ Donation 5 □ Othar (Specify) MD Veterans Cemetery 1999 Crownsville. MD 22. Nama and Addrass of Facility Barranco & Sons, P.A. Severna Park Funeral Home 495 Gov. Ritchie Hwy., Severna Park, ter tha disaasa, or complications that caused the deeth. Do not enter tha mode of dying, such as cardiac or raspiratory errest, heart failure. List only one cause on each line. MD 21146 Approximate Interval Between Onsat and Death Physician ACUTE CARDINUASCULAR COLLARSE /Medical Immediata Causa (Final disaasa or condition rasulting in daath) **Examiner** Dua to (or as a consaquanca of): Examiner ISCHEMIC CARNONTOPATH certificate be executed physicien end the burial-transit Sequantially list conditions, if any, laading to immadiata causa. Entar Undarfying Causa (Disaasa or injury that initiated evants rasulting in daath) Last Dua to (or as a consaquanca of) Division of Vital Records, P.O. Box 68760, Physiclan/Medicai Dua to (or as a consequence of) 98 esn Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to complation of causa of death? Completed 24a. Wes en autopsy performed? XPEKTENSION 1 Yas 2 No 1 □ Yas 2 □ No. or Attending Physician: 25. Wes casa rafarrad to madical axaminar? 26. Pleca of Death (Check only ona) 1 Yas 2 No Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) Hospital: 2 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA funeral 28a. Data of Injury (Month, Day Year) Certification: 27. Mannar of Deeth 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No 24 hours efter death. 2 Accidant investigation 6 Could not be daterminad 28f. Location (Streat and Number or Rurel Route Number, City or Town, Stata) 3 Suicide 28a. Placa of Injury - At homa, farm, street, factory, office building, atc. (Spacify) 4 Homicide Hospital 29a. Certifie Certifying Physicien: to the best of my knowledge, death occurred at the time, dete and place, and due to the ceuse(s) and mennar as stated. Medical (Check only one) 2 Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, dete end place, end due to the cause(s) and manner stated. within 2 To the 29c. Licansa number 29d. Data signad (Month, Day, Year) 29b. Signatura and title of cartifier rim 30. Nama and address of person who completed causa of death (Itam 23a) (Type, Print) E KNNAP, MD 2180 J.D. KRIOCCAS R(V)

Registrar

State

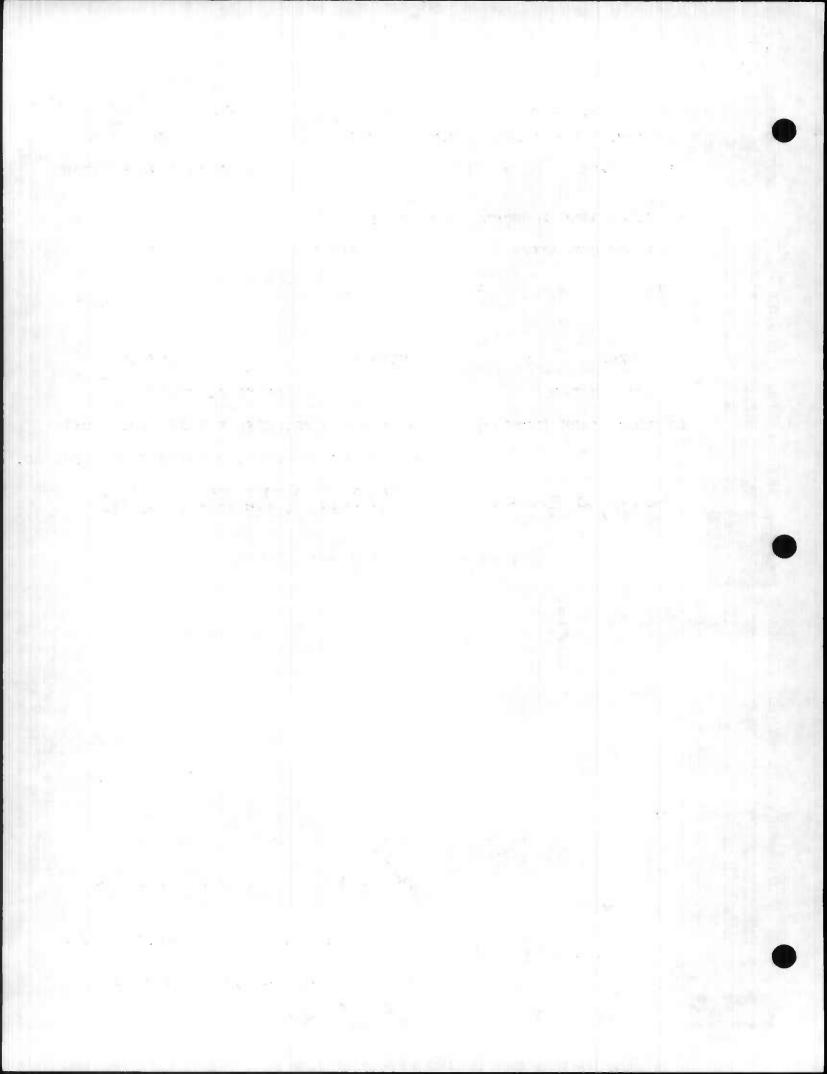
31. Data filed (Month, Day, Year) FEB 2 3 1999 32. Redistrer's Signatura

DHMH 16 Ray 6/95



State of Maryland / Department of Health and Mental Hygien 9 0 7 6 7 0

LATUYA SHA	ANAE BROWN			Ce	rtificate c	f Death	7	Re	g. No.			
	1. Decedent's Name (First, Middla,	Last)					1	2. Dete of Deetl Month		Voor	3. Time of Death	
Physician /Medical	LATOYA S. BI		FEBUAR	Day Y 16.	Year 1999	2132 PM						
Examiner	4a Facility Name (If not Institution, IREAR PARKING LOT	own, or Lo	cation of Death	4c. County	c. County of Death NNE ARUNDEL							
Funeral Director	5. Social Security Number 214-96-0455	Sax 7	. Age (In yrs. last	birthday) Yrs.	If Undar 1 Ya Months Da		Min.	8. Date of Birth Month, Dev JULY 18	Year) 979	9. Birthp Coun MAR	place (State or Foreign	
P	Usual Residence of Decedent								1			
Merylar a-f ehow	MARYLAND ANNE	ARUNDEL	GLEN							1	0d. Inside City Limits 1  Yes 2 No	
United death with the Meintreman 23s or 23s-feether from 12s or 23s-feether from 12s-feether Funeral Director	10e. Street and Number 506 DOGWOOD I	DRIVE			10f. Zip Cod 210			10	g. Citizen of V US	Vhat Cour	itry?	
ire, Maryland 21215-0020 s 1 and 2 should be filed within 72 hours after death with the Meryland if Health and Mental thygiene. Ifom 27 is marked other than "naturel", or items 23a or 28a-f show other traumatic event, the Medical Dardret, man be notified at To Be Completed by Funeral Director		Armed Ford	orces? If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 2 ⊠ No 1□ Yes ②□ No Specify:					k, White,	ean Indian, etc.			
21215-0020 d within 72 hours af giene. In then "naturel" or the "neturel" or the Completed by F	15. Decedent's	2111111-2		Se Dece	dent's Usual Oc	cupation		1	6b. Kind of Bu			
Ind 21215-01 be filed within 72 hor tal thygiene. d other than "nature event, the federal Be Completed	(Specify only highest	grade completed)		(Give	kind of work do DO NOT use re	ne during mo	st of worki	ng			,	
d with the control of	Elementery/Secondary (0-12)	College (1-4	40r 5+)	STI	DENT				SCHOO	SCHOOT.		
be file tal Hyger d othe event,	17. Father's Name (First, Middle, La	st)	16	010	PRINT	18. Moth	ner's Neme	(First, Middle, N	leiden Sumen	ne)		
Maryland d 2 should be file th end Mental Hy 7 is marked othe traumatic event To Be (	BERNARD BRO		1	9b. Maili	na Address (Str			E A. J		Stete, Zip	Code)	
and 2 sauth er n 27 ie	LAURICE DIXON								ber, City or Town, State, Zip Code)  RNIE, MD, 21061			
other	20a. Method of Disposition	(HOTHER	20b. Place	of Dispo	sition (Neme of		GLE	Dete 2	Oc. Location -	City or To	own, Stata	
Page nent o	Burial 2 Cramation 3 Removel from State 4 Donation 5 Other (Specify) WILSON MEM. CHURCH CEME. 2/23/99 GAMBRILLS,											
Dall pemit. Departi importa any Inju	21. Signature of Funeral Servica Lic	censee			2. Nama and Ad			MODELL	3 D 37 1			
20269	23a. Part1. Enter the disease, or conshock, or heart failure. List or	feese		8	21 WES	T ST	PONS	MORTU	ARI,	21.4	0.1	
EX 55 00, oath certificate be executed ettending physician and for use as the buriel-transit clan/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last											
box of bath certification of the certification of t		d								<u> </u>		
. 0 0 0	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							23b. Did tobacco use contribute to the cause of d				
requires that the death cerean signed by the attendin hould be deteched for use			1 Yes 2 140 3 Probably 4 Un									
aw requir							_	24a. Was ai		av	ere autopsy findings allable prior to impletion of cause death?	
The law ele hes b pege 2 s								18 Ye	s 2 No	19	Ves 2□ No	
certificate rector, pag	25. Was case referred to medical examiner?					26. Plac	ce of Death	(Check only on	e)			
Physician: This certific and director,	1XXYes 2□ No	Hospital:	patient 2□ER/	Outpatier	IL SU DOA		lursing Hor	me 5 Reside	nca 6000th	er (Specil	y)	
or Attending Physician: of attending Physician: Taffer death. In by the funeral director, pertification: To Be C	27. Manner of Deeth  1 Natural 5 Pending 2 Accident investigat	ion 2/15/	Injury 28t Dey Year) F	Time o		njuryet Work? I∐ Yes 2∄	-	28d. Describe ho	t she	red		
tal or Attending P rs efter death. al Director: Aftert led in by the funers Certification:	3 ☐ Suicida 6 ☐ Could no 4 ☐ Homicide determine	King (o	1 Dayaale shops					( ) /-				
To the Hospital or Attending Physician: The I within 24 hours after death.  To the Funeral Director: After this certificate he completely filled in by the funeral director, page Medical Certification: To Be Com	29a. Certifier 1 Certifying (Check only one)	Physician: To the b aminer: On the bas and manne	is of examination	de, deat	h occurred at the	time, date e y opinion, de	and place, e	end due to the ce	use(s) end mo ate and plece,	enner as s	tated. the cause(s)	
To the within To the comple	29b. Signatura and titla of certifiar	1 Chu	to			ansa number C.M.E.			ed. Data signe EBUARY			
	30 Name and address of person who Dennis J.	chu te	of death (Item 23a			, Balt	imore	e, Maryl	and 21	201		
State Registrar	31. Date filed (Month, Dey, Yeer)		gistrar's Signature	A								
riogistiai	FEB 2 2	1333	7-	M	1900	reto/						



				of Marylar		rtificate			X11G 1V		Reg. No.	0	7671
Physic	ian	Decedent's Neme (First, Midd								2. Date of Dec	_	1999	3. Time of Death
/Medical Examiner		CECELIA ANNA 4e. Fecility Name (If not institution	BAYOR	umher)			4	th. City. To	wn. or Lo	FEBRUA cation of Deeth			12 NOON
Exami	ner	CUPPETT-WEEKS						OAKI			GARR		
Funeral Director		5. Social Security Number 579-64-1512	6. Sex 1 □ M 2 ሺ F	7. Age (In yrs. 92	. last birthday Yrs.		Yeer Days	If Under:	24 Hrs. Min.	8. Dete of Birt (Month, De OCT 26	, 1906	Cour	lace (State or Foreign try) JERSEY
and		Usual Residence of Decedent  10a. State 10b. County		10c. Ci	ity, Town or L	ocation				-		1	0d. fnside City Limits
Many Feda	to	D.C.			VASHING								1 X Yes 2 □ No
th the	Director	10e. Street end Number				10f. Zip C	Code				10g. Citizen of	What Cour	ntry?
23a cumb	ral	1512 PENNSYLVA	NIA AVENU	JE, S.E.	•	200	003				U	SA	
permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: If term 27 is marked other than "natural", or items 23a or 28a-f show any injury or other treumatic event, the Modical Examinat must be notified a spate.	by Funeral	11. Maritel Stetus  1 ☑ Never Merried 2 ☐ Mar 3 ☐ Widowed 4 ☐ Divorced	Armed F	2 No	J,S. 13.	Wes Decede If Yes, specif	-	ispanic Origin, Mexican Specify:	gin? (Spe , Puerto l	city Yes or No- Rican, etc.)		ca - Americ ck, White, v: WHI	etc.
within 72 ho ane. than "natur	Completed						Occupa done o retired	during most i)	of worki	ng	16b. Kind of B		
uld be filed Jental Hygid rked other tic event, ti	To Be Co	17. Father's Neme (First, Middle, JOSEPH	Last) unknown		BOYER		A	18. Mothe	r's Name NNA	(First, Middle,	Meiden Suman unkno	ne)	
2 sho and I is me	ľ	19e. tnformant's Name/Relations	_								r, City or Town,		
1 and Health em 27 ther tu		Jack Bayor -	Brother	20b I	RT.	46 ositlon (Neme		X 433	G:		ADOWS,		07838
ages of of life or of		1 Burial 2 ☐ Cremetion		State	cemetery, cre	metory or oth	erplea	œ)	2	Date / 2.7 / 0.0	20c. Location -	-	
artme ortani injuri		4 Donation 5 Other (S		UA		CEMETE  2. Name and		ss of Fecilit		/27/99			ARYLAND
Depariment important		· Wondy	11) 2	∠ M00							BOX 24		550
Physician		23a. Part1. Enter the disease, o shock, or heart feilure. List	complications thet only one cause on	caused the deal each line.	th. Do not en	ter the mode	of dyin	g, such as	cardiac o	r respiretory er	rest,		Approximate Intervel Between Onset end Deeth
/Medical Examiner	п	Immediate Ceuse (Final disease or condition resulting In deeth)	θ		PANCRE	EATIC C	CA						1 YEAR
	ē	Toodally III Cooliny		Due to (	or as e conse	quence of):							
outed ansit	Examiner	Sequentially list conditions	b	Due to (	or es e conse	uneuce ot).						i	
cate be executed physician and the burial-transit													
ate the	dicai	that initiated events resulting In death) Lest	C	Due to (c	or es a conse	quence of):							
ding as			d										
death e atter	iciar	Pert II. Other significant condition	one contributing to	leath but not res	sulting in the I	Inderlying cal	Leo Oive	en in Part I		23b Did t	obacco usa co	ntribute to	the cause of death?
requires that the daath certific peen signed by the attending p should be datached for use as	by Physician/M	COPD				andonying odd	giv						pably 4 Unknow
require	Completed									24a. Wes perfor	en eutopsy med?	eve	ere eutopsy findings eileble prior to mpletion of cause death?
sicien: The law certificate has b irrector, page 2 s	Con									1 🗆 Y	es 2 No	1 🛭	Yes 2□ No
ysician: s certific director,	Be	25. Was case referred to medica examiner?	Hospital:				Othe	or:		(Check only o			
¥ .50	To L	1 ☐ Yes 2 X No  27. Menner of Death	1		ER/Outpatie		·	4A) Nu			ence 6 Oth		4)
Attending Physicien: ir death. •ctor: After this certific by the funeral director,	Certification:	1 Naturel 5 Pendii 2 Accident investi 3 Suicide 8 Could determ	not be 28e. Plac	of tnjury nth, Dey Year) e of Injury - At h	Injury ome, farm, st	М		k?` Yes 2⊡h	No	28f. Location (S	itreet and Numb		I Route Number,
To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral		29a. Certifier	build Physician: To the	ling, etc. (Specil	fy) owledge, deat	th occurred et	the tim	ne, dete end	plece, e	City or Tow	euse(s) and me	enner es si	ated.
the Hin 24 the Fu	ledicai	one)	examiner: On the t	pasis of examina nner stated.	ation end/or in	ivestigation, ir	n my op	oinion, deet	h occurre	d at the time, o	late and placa,	and due to	the cause(s)
with To T	M	29b. Signature end tittle of carrille	NON	non	6		License 4246	e number 54		117	29d. Date signe FEBRUAR		
1	Te	30. Name and eddress of person SOTIERE SAVOPO				Print)	ST.	TERI	RA AI	LTA, WV	26764		
Sta	ate	31. Date filed (Month, Dey, Yeer)	32.1	Registrar's Signa	ature								

b. Spark

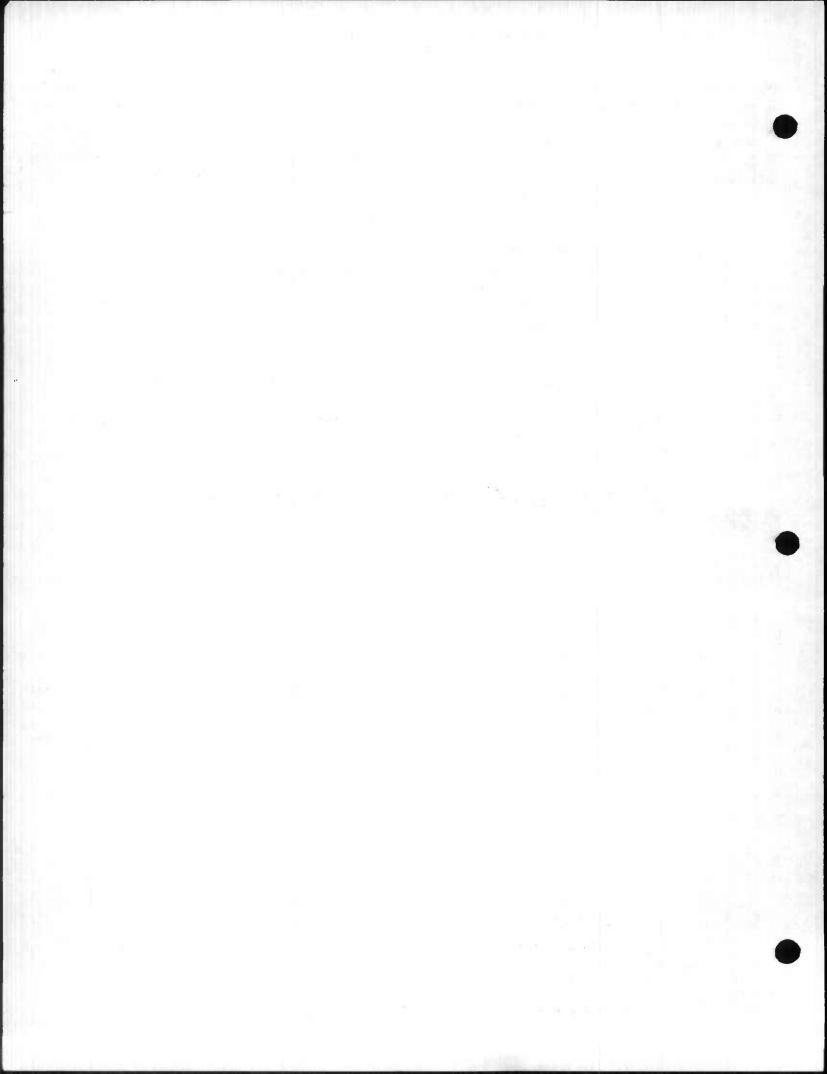
DHMH 16 Rev 6/95

Registrar

FEB 2 5 1999

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q O Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth Dey 20 DOK ERIC FEBRUARY 4c. County of Deeth 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death BALTIMORE MARYLAND MEDICAL SYSTEM 5. Sociel Security Number 217–96–8430 OF Hours Min. B. Dete of Birth July 1965 7. Age (In yrs. lest birthday) 33 Yrs. If Under 1 Yeer Months Days Birthplece (Stete or Foreign Country) Days 1 DM 2□ F TN Usual Residence of Decedant 10b. County Carroll 10c. City, Town or Location Finksburg 10d. Inside City Limits 1 ☐ Yes 2 X No 10e. Street end Number 1949 Carrollton Road 10f. Zip Code 21048 10a. Citizen of Whet Country? USA 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Raca - American Indien, Bleck, White, etc. 11. Maritel Status 1 Yes 2 No If Yes, Give Yeer or Detes: 1 Never Married 2 Married 1 Yas 2 No Specify: Specify: white 3 ☐ Widowed 4 ☐ Divorcad 16e. Decedent's Usual Occupetion (Giva kind of work done during most of working life. DO NOT usa ratired) 15. Dacadent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) painting contractor home improvement 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Leroy Luther Cook Jr. Barbara Jean Miller 19e. Informent's Name/Raletlonship (Type, Print) Steve Cook (brother) 19b. Mailing Addrass (Street end Number or Rurel Routa Number, City or Town, Stete, Zip Code) 1355 Williams Rd., Louisville, NC 27023 20b. Pleca of Disposition (Name of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete

**Physician** /Medical

**Physician** 

/Medical

**Examiner** 

10a, Stata Md

**Funeral** 

Director

28a-f show

"natural", or Itema 23a or 28a-f shov edical Examiner must be notified at

Pages 1 and 2 should be filed within 72 hours after of and of Health and Mental Hydjane.

nt: If fem 27 is marked other than "natural", or feel into or other traumatic event, its Medical Examme.

permit. Pages 1 and Department of Health Important: If item 27 any Injury or other tr

Baltimore, Maryland 21215-0020

death

by Funeral Director

Completed

Be

**Examiner** 

burial-transit

the

2

sate hes been signed page 2 should be de

this the funeral

After

within 24 hours after death. To the Funeral Director: A

filled in by

completely

The lew requires that the death certificate be executed

P.O. Box 68760,

Records,

of Vital

Division

or Attending Physician:

Hospital

the the

Physician/Medical Examiner þ Completed Be

1 Burial 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) Bethel Mennonite Cemetery2-23-99 Warfordsburg, Pa. 21. Signeture of Funeral Service Licensee 22. Name end Address of Facility Haight Funeral Home & Chapel Pauge Haight Herbert P.O. Box 195 Sykesville, Md. 21784 23a. Part1. Enter the disease, or complications that caused the deeth. Do not entar the mode of dying, such as cardiac or respiratory errest, shock, or heart failura. List only one ceusa on aach lina. Approximate Intarvel Between Onset end Deeth Immediate Ceuse (Final diseese or condition resulting in death) RACRANIAL Sequentially list conditions, if eny, leeding to Immadiate cause. Enter Underlying Cause (Diseese or Injury that Initieted evants resulting in deeth) Lest Due to (or es e consequence of) Due to (or es e consequence of): Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobecco ues contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings evelleble prior to completion of causa of daeth? 24e. Wes en autopsy performed? 1 Yes 2. No 1 ☐ Yes 2 ☐ No 25. Wes casa referred to madical axaminer? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medical Certification: To 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA 28c. Injury et Work? 27. Menner of Deeth 28b. Tima of 28d. Describe how injury occurred 5 Pending investigation 1 Naturel Injun 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicida 29a. Certifian 12 Certifying Physicien: To tha bast of my knowledge, daath occurred et the time, date end pleca, end due to tha ceusa(s) end menner es steted.
2 Medical Examiner: On the basis of exeminetion end/or investigetion, in my opinion, death occurred et the time, date end plece, end due to the ceuse(s) end manner steted. (Check only one) 29b. Signature end title of cartifier 29c. License number 29d. Date signed (Month, Dey, Year) CHRISPAN (SIBM

2250UTH GREENE STREET BALTIMORE, MARYLAND 21201

State Registrar

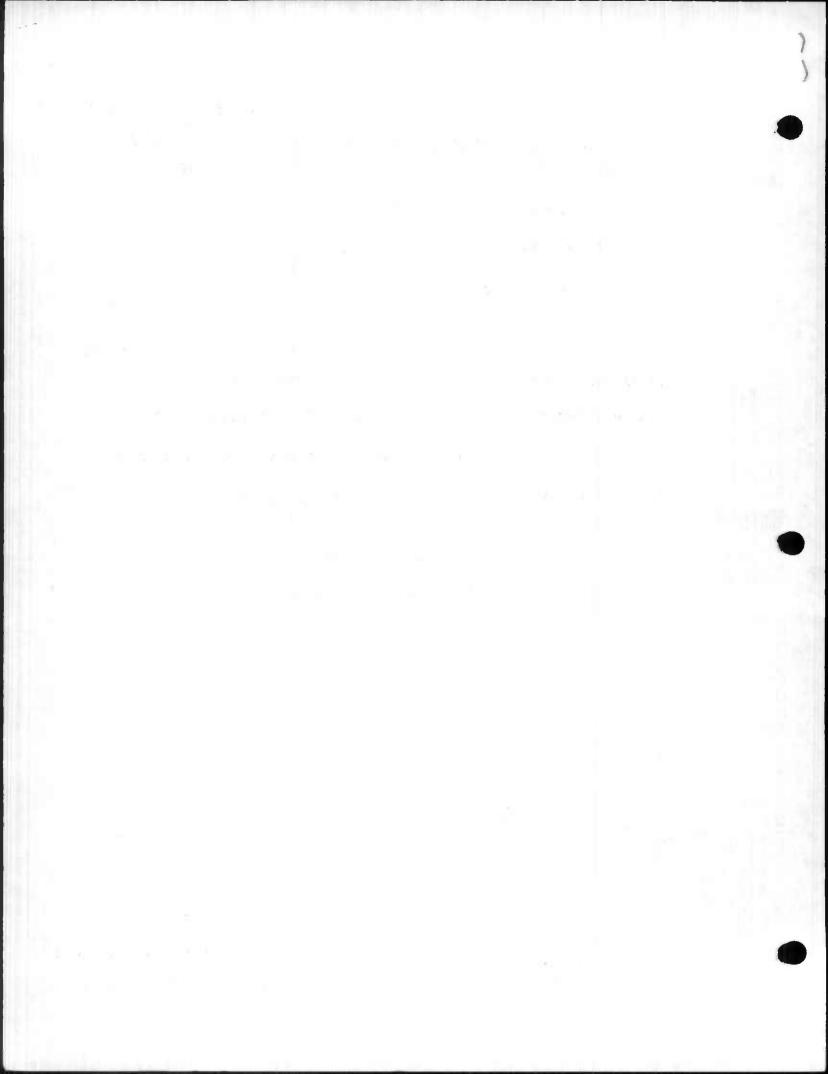
30. Nama and address of person, who complated causa of daeth (Item 23a) (Type, Print)

32. Ragistrar's Signature

HRISTIAN POPA, MD

FEB 2 5 1999

31. Deta filad (Month, Dey, Yaar)

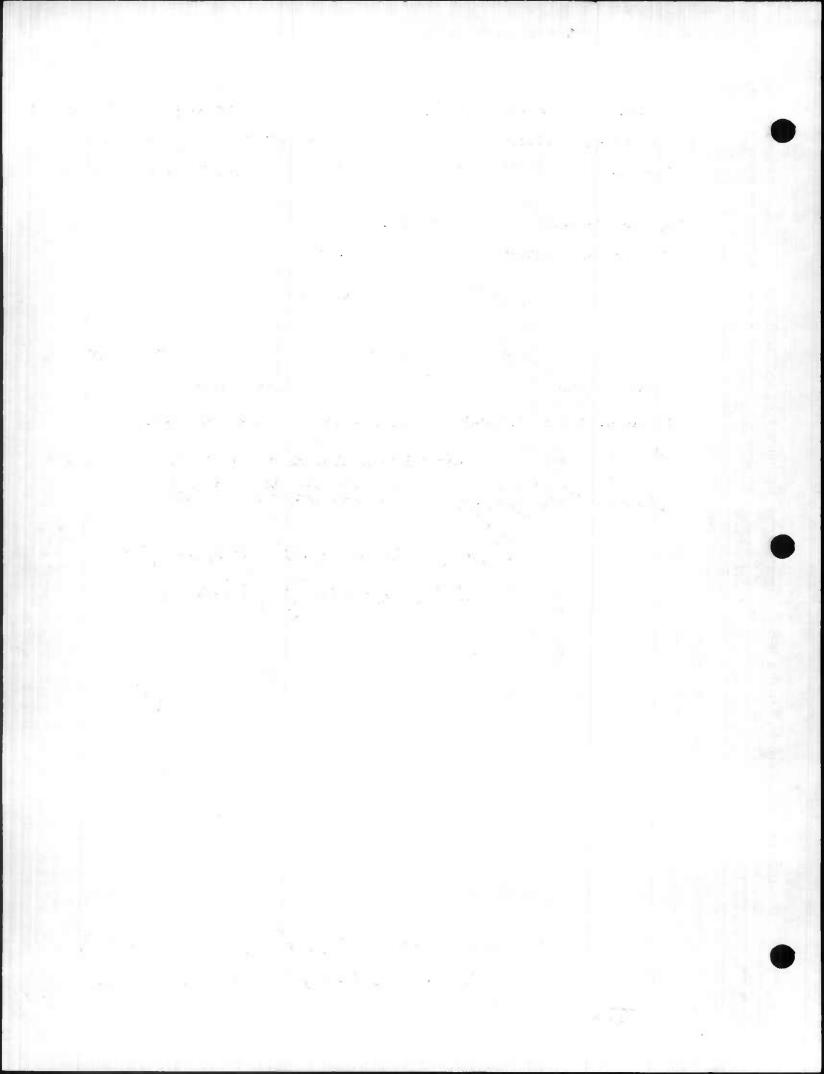


State of Maryland / Department of Health and Mental Hygiene 9

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** February 24, 1999 7:15 P.M. Christine Louise Collier /Medical 4b. City, Town, or Location of Death 4e Facility Neme (If not institution, give street and number) 4c. County of Death Examiner 9 North Rogers Street Harford 8. Dete of Birth (Month, Dey, Year) Apr. 7, 19 5. Social Security Number If Under 1 Year If Under 24 Hrs. Birthplece (State or Foreign Country) 7. Age (In yrs. lest birthday) **Funeral** 1□M ZONF Months Deys Hours 218-52-3936 Yrs. 33 Maryland Director Usual Residence of Decedent the Marylend 10e Stete 10b County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "nature!", or items 23s or 28s-f show traumatic event, the Medical Examiner mast be notified at ₩ Yes 2 No Director Maryland Aberdeen Harford 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? with U.S.A. 9 North Rogers Street 21001 Funeral deeth 12. Wes Dacedent Ever in U,S. Armed Forces? 1 ☐ Yes 2/3/No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14 Rece - American Indian 11. Meritel Stetus Bleck, White, etc. Pages 1 and 2 should be filed within 72 hours after or nent of Health end Mental Hygiene. Int: If Item 27 Ie marked other than "naturel", or item 1 ☐ Never Married 2 ☑ Married Baltimore, Maryland 21215-0020 1 Yes 3€ No Specify: Specify: þ 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry 15. Decadent's Education (Specify only highest grede completed) Elementery/Secondary (0-12) College (1-4or 5+) Fuel Company 12 Secretary 18. Mother's Name (First, Middle, Meiden Surname) 17. Fether's Neme (First, Middle, Last) Be Stephen Wagman Diane Daughton 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Coda) 19e. Informant's Neme/Raletionship (Type, Print) 9 North Rogers St., Aberdeen, Maryland 21001 Donald B. Collier (Spouse) other 20b. Placa of Disposition (Neme of cametery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 0 Department of Important: If any injury or Harford Memorial Gardens 3/1/99 Aberdeen, Maryland 22. Name and Address of Facility
Tarring-Cargo Funeral Home, P.A. 21. Signature of Fugural Service Licenses Aberdeen, Maryland 21001-3399 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one ceuse on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediata Cause (Final disease or condition resulting in death) Examiner Examiner physician and s the bunal-tran Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in deeth) Lest Records, P.O. Box 68760 Physician/Medicai Due to (or es e consequence of): 80 ettanding p ed by the e 23b. Did tobacco use sontribute to the cause of death? Pert II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. signed by d be detacl 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy tindings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy Completed peen pege 2 hes 1 Yes 2 No cartificate 1 Yes 2 No Division of Vital To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: After this cartifica director, 25. Was casa raterrad to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 No 2 1 Yas 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manger of Deeth 28e. Deta of Injury (Month, Dey Year) funaral Certification: 28b. Tima of 28d. Describe how injury occurred 28c. Injury et Work? Natural 5 Pending investigation 1 ☐ Yes 2 Accident 6 Could not be datamined 3 Sulcide 28f. Location (Streat end Number or Rurel Route Number, City or Town, State) 28a. Pleca ot Injury - At homa, tarm, street, tactory, office building, atc. (Specify) 4 \ Homicida 1 Certifying Physician: To the best of my knowledga, daeth occurred at the time, date end place, and dua to the causa(s) end menner as stated.
2 Medical Examiner: On the basis of exeminetion end/or investigetion, in my opinion, deeth occurred et the time, data and placa, and dua to the cause(s) end manner stated. 29a. Cartifiar Medical (Check only one) 29d. Dete signed (Month, Day, Year) 29c. License number 29b. Signeture end title of cartifie n who complated cause of death 31. Dete tiled (Month, Day, Yeer) State Registrar

DHMH 16 Rev 6/95



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth FEBRUARY 23 215P Helen Henrietta Cullim 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Harford Fallston Fallston General Hospital If Under 24 Hrs. Hours Min. 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year 9. Birthplace (State or Foreign Months 1□ M 2 F Deys Maryland 80 219-28-7703 Usuel Residence of Decedent 10c. City, Town or Location 10a State 10b. County 10d. Inside City Limits 1 Yes 2 No Maryland Harford Abinadon 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21009 USA 749 Hookers Mill Road 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece -American Indian. Black, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: 3 Widowed 4 □ Divorced White 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 12 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Mary (u/k)Johnson Clarence Earl Daugherty 19e. tnforment's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 801 Hookers Mill Road, Abingdon, MD 21009 Eleanor E. Smith/ Daughter 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, State Buriel 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Bel Air Memorial Gardens 2-25-99 Bel Air, Maryland 21. Signeture of Funeral Service Licansee 22. Name and Address of Facility Howard K. McComas III Funeral Home, P.A. 1317 CORESDUE y 1985, asse, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, re. List only one yours on each line. 1317 Cokesbury Road, Abingdon, Maryland 21009 Approximate Intervel Between Onset end Deeti Immediete Ceuse (Finel 3 KEARS ISCHOMIC HETART DISEASE disease or condition resulting in death) Due to (or es e consequence of) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in deeth) Lest Due to (or es e consequence of) Due to (or es e consequence of) Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings avellable prior to completion of cause of death? 24e. Wes en eutopsy

**Physician** /Medical **Examiner** 

**Physician** 

/Medical

Examiner

Directo

Funeral

A

Completed

Be

**Funeral** 

Director

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner maintile notified at

the Meryland

with

deeth

altimore, Maryland 21215-0020

pernit. Peges 1 end 2 should be filed within Depertment of Health end Mental Hygiene. Important: if Item 27 Is marked other than "

other

10

any Injury

Examiner

physicien end is the burief-trent certificate be exect Physician/Medicai signed by I Completed peed certificate has Be 0 this Certification: of a Attending P effer deeth.

Records, P.O. Box 68760

Division of Vital

25. Was case referred to medical

5 Pending investigation

6 Could not be

1 Yes 2 No

27. Manner of Death

1 Naturel

2 ☐ Accident 3 Suicide

4 Homicide

INSULIN- PEPENDENT DIABETES MELLITUS.

28a. Dete of Injury (Month, Dey Yeer)

2 No 1 ☐ Yes 1 □ Yes 2 □ No

26. Pleca of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify)

1 Inpatient 2 ER/Outpatient 3 DOA 28c. Injury et Work? 28d. Describe how injury occurred

1 ☐ Yes 2 ☐ No 28e. Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify)

281. Location (Street and Number or Rurel Route Number, City or Town, Stete)

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) and manner as stated.
2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place, end due to the ceuse(s) end manner stated. 29a. Certifier 29c. License number 29d. Date signed (Month, Dey, Yeer) 29b. Signeture end title of certifier

Andew Nowalendo mo

DO8096

FEBRUARY 23, 1999

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

MD 125 N. MAIN ST, BEZAR, MD 2/0/4 ANDROW NOWAKENSKI

31. Date filed Manth 20 ay 1998 State

37. Registrer's Signeture

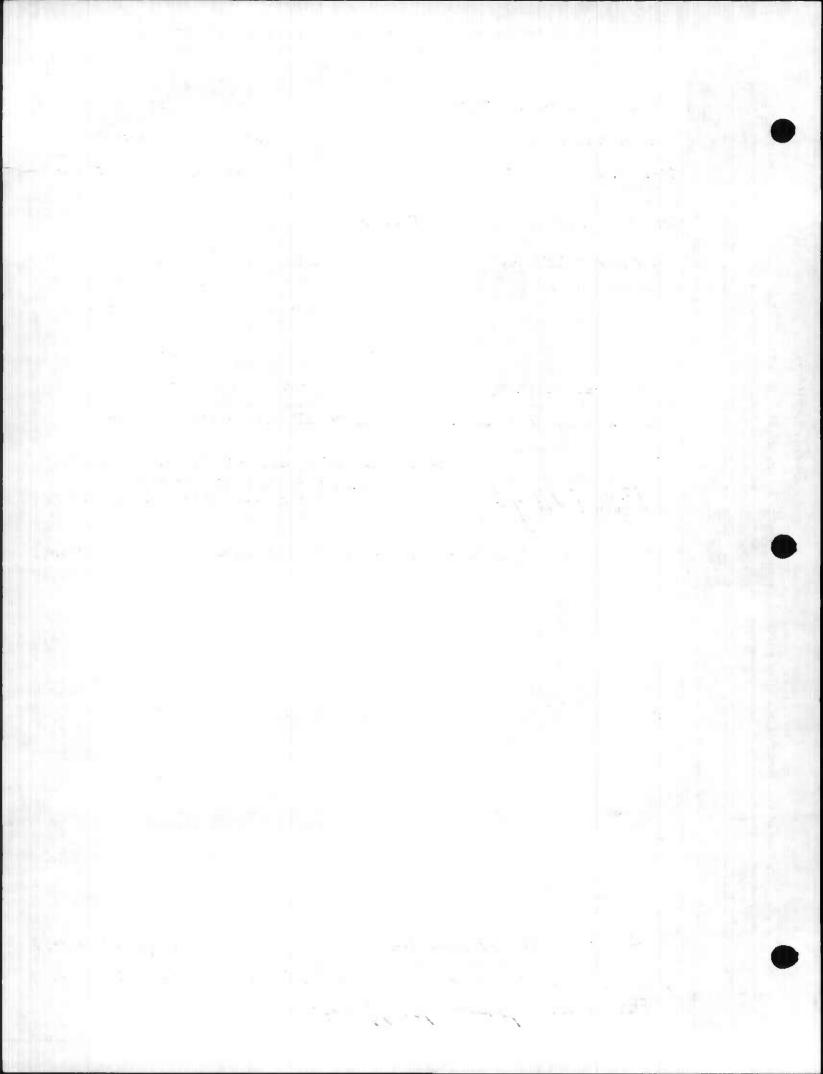
28b. Time of

Registrar

10

To the Hospital of within 24 hours of To the Funeral D completely filled in

Medicai



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month 5:10 pm February 22, 1999 Robert William Cole, Sr. 4e Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death 427 Bernice Terrace Aberdeen If Under 1 Year | If Under 24 Hrs. Birthplace (State or Foreign Country) 8. Date of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Age (In yrs. last birthday) Deys Hours Months 1 X M 2 □ F Yrs. 19, 218-12-0675 77 1922 Maryland Usuel Residence of Decedent 10c. City, Town or Location 10d. Inside City Limits 10b. County 1 XYes 2 □ No Harford Aberdeen 10g. Citizen of Whet Country? 10e. Street and Number 10f. Zip Code 21001 427 Bernice Terrace U.S.A. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, 12. Wes Decedent Ever in U,S. Armed Forces? 11. Merital Stetus Bleck, White, etc. 1 ⊠Yes 2 No If Yes, Give Yeer or Detes 943-46 1 ☐ Never Married 25 Married 1 ☐ Yes 2 X No Specity: Specify: Black 3 ☐ Widowed 4 ☐ Divorcad 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) 12 College (1-4or 5+) Civil Service U.S. Government 18. Mother's Name (First, Middle, Maiden Sumame) 17. Fether's Neme (First, Middle, Last) Robert James Cole Lilly Mae Cromwell 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Gladys B. Cole (Spouse) 427 Bernice Terrace, Aberdeen, Maryland 21001 20b. Plece of Disposition (Neme of 20c. Location - City or Town, Stete 20e. Method of Disposition Dete cemetery, cremetory or other piece) 1 Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete Harford Memorial Gardens 2/27/99 Aberdeen, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Servica Licensee 22. Name end Address of Fecility Tarring-Cargo Funeral Home, P. Aberdeen, Maryland 21001-3399 600 23e. Part1. Enter the disease, or complications their caused the shock, or heart feilure. List only one ceuse on each line. dealh. Do not enter the mode of dying, such es cardiac or respiretory errest, Approximete Intervel Between Onset end Deeth Immediate Cause (Final disease or condition resulting In deeth) Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Lest Due to (or es e consequenca of): Due to (or es e consequence of) Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Nesidenca 6 Nother (Specify) 1 Inpatient 2 ER/Outpetient 3 DOA 28b. Time of 28d. Describe how Injury occurred

**Physician** /Medical **Examiner** 

and

ettending physician

peeu

certificate has

After this

Hospital or Attending Physician:

death.

eftar death

24 hours

within 2 To the

in by

**Physician** 

/Medical

Examiner

10e Stete

MD

**Funeral** 

Director

28a-f ahow

Director

Funeral

λq

Completed

Be

P

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

permit. Peges 1 end 2 should be filed within 72 hours after deeth Department of Health and Mental Hyglena. Important: If Item 27 is marked other than "natural", or Items 23.

or other traumetic event,

injury

Baltimore, Maryland 21215-0020

the Maryland

With

law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760,

Examiner the bunal-transit Physician/Medicai 80 signed by the et d be detached fo director, funeral Certification:

þ Completed Be P

Medical

25. Wes case referred to medical 1 Yes 2 No

29e. Certifier

27. Menner of Deeth 1. Naturel 2 Accident

3 Sulcide 6 Could not be determined 4 Homicide

Dete of Injury (Month, Dey Year) 5 Pending Investigation

28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

Injury

28c. Injury et Work? 1 ☐ Yes 2 ☐ No

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

(Check only one) end menner stated. 29b. Signature and title of certifier

29c. License number

Descritiving Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

Under the best of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s)

29d. Dete signed (Month. Dav. Year)

10 30. Name and address of person who completed cause of death (from 23a) (Type, Print) Frookland MI Obe

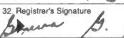
6701 N. Charles St

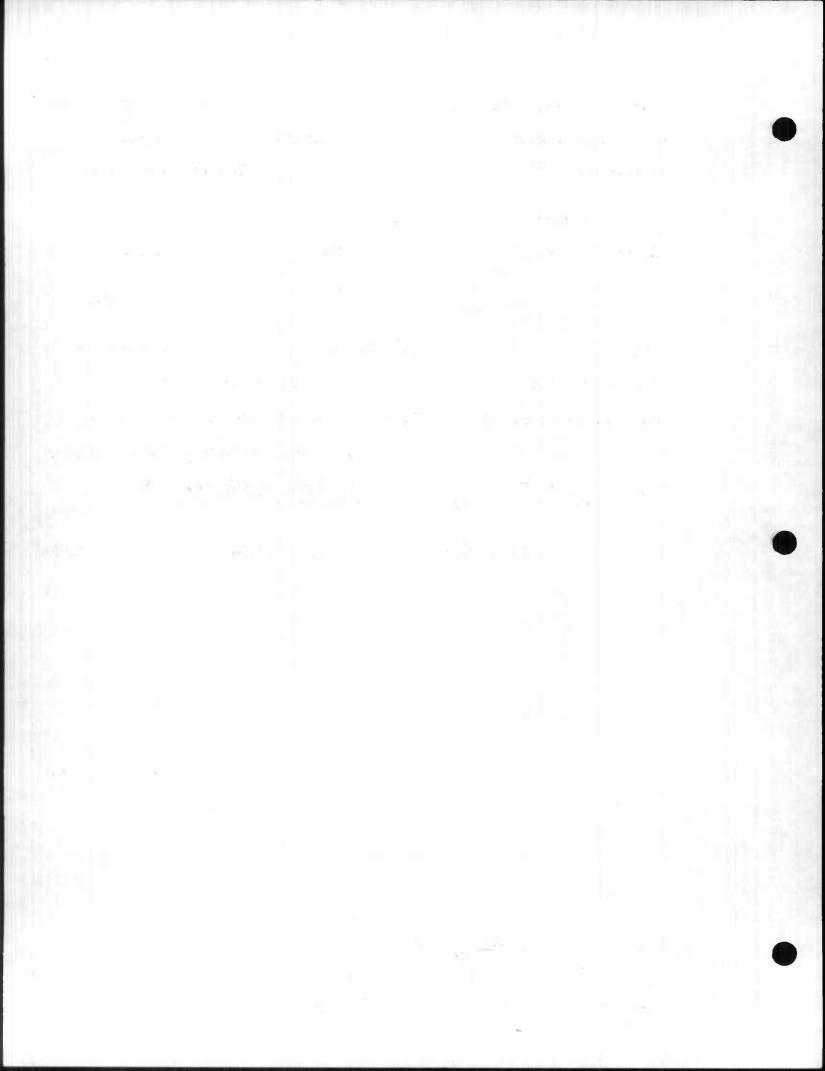
State Registrar

341

31. Dete filed (Month, Dey, Year)

5 1998 FEB





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Tima of Death Month **Physician** Minerva M. Cockerham February 23, 1999 1302 /Medical 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street and number) 4c. County of Death Examiner Harford Memorial Hospital Havre de Grace Harford H Under 1 Year H Under 24 Hrs. 8. Date of Birth (Month, Day, Year)

Months Days Hours Min. June 29, 19 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1□ M 2☑ F Months Yrs. Director Maryland 76 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location f0d. Inside City Limits 1 ☐ Yes 2 No Maryland Directo Harford Havre de Grace 10e. Street and Number 10f, Zip Code 10g. Citizen of What Country? ma 23a or filed within 72 hours after death with Hygiens. 800 Earlton Road 21078 U.S.A. then "natural", or forms. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indian. Black, Whita, atc. 1 Yes 2X No
If Yes, Give
Year or Detes: 1 Never Married 2 Merried 1 Yes 2€ No Specify: Specify: ģ 3℃ Widowed 4 Divorced White Completed 16a. Decedent's Usuel Occupation (Giva kind of work done during most of working life, DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Food Preparation School 17. Father's Name (First, Middle, Last) 18. Mothar's Name (First, Middla, Maiden Surname) 1 and 2 should be 1 Health end Mentel Thomas Earl McClune Sadie Hartman 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Health em 27 I Susan G. Combes (Daughter) 1702 Shirley Avenue, Joppa, Maryland Pages 1 a vant of Hea. vt: If Hem 2. Baltimore. 20a. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Stete Deta 2/27/99 1 Burial 2 Cremetion 3 Removel from State permit. Page Department of Important: If eny injury or 4 □ Donation 5 □ Other (Specify) Union Chapel Church Cemetery Joppa, Maryland 21. Signature of Fundral Service Licensee 22. Nome and Address of Facility
Tarring—Cargo Funeral Home, P.A. 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory errast, shock, or heart feiture. List only one cause on each limit. 21001-3399 Approximete Intervel Between Onset and Death Physician Immediate Cause (Final disease or condition resulting in death) /Medical did pulmon or r Examiner Due to (or as a consequence of): Physician/Medical Examiner LOUVS Due to (or as a consequence of) law requires that the deeth certificate be executed the burlei-tran Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Box 68760. Due to (or es e consequence of): signed by the attending p Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yea 2 No 3 Probably 4 Unknown Completed by 24b. Were eutopsy findings aveilable prior to completion of cause of death? 24a. Wes en autopsy performed? has ockuhan 1 Yes 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ENOutpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No this 28a. Date of Injury (Month, Day Year) funeral 27. Manner-of Death 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred Division Attending 5 Pending investigation 1- Natural 1 Yes 2 No NA NA 2 Accident Director: 6 Could not be 3 ☐ Suicide 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, State) á 4 ☐ Homicide To the Hospital within 24 hours a To the Funeral Completely filled 1 Certifying Physician: To tha best of my knowledge, deeth occurred at the tima, data end place, and due to tha causa(s) and manner as stated. Medical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner steted. (Check only one) 29d. Dete signed (Month, Day, Year) 29b. Signature and title of certifier

10

State Registrar

**DHMH 16 Rev 6/95** 

8

3

d

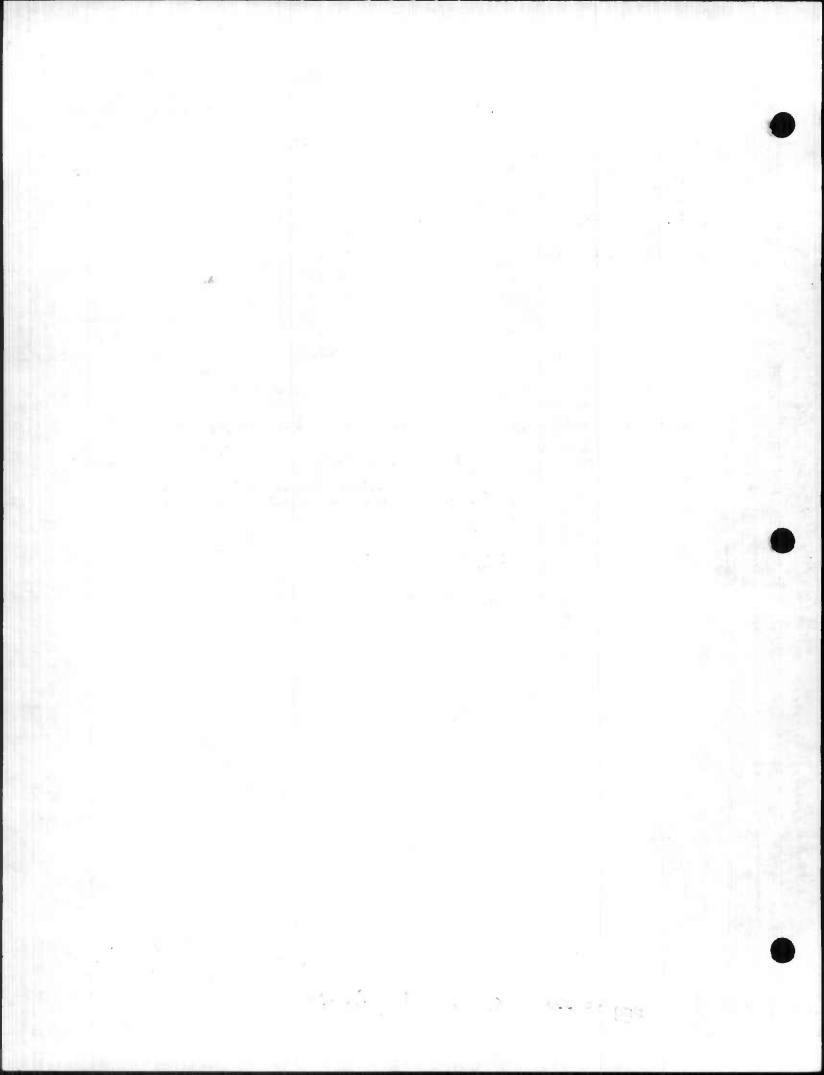
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

1

2 Annistrar's Signature

31. Date filed (Month, Day, Yearly ye FEB 25

Law Street



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Dav Dorothy May Cullum 17, 1999 3:00 AM February 4a Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Baltimore White Marsh 5709 Keithley Road 8. Date of Birth (Month, Dey, Year) NOV. 7, 1935 If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthday) 9. Birthpiace (State or Foreign Hours Months Days 1□ M 2 F Maryland 220-32-3150 63 Yrs Usual Residence of Decedent 10a State 10c. City, Town or Location 10d. Inside City Limits 10b. County 1 Yes 2 XNo Maryland Baltimore White Marsh 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5709 Keithley Road 21162 USA 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indien. 11. Maritel Status Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify. 3 ☐ Widowed 4 ☐ Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Hame 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Frederick Eurice Elwood Jones Clara May 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5709 Keithley Rd., White Marsh, MD William L. Cullum - Husband 20b. Place of Disposition (Name of 20a. Method of Disposition 20c. Location - City or Town, State cemetery, crematory or other place) Buriel 2, Cremation 3 Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Holly Hill Memorial Grdns 2/22/99 Baltimore, MD 21. Signature of Funeral Service Li 22. Name and Address of Fecility Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Rd., Abingdon, MD 23a. Part f. Enter the disease, of shock, or heart failure. List caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate Interval Between Onset and Death Immediate Cause (Finel disease or condition resulting in death) TO Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last ue to (or es a consequence of) Due to (or as a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco uea contributa to the cause of death? 2 No 3 Probably 4 Unknown 1 Yaa 24b. Were autopsy findings available prior to 24a. Was an autopsy completion of cause of death? 2 NO 1 Yes 1 ☐ Yes 2 ☐ No 25. Was cese referred to medicel exeminer? 26. Piece of Death (Check only one) Other: 4 Nursing Home Desidence 6 Other (Specify) 1 Yes 25 No 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28e. Dete of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury et Work? 28d. Describe how Injury occurred

**Physician** /Medical Examiner

pue

6 permit. Pege Department of Important: If any injury or

**Physician** 

/Medical

Examiner

Funeral

Director

r than "naturel", or items 23s or 28s-f show the Medical Examiner reset be notified at

Directo

Funeral

by

Completed

Be

2

the Meryland

WITH

deeth

Peges 1 and 2 should be filed within 72 hours after inent of Health and Mental Hygiene. Int: If Item 27 ie marked other than "naturel", or ite

altimore, Maryland 21215-0020

Examiner the buriel-trar Physician/Medicai by Completed Be P L Certification:

thet the death certificate be executed physician USB BS ettending ō signed by the et d be deteched for peed has certificate Hospital or Attanding Physician: 24 hours after death. Funeral Director: After this certifica funeral completely filled in by the 24 hours a

Records, P.O. Box 68760,

Division of Vital

0

To the To the To the

Medical

State

Registrar

31. Dete filed (Month, Dey, Yeer)

29b. Signature and title of or

30. Name and eddress of a

Naturel 2 Accident

3 Suicide

29a. Certifier

4 Homicide

FEB 2 2 1999

5 Pending investigation

6 Could not be determined

32. Registrar's Signature

28e. Plece of injury - At home, farm, street, factory, office building, etc. (Specify)

eth (Item 23a) (Type, Print)

books

1 ☐ Yes 2 ☐ No

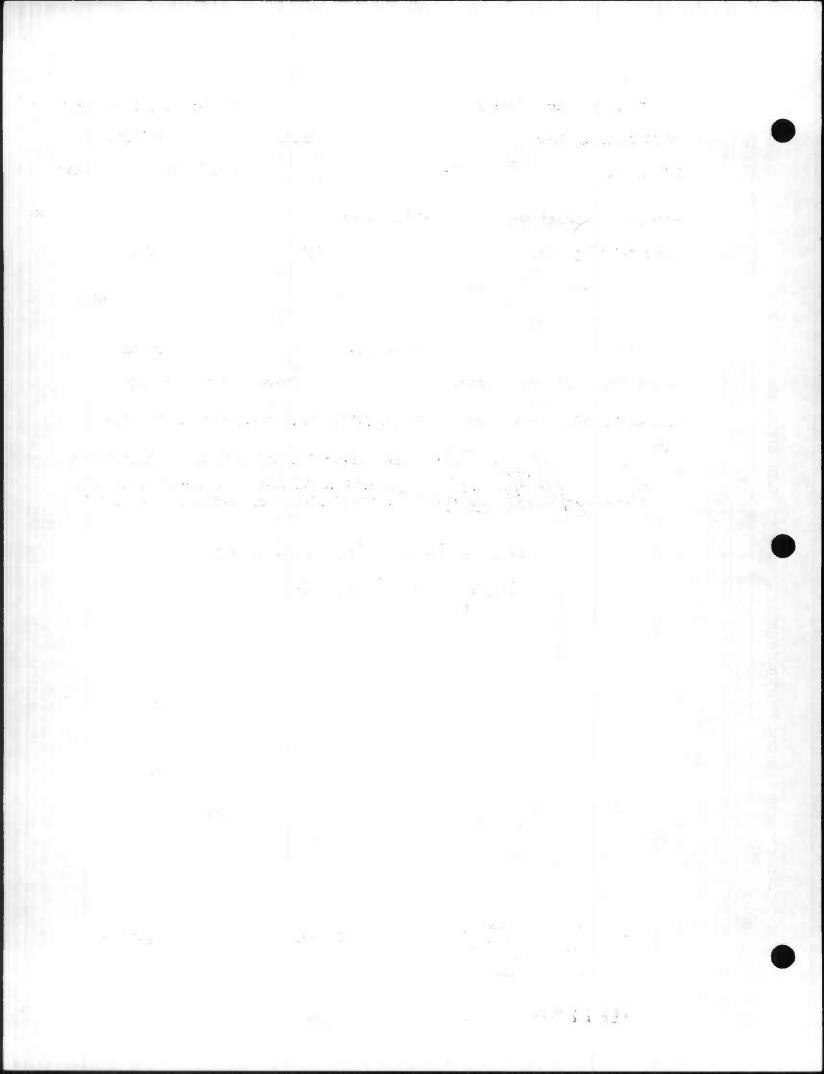
1/ Cartifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the ceuse(s) and menner as stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and magner stated.

29c. License number

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29d. Date/signed Month, Dey, Year)

**DHMH 16 Rav 6/95** 



State of Maryland / Department of Health and Mental Hygiene Q

Certificate of Death 2. Date of Deeth 3. Time of Death 1. Decedent's Name (First, Middle, Last) February 18, 1999 **Physician** 9:30 A.M. John P. Correri, Sr. /Medical 4a Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Havre de Grace Harford 320 South Stokes Street If Under 1 Year If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Days M 2□ F Months Hours Min Yrs. 76 Mar. 12, 1922 Maryland **Director** 221-05-5191 Usual Residence of Decedent with the Maryland 10e State 10b Counts 10c. City, Town or Location 10d. Inside City Limits r 28a-f show 1X Yes 2 No Directo Maryland Harford Havre de Grace 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7 is marked other than "natural", or items 23a or traumatic event, the Medical Examiner must be a U.S.A. 320 South Stokes Street 21078 Peges 1 and 2 should be filed within 72 hours after death nent of Health and Mentel Hygiene.
Int: If item 27 is marked other than "natural", or itema 23 mry or other traumatic event, the Mentel Editing many or other traumatic event, the Mentel Editing many. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1205'es 2 □ No If Yes, Give Year or Dates:WW II Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 1 ☐ Never Married 2 ☐XMarried Baltimore, Maryland 21215-0020 1 Ves 2 No Specify: by White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry College (1-4or 5+) Elemantary/Secondary (0-12) Sales person Produce 12 18. Mother's Name (First, Middla, Maidan Sumame) 17. Father's Name (First, Middle, Last) Joseph J. Correri, Sr. Margaret Maynes 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 19a. Informant's Name/Ralationship (Type, Print) 1402 Bayview Drive, Havre de Grace, MD 21078 John P. Correri, Jr. (Son) 20b. Place of Disposition (Name of cametary, cramatory or other place) Date 20c. Location - City or Town, State 20a. Method of Disposition Burial 2 Cremation 3 Removal from State permit. Pege Department o Important: If i any injury or once. 4 ☐ Donation 5 ☐ Other (Specify) Mt. Erin Cemetery 2/23/99 Havre de Grace, MD 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Tarring-Cargo Funeral Home, P.A. 23a Part 1. Enter the disease, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, shock, or hear failure. List only one cause on each line. Aberdeen, Maryland 21001-3399 Approximate Interval Between Onset and Death **Physician** Immediate Causa (Final disease or condition rasulting in death) /Medicai Examiner Examiner physician and s the buriel-transit The law requires that the deeth certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disaasa or injury that Initiated events resulting In death) Last as a consequence of) be tes Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or as a consequence of) signed by the a Part If. Other efgnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Ves 2 No 3 Probably 4 Unknown p 24b. Were autopsy findings eveilable prior to completion of cause of death? 24a. Wes an eutopsy Completed certificate has t 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Hospital or Attanding Physician: 24 hours after death. Funeral Director: After this certifica director, 25. Was case raferred to medical axaminer? Be 26. Placa of Death (Check only one) Othar: 4 Nursing Home 5 Nesidence 6 Other (Specify) To 2 No 1 Yes 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? Certification: Natural 5 Panding Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be datarmined 3 Suicide 28f, Location (Street and Number or Rural Routa Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, atc. (Specify) 4 - Homicida To the Hospital or A within 24 hours after To the Funeral Dire completely filled in b Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) 29a, Cartifier Medical and manner stated 29b. Signature and the of certifier 29d. Date signed (Month, Dav. Year) 29c. License number 30. Name and addrass of person who completed cause of daath (Item 23a) (Type, Print) 31. Date filed (Month, Day, Year) 32. Registrar's Signature State FEB 2 2 1999 Registrar

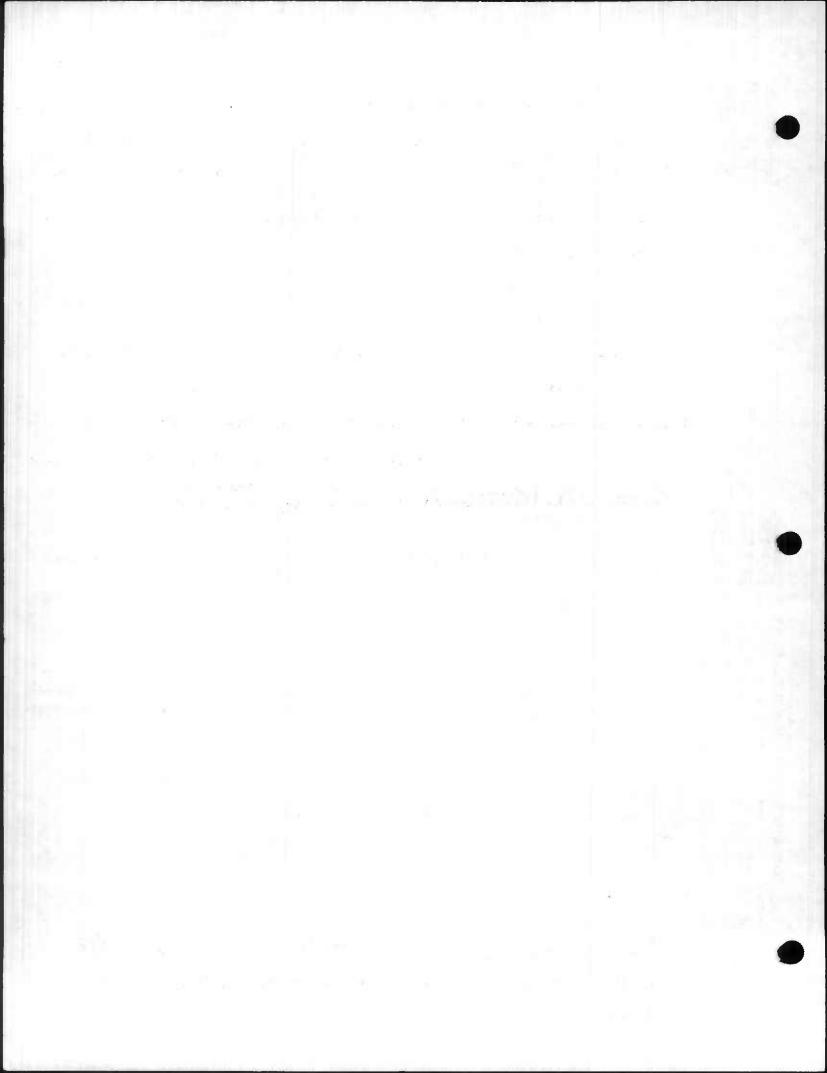
DHMH 16 Rev 6/95

SE 1 1 9 17

State of Maryland / Department of Health and Mental Hygiene 9

				Certi	ficate of	Death		Reg. No.					
	Decedent's Name (First, Mid	die, Last)					2. Date of D	eath		3. Time of Death			
Physician /Medicai	E	Februa	ry 25, 1	999	10:15 p.1								
Examiner	4a. Facility Name (If not institute	on, give street and num	ber)			4b. City, Tow	n, or Location of Dea		of Death				
	Calvert Ma	nor Health	care Cent	ter		Risir	g Sun		1				
uneral	5. Social Security Number	6. Sex 7	. Age (In yrs. last	birthday)!	f Undar 1 Yaar	If Under 2	4 Hrs. 8 Date of B	irth	Cecil				
irector	213-50-2462	1□ M 2 2 F	100	Yrs.	Months Days	Hours	Min. (Month, E	8,1898	Cour	olace <i>(State or Foreig</i> n htry) aryland			
	Usual Residence of Decedent							,					
show ed at	10a. State 10b. Coun	ty	10c. City, To	own or Locat	ion				1	Od. Insida City Limits			
28a-f shon nutfied at rector	Maryland	Cecil			Port	Depos	it			1 ☐ Yes 2Ã No			
Olrec	10e. Street and Number				10f. Zip Code			10g. Citizen of	What Cour	ntrv?			
3 0	184 Burlin Roa	ıd		İ	-	904			S.A.	wy t			
other traumatic event, the Medical Exposurer must be notified.  To Be Completed by Funeral Director	11. Marital Status		lant Ever in U.S.	13 Wa			n? (Specify Ven or h		e - Americ	an Indian			
5	1 □ Never Married 2 □ Ma	Armed Ford	es?	If Ye	es, specify Cub	an, Mexican,	n? (Specify Yes or N Puarto Ricen, etc.)	Bla	ck, White,				
by	3 Midowed 4 □ Divorce	If Von Chin	21	1 🗆	Yes 2 No	Specify:		Specif	y:	White			
7		ent's Education		Pa Danadan	t'a Havel Ossu	- ation		105 105 1 - 4 5					
Completed	(Specify only high	est grade completed)	16	(Give kin	t's Usual Occup d of work done NOT use retire	during most	of working	160. Kind of B	d of Business/Industry				
E D	Elementary/Secondary (0-12)	College (1-4	4or 5+)	111-0. DO	Homema			Porce	nol I	Residence			
ပိ	17. Father's Name (First, Middle	( oct)			HOMEMA		- Nome (First Middle)						
Be						io. Motner	s Name (First, Middl		18/				
P	Unkr							nown					
	19a. Informant's Name/Relation						or Rural Route Num						
4	Marian D. Cres	well (Daugh					rt Deposi	t, Maryl	and 2	21904			
5	20a. Method of Disposition		20b. Place ceme	of Disposition	on (Name of ony or other pla	ce)	Date	20c. Location	City or To	own, State			
	1 Buriai 2 Cremation 4 Donation 5 Other	□ 3 □Removal from St Specify)	are		Cemeter		3/2/99	Port De	posit	t, Marylan			
2 ei	21. Signature of Funeral Service				ame and Addre		1,7,7,7	-010	PODI	,			
any Injury or other once.	Mhonga	n Pour		Lee			& Son Fu	neral Ho	me				
	Ole Part Fater the disease		E XOLTE		ryville	, Mary	land 2190	3-0188	-				
	23a. Part1. Enter the disease, a shock, or heart failure. Lie	or complications that caust only one cause on each	used the death. D ch line.	o not enter t	ne mode of dyl	ng, such as c	ardiac or respiratory	arrest,	1	Approximate Interval Between			
cian	and the second second								į	Onset and Death			
dical iner	tmmediate Cause (Final disease or condition	a	A.S. C.	MO						Years			
	resulting in death)		Due to (or as		nce of):		1 6413						
ne l		<b>-</b> b							1				
Examiner	Sequentially list conditions,	0.	Due to (or as a consequenca of):										
m m	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or Injury	,			į								
/Medical	that initiated events resulting in death) Last	с	Dua to (or as	a consequan	ice of):								
use es me bunel-transit	resulting in death) Last	l .											
esn S		d							i_				
d for	Part II. Other aigniftcant condit	ione contributing to deal	th but not reculting	a in the unde	duina anuea air	on in Dart I	ash Di	I tohenan una an	maelhada as	the same of death 3			
Physiciar	. S Salar organicant colluit	continuing to deal	Dut 110t resulting	y ar are arrae	irynig causa gn	with reliti.				the cause of death?			
							1	Yes 2 No	3 Prot	bebly 4 Unknown			
should be o							249 1449	s an autopsy	24b W	ere autopsy findings			
should								lomed?	ava	allable prior to mpletion of cause			
V Q										death?			
Com							1□	Yes 2 No	10	□Yas 2□No			
Be	25. Was case referred to medic examiner?					26. Place o	of Death (Check only	one)					
10	1 Yes 2 No	Hospital: 1 ☐ Inp	patient 2 ER/0	Outpatient	3 DOA Oth	ner: 4 Nurs	ing Home 5 Res	sidenca 6 Oth	er (Specifi	(y)			
	27. Manner of Death	28a. Date of	Injury 28b	. Time of	28c. Inju			how injury occur					
e e	1 Natural 5 Pend 2 Accidant Inves	ing (Monn.,	Day roar,	Injury		Yes 2 N	0						
= S	3 ☐ Suicide 6 ☐ Could	not be 28e. Place of	factory, office		28f. Location	ion (Street and Number or Rural Route Number,							
Certification:	4 ☐ Homicide		, etc. (Specify)					own, State)					
0	29a. Certifier 1 Certify	ing Phyalctan: To the be	est of my knowled	ne death co	curred at the 42	no data and	place, and due to the	opueolo\ -nd	nner co -	lated			
edicai		I Examiner: On the basi and manne	is of examination a	and/or invest	igation, in my	plnion, death	occurred at the time	, date and place,	and due to	the cause(s)			
completely filled in by the funeral Medical Certification: 1	29b. Signature and title of certifi		sialed.		29c. Licens	e number	1	29d. Date signe	d (Manth	Day Vacil			
3	100 0 0 S	710			C. LICONS	1)11		Lvu. Date signe	(MOIRII,	100			
	I flul OC	1 day	MD		10-	11112		OZ	1251	77			
	30. Name and address of person												
	Neil K. la	ylor In. M	O_, Haine	es Ave	nue & W	alnut	Street, R	ising Su	in, MI	21911			
State	31. Date filed (Month, Day, Year	32. Reg	istrar's Signature				•						
Registrar	FEB 2 6 199	9 Sene	w B.	100	als)								

DHMH 16 Rav 6/95



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death February 24, 1999 Zeno Gaither Crabbe 4:31 p.m. 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street and number) Harford Memorial Hospital Havre de Grace Harford H Under 24 Hrs. Hours Min. 8. Date of Birth (Month, Day, Yaer) Jan. 14,1921 If Under 1 Year 5. Social Security Number 6. Sex 1 M 2 □ F 7. Aga (In yrs. lest birthday) Birthplaca (Stata or Foraign Country) Days 220-22-0720 Yrs. 78 North Carolina Usuet Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 200No Maryland Cecil Port Deposit 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1997 Hopewell Road 21904 U.S.A. 12. Was Decedent Ever In U,S. Amed Forces? 1 △ Yes 2 □ No If Yes, Give Yeer or Detes: 1943-45 Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. 1 Naver Married 2 Married 1 ☐ Yes 2 No Specify: Specify: White 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Bines & Crabbe Hardware Store Elementery/Secondary (0-12) Eight Years College (1-4or 5+) Perryville, Maryland Owner/Operator 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Gaither B. Crabbe Emma J. Blevins 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) Theon E. Crabbe (wife) 1997 Hopewell Road, Port Deposit, Maryland 21904 20b. Placa of Disposition (Name of cametery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 Cramation 3 Removal from State 3/1/99 Asbury Cemetery Port Deposit, Maryland 4 ☐ Donation 5 ☐ Other (Specify) ure of Funeral Service Lice 22. Name and Address of Facility Lee A. Patterson & Son Funeral Home Perryville, Maryland 21903-( 23a. Part1. Enter the disaase, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on a Perryville, Maryland 21903-0188 Approximata Intarval Batween Onset and Death Immediate Ceuse (Finel Myocardial InFARCTION disaase or condition resulting in deeth) Due to (or es e consequenca of): CORONARY ARTERY DISEASE 5 YEARS Due to (or as a consequence of): Due to (or es e consequence of): 23b. Did tobacco usa contribute to the cause of death? 1 | Yes 2 No 3 | Probably 4 | Unknown

**Physician** /Medical **Examiner** 

physician end s tha buriel-tran

signed by

certificeta be exec Box 68760,

Examiner

Physician/Medical

Completed

Be

Certification:

edical

permit. Pages 1 and 2 should be fit Department of Health and Mantal Hy important: If frem 27 is marked other by Injury or other traumatic avanta

**Physician** 

/Medical

Examiner

Directo

Funeral

**Funeral** 

Director

r than "natural", or items 23a or 28a-f sho the Medical Examiner must be notified at

Maryland 21215-0020

altimore,

5

8611 he

かり

Rus

3

8

3

T

of Vital

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last

Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. DIABETES MELLITUS, PERIPHERAL

24a. Was an autopsy

VASCULAR DISFASE

24b. Were autopsy findings available prior to completion of causa of death? 1 ☐ Yes 2 ☐ No

25. Wes case referred to medical 1 Yes 2 No

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dey Year) 28b. Time of

28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

27. Manner of Death 1 Netural 2 Accident 3 Suicide

4 Homicide

5 Pending investigation 6 ☐ Could not ba determined 28c. Injury at Work? 1 Yes 2 No

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

29a. Certifier

Certifying Phyalclan: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end menner as stated.

Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete end pleca, and due to the ceuse(s) end menner stated.

29b. Signature and title of cedifie

29c. License number

29d. Data signed (Month, Dey, Year) 2/25/99

25

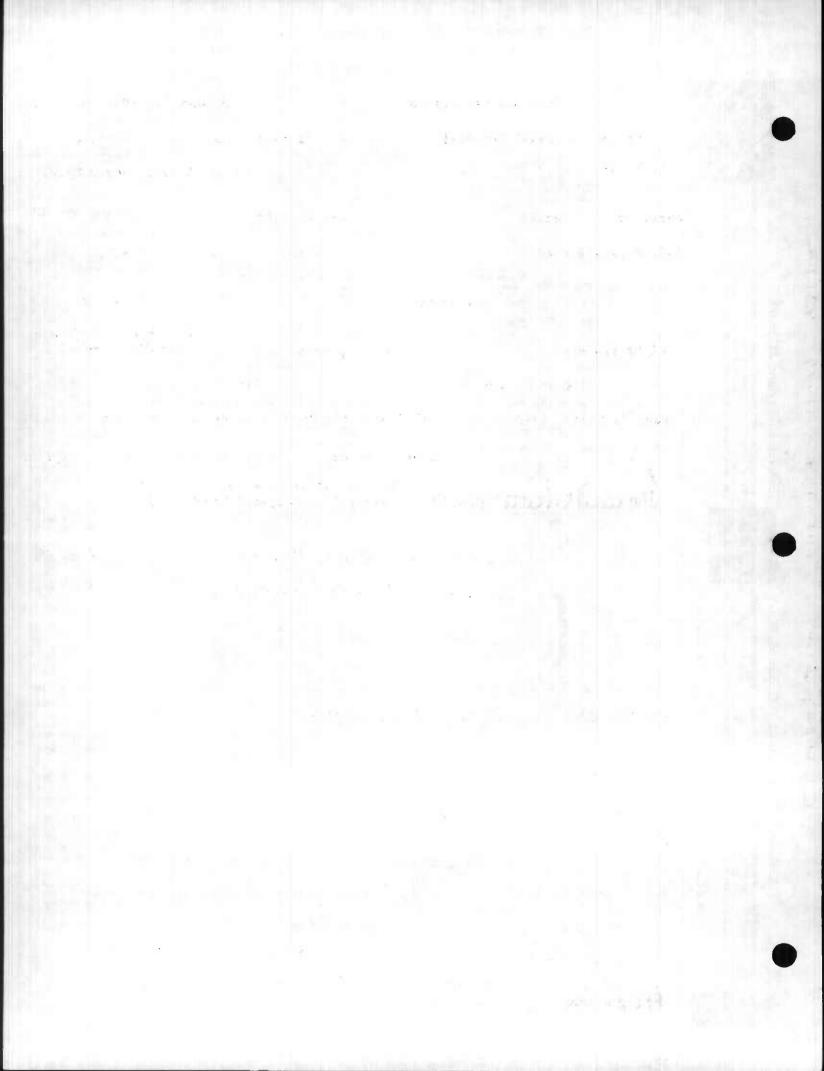
ne Hospital or Attanding in 24 hours after death. the Funerel Director: After

To the Hospl within 24 hou To the Funer completely fil

30. Name and aggress of person who copilieted cause of death (Item 23a) (Type, Print)

20 CRAIGTOWN ROAD, PERRYVILLE, MD21903 32. Registrer's Signature

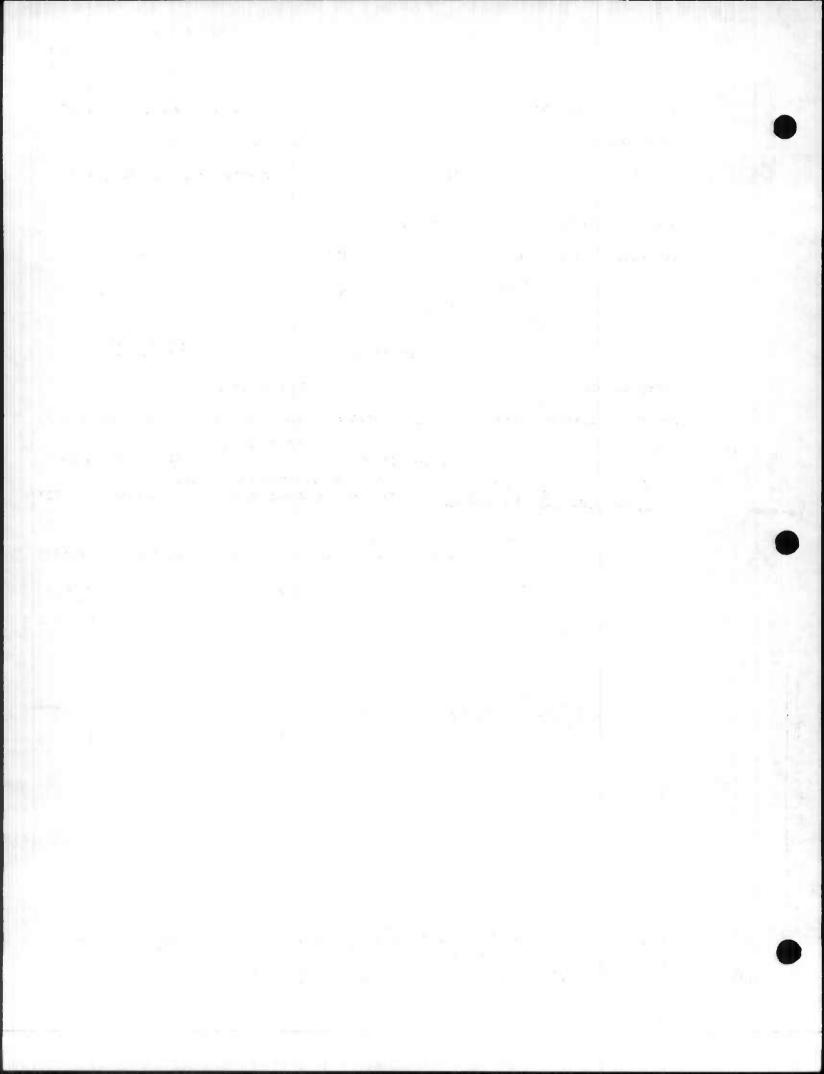
Registrar



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

_				State of Maryland		ificate of		i Wentai ny	Reg. No.	IJ	1681
	Physici /Medic		Decedent's Name (First, Middle, Last)     Leonard Andrew Cox					2. Date of D Month Febru	Day	Yeer 1999	3. Time of Deeth
	Examir		4a. Facility Name (If not institution, give s Union Hospital	treet end number)			4b. City, Town, o	r Location of Dea			
	Funeral Director		5. Social Securify Number 6. Sex 1219-01-0720	7. Age (In yrs. le	est birthday) Yrs.	If Under 1 Yea Months Dey	ar If Under 24 H s Hours Mi	rs. 8. Date of Bi	irth ley, Yeer)	9. Birthple Count	
	show	20	Usuel Rasidence of Decedent  10e. Sfete 10b. County	10c. City	, Town or Loca	ation				10	0d. Inside City Limits 1XX Yes 2 □ No
	or 28a-1	Director	Maryland Cecil  10e. Street and Number	F	Elkton	10f. Zip Code			10g. Citizan of V	What Count	
	s 23a		316 Hollingsworth			219			United		
020	7 72 hours after death with the Maryland "natural", or items 23s or 28s-f show adical Examinet must be notified at	by Funeral	11. Maritel Status  1 Never Marrlad 2 Marrled  3 Midowed 4 Divorced	2. Was Decedent Ever in U,S Armed Forces? 1 □ Yes 2 □ No If Yes, Give Year or Dates: WWI	1[	as Decedent of Yes, specify Cu	Hispanic Origin? Iben, Mexicen, Pue Spacify:	(Specify Yes or N erto Ricen, etc.)	o- 14. Rac Bled Specify	e - America ck, White, e Whi	etc.
1215-0020	S 1.8	Completed	15. Decedent's Educ (Specify only highest grade Elamantary/Secondary (0-12)	etion completed) College (1-4or 5+)	(Give ki life. DC	O NOT use ratii	a during most of w	rorking	16b. Kind of Be	oile	
N	illed with Hygiena. other than	o Co	17. Father's Name (First, Middle, Last)		Assem	bler	18. Mother's N	eme (First, Middle	Manufac Meiden Sumem	_	ng
land	\$ 5 5 0	To Be	Georgins Cox				Evelyn			/	
lary	and and is m		19a. Informant's Name/Reletionship (Typ				et end Number or				
e,	Healt Healt Mm 2 ther		Evelyn L. Rhoades/ 20a. Mathod of Disposition				sworth Ma		20c. Location -		
altimore,	of of		1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Re 4 ☐ Donetion 5 ☐ Other (Specify)	emoval from Stafe	metery, creme ton Ce	tory or other p	(ace) Febru	1999	Elkton		
Balti	permit, Peg Depertment Important: I any injury o		21. Signature of Funeral Service Licenser		H <sup>22</sup> d	ks Home	est of Facility un Stockton	erals, F	P.A.		
			23a. Part1. Enter the disease, or complice shock, or heart failure. List only one	ations thet ceused the death.	Do nof enter	the mode of dy	ying, such es cerd	iec or respiretory	arrest,	-	Approximate Interval Between
	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death) a.	Coronas	27 1	Arte	ries	Dise	one		Onset and Deeth  4 775
	cuted nd ransit	Examiner	Sequentielly list conditions.	Ventrica	es e conseque as e conseque	7ihm	'llatra	- 2° +	0 a)		12 Cm
x 68/60,	entificata be executed ding physicien end se es the bunal-transit	edical	Sequantielly list conditions, if any, leading to immediate ceuse. Enter Undarlying Causa (Disaese or Injury that Initiated evants rasulting in death) Last	Clur cnic Due to (or	Conges a conseque	est ince of):	re the	eart	Jenlus	e	Yyears
ž Q	death of ettern	Iclan	Part II. Other classificant conditions cont	ibuting to death but not you	Ales In Abra va d		in Dead	001 DI	14-1		
, T.	requiras thet tha death certif een signed by the ettending hould be detached for use er	by Physician/M	Part II. Other significant conditions control	> Mell:	ting in the uno	_8 —	pven in Part I.		Yes 2 No	3 Prob	the cause of death? ably 4 3-Unknown
ecords		Completed							s an autopsy ormed?	ave	re eutopsy findings ilable prior fo apletion of cause leath?
T	Tha ate h	Con						10	Yes 2 140	1 🗆	Yes 2□ No
VItal	Physician: this certific ral director,	o Be	25. Was cesa rafarrad to medical examiner?  1 Yes 2 No	espital:	4		thor	eath (Check only			
lou oi	this al	ation: To	27. Manner of Daeth  1 Natural 5 Panding 2 Accidant Investigation	1 L Inpatient 2 LL	28b. Tima of Injury	28c. Inj	4 LI Nursing	Home 5 ☐ Res 28d. Describe	how injury occur		)
DIVISION	To the Hospital or Attending I within 24 hours eftar deeth. To the Funeral Director: Aftar completaly filled in by the fune	Certification:	3 Suicida 6 Could not be 4 Homicida	28a. Place of Injury - At hon building, etc. (Spacify)	na, farm, stree	t, factory, office	Ð		(Street end Numb wn, Stata)	er or Rural	Routa Number,
	the Hospi hin 24 hou the Funer nplataly fil	Medical	one) 2 Medicai Examine	clan: To the best of my know br: On the basis of examination and manner stated.	ledge, deeth o	stigation, in my	opinion, daath oc	ce, and due to the curred et the time	, dete and place,	and due to	tha ceusa(s)
•	J. W. T.		29b. Signature and fittle of certifier	d. (C. Va	1-mi	) 0	223	07	29d. Defe signe	(Month, E	rey, Year)
	3+1VA		30. Normal end addrass of person who com 123 Singlerly 31. Date filed (Month, Day, Yeer)	plated cause of deeth (Itam)  32. Registrar's Signatu	KTE	int)	n1)2	1921			
	Sta Registr	-	FFR 9 5 1000	G. Hegistral's Signatu	1						

DHMH 16 Rev 6/95



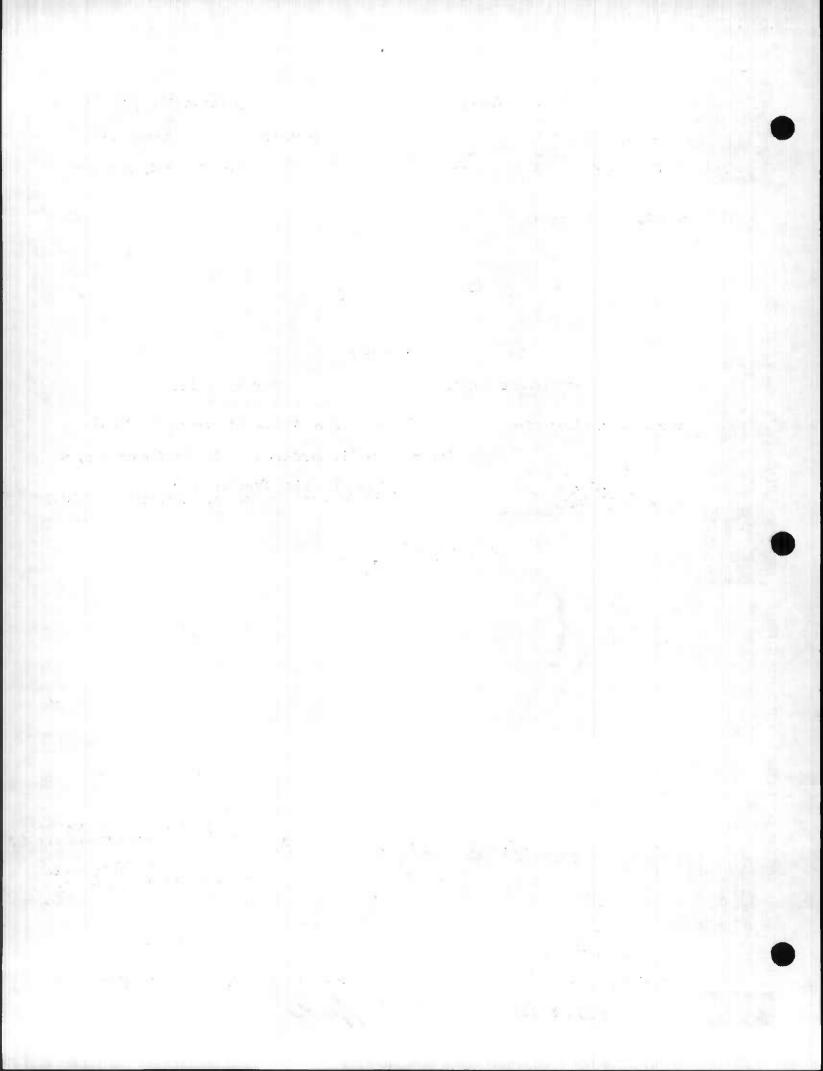
### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

						Cert	ificate of	Death	,	Reg. No.	U	1686	<i>L</i>
Physic // /Medi	_	1. Decedent's Name ( Amanda	First, Middle, Las	() Craycraf	t				2. Date of Dea Month Februar	Day	Yeer 1999	3. Time of 9:59	
Examir		4a Facility Name (If no						4b. City, Town, or I					
		Anne Arun					If Under 1 Year	Annapoli		Anne			
Funeral Director		5. Social Security Num 216–16–68	05	9X 7. A	ge (In yrs. ia 75	Yrs.	Months Deys			2, 1923	9. Birthp Cour Mary	lace (State of Land	r Foreign
and		Usual Residence of De 10e. Stete 1	ocedent 0b. County		10c. City,	Town or Loca	ation				1	Od. Inside Cit	ity Limits
Meryi 1 sh	o	MD A	nne Arur	ndel	Seve	erna Pa	rk					1 🗆 Yes	2 X No
fier death with the Merylan Flems 23a or 28a-f show	al Director	10e. Street and Numb					10f. Zip Code 21146			10g. Citizen of V USA	Vhat Cour	try?	
0 0	by Funeral	11. Marital Status 1 □ Never Married 3 ☑ Widowed 4		12. Was Decedent Armed Forces 1  Yes 2  If Yes, Give Year or Dates:	? No		as Decedent of Yes, specify Cut	Hispanic Origin? (S pan, Mexican, Puerlo Specify:	pecify Yes or No- Pican, etc.)	14. Rac Blac Specify	k, White,		hite
within 72 hours ene. then "naturel",	Completed	(Specify Elementary/Second	5. Decedent's Ed only highest grad ary (0-12)	ucation de completed) College (1-4or	5+)	(Give ki	O NOT use retire	during most of wor	king	16b. Kind of Bu	usiness/ind	Justry	
il Hygiene. other ther		9. 17. Father's Name (Fit	ret Middle Leet)			none	laver	19 Mother's Nam	a /First Middle	Home	(0)		
0 = 0 5	Be c	William A					18. Mother's Name (First, Middle, Meiden Sumame)  Ethel M. Linderborn						
2 should b and Mente is marked	To	19a. Informant's Nam		voe. Print)		19b. Mailing	illing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code)						
DENE		Ruth Kind						orive, Gle					
ages 1 ant of H t: If Ne y or ot		20a. Method of Dispos 1 🎖 Burial 2 □ 0 4 □ Donation 5	Cremetion 3 🗆	Removel from State	0.00	motoni arome	tion (Name of atory or other pla idge Me	morial Pk	Feb27 • 1999	20c. Location - Elkrido			
permit. Pac Department Important: any Injury once.		21. Signatura of Pure	Senvice Ligen:	22. Name end Add Barranco 495 Gov.			ess of Facility & Sons, P	.A. Seve					
		Payr. Enter the	disease, or comp	olications that cause one cause on each	d the death. line.			Ing, such es cardiec				Approximate Intervel Bet	le lween
Physician /Medical Examiner		Immediate Cause (Fir disease or condition resulting in death)	iel	a card	iac	Ames	st				1	Onset and I	Jeath
	ē			1 )	Due to (or	es e consequ	ence of):	- 4				10	
dansit	Examiner	Convention list condi	None C	b. 1500	Pue to for	as a consequ	NOLOH	morain	4		1	10	
an en rial-tr	Exa	Sequentielly list condi if any, leading to imme cause. Enter Underly Cause (Disease or Injurthat initiated events	ediate	OH	2,566	Landin	- 1000	at alici	ease		t t	20	
eath certificate be executed attending physician end for use es the burial-transit	in/Medical	Cause (Disease or Injithat initiated events resulting in death) Las		d	Due to (or a	as a conseque	enca of):	we cas	ouse .				
death cer ne attendir ed for use	sicia	Pert II. Other significa	nt conditions co	entributing to death i	but not result	ting in the und	derlying cause g	iven in Pert I.	23b. Dld 1	obacco usa co	ntribute to	the cause (	of death
es that the death cer igned by the attendin be deteched for use	by Physician/M	Du	abetcs						10	Yes 2 No	3□ Pro	bably 40	thknow
aw requir	Completed	Hy	perten	S194					24a. Was perfo	an autopsy med?	av	ere autopsy f ailable prior to mpletion of c death?	to
E se E	S								101	res 200 No	10	☐Yes 2☐	No
Physician: The this certificate rai director, pag	Be	25. Wes case referred examiner?		Hospital:		/	0	26. Place of Dea	ith (Check only o	ne)			
5 00	To To	1 Yes 2 No		1 L Inpat		R/Outpatient 28b. Time of	3LI DOA	4 LI Nursing H	ome 5 Resid	dence 6 Oth		y)	
g je je	Certification:	1 Natural 2 ☐ Accident 3 ☐ Suicide	Pending Investigation  Could not be determined	286. Place of In	jury - At hon	Injury	M 1 E	Yes 2 No	28f. Location (S	Street and Numb		al Route Num	nber,
To the Hospital or Attendit within 24 hours effer deeth. To the Funeral Director: A completely filled in by the formal completely filled in the formal completely		4 ☐ Homicide  29a. Certifier 1	/		fc. (Specify)		occurred at the t	ime, date and place	City or Tow		inner es s	tated.	
n 24 t	edical	(Check only 2[ one)	Medical Exam	inar: On the besis of and manner s	of examination	on and/or inve	stigation, in my	opinion, death occu	rred at the time,	date and place,	and due to	the cause(s	5)
Withi To the	M	29b. Signature end title	e of certifier					se number		29d. Date signe		Day, Year)	
		30. Name end address	ana h.	Bean A	deeth (Item :	23e) (Tvna P	D 3	19497	i	Ebmar	y 23	1999	1
	1774	Ray Dava 31. Date filed (Month,	h. Be	an. Sui	C 30	0,90	o, Best	tgate R	ond An	napoli	s M	1214	01
Sta	ite			100	- Signatu	6	1						

## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

SIDY						tificate of	Death		Reg. No	00	07683	
Physician /Medical	Decedent's Nama (First, i	<i>Middia, Lasi)</i> Walter T	. Cass	sidy				2. Date of D Month FEBRUA	De	y, 1999	3. Time of Death 8:43A.M.	
Examiner	4a Facility Nama (If not Inst		and number	)			4b. City, Town, or BETHESDA			County of Dea		
uneral	SUBURBAN HOS. 5. Social Sacurity Number 100–32–6099	6. Sex		ge (In yrs. 56	last birthday) Yrs.	If Under 1 Year Months Days	Salar Statement Control of				thplece (State or Foreign York	
* til	Usual Residence of Deceder 10a. State 10b. Co			10c. Cit	y, Town or Loc	ation					10d. Inside City Limit	
to to	Maryland Mo	ntgomery					Bethesda				14 Yes 2 □ N	
be notified Director	10e. Street and Number					10f. Zip Code			10g. Cit	izen of What C	ountry?	
numit numit	5416 Ha	rwood La			n I 40 11	20814				USA	odena tadina	
al, or items 23a or 28a-f show Evaration must be notified at by Funeral Director	3 ☐ Widowed 4 ☐ Dive	Married 1 [	as Decedani med Forces ☐ Yes 2 ☐ Yes, Give iar or Datas:	? Kį̇̃No		Yes, specify Cub	dispanic Origin? ( an, Mexican, Pue Specity:	rto Rican, etc.)	10-	14. Race - Am Bleck, Whi Specify: W		
marked other than natural, imatic event, the Medical Exportant To Be Completed by	15. Dec (Specify only h Elementery/Secondary (0-	leted)  16a. Decedent's (Give kind life. DO N lege (1-4or 5+)  Attorr				petion during most of we d)	working 16		ind of Business	Andustry		
arked other the atic event, treat To Be Com	17. Fathar's Nama (First, Middle, Last)  College (1-407 5+) 5+  Attorney							18. Mother's Name (First, Middle, Malden Sumama)				
To	17. Fathar's Nama (First, Middle, Last)  18. Mother's Name (First, Middle, Maid											
Department of result branch regions in process. If them 27 is marked other than "naturally injury or other traumatic event, the Medical pace.  To Be Completed	19a. Informant's Name/Rela					IV LINE	t and Number or F					
	Susan M. Cass 20a. Method of Disposition			20b. F	Place of Dispos	dar Grov ition (Neme of etory or other ple	ve Avenu	e Edgewa	20c.Lo	MD 210 ocation - City or	Town, Stata	
	1 🖾 Buriai 2 🗆 Crama 4 🗆 Donation 5 🗆 Oth		al from State	Lai	kemont	Mem'1. (	Gardens :	2-20-99	Day	idsonvi	lle, MD	
	21. Signatury of Funeral Ser				Ge Ge	Nama and Addre	Kalas F	uneral H	lome		MD 21037	
	23a. Part1. Entar tha disaas shock, or heart failure.	a, or complication	s that cause	d the deat						water,	Approximata interval Between	
ding physician and as as the buriel-transit audion and Medical Examiner	Immadlate Cause (Finel disease or condition resulting In deeth)  Sequentially list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last	e b c			or as a consequ or as a consequ or as a consequ	ienca of):						
attending of for use as												
igned by the attending be detached for use a by Physician/M	Part II. Other significant cor	nditiona contributii	ng to death l	but not res	ulting in the un	derlying cause gi	ven in Part i.		Yee 2		to the cause of deat robably 4 D Unknown	
2 should								24a. Wa	s an auto formed?	psy 24b.	Were autopsy finding available prior to completion of cause of death?	
paga Com								1/2	Yes 2	□No	YOYes 2□ No	
s certificate director, pag To Be Co	25. Was case referred to me examiner?	edica1 Hospite	il.			Ott	har	eath (Check only				
500			1 Inpat	ury	28b. Time of Injury	28c. Inju	4 U Nursing	Home 5 ☐ Res		8 Other (Spony occurred (	1	
To the Funeral Director: Affar th completaly filled in by the funaral Medical Certification:	4 ☐ Homicide de		building, e	tc. (Specif	vedera	et, factory, office		ren Ly	Land	Mutjeur	oural Route Number, CKLIMEN Cane	
pletaly fill edical	29a. Certifier 1 Cer (Check only one) 2 Med	tifying Phyelclan: lical Examiner: On ar	To the best in the bests of ad manner s	of axamina	wledge, death tion and/or inv	ocurred at the tiestigetion, in my	me, date end plac opinion, death occ	ca, end due to the curred et the time	e cause(s e, date and	) end menner e d placa, end du	s stated. A(2)	
omple o	29b. Signature and title of ce		id manner S	ialeu.		29c. Licans	sa number		29d. Da	te signed (Mon	th, Day, Year)	
P 0	11/	1 11	1/2/			0.0	C.M.E.			RUARY 18		
	30. Name and address of pe		ed cause of	daath (iten	n 23a) (Type, F	rint)						
	THEVDORE	11 K.1 R				111 Dan	n Street	. Raltir	nore	Maryl:	and 21201	



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'e Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Physician Dorothy May Combs 26, 1999 Feb. 21:05 /Medical 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street and number) 4c. County of Deeth Examiner Allegany County Nursing Home Cumberland Allegany If Under 1 Year If Under 24 Hrs. 5. Social Security Number Birthplece (State or Foreign Country) 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral** Min Months Deys Hours 1 ■ M 2 🖾 F Yrs. Director 82 218-64-7902 Apr. 12, 1916 Maryland Usual Residence of Decedent the Maryland r 28a-f show 10a. Stete 10b. County 10c, City, Town or Location 10d. inside City Limits 1 Yes 2 □ No Director Allegany Maryland Cumberland 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? th and Mental Hygiene.
7 is marked other than "natural", or frems 23s or traumatic event, tre Medical Examiner must be with Pages 1 and 2 should be filed within 72 hours efter deeth net of Heelth and Mental Hygiene.

nt: If flem 27 is merked other than "natural", or fleme 23 mt: If yor other traumate event, the Medical Exert he mail in yor other traumate event, the Medical Exert he mail Funeral 425 Beall St. 21502 JSA 14. Race - American Indian. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give A Year or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 11. Marital Status Black, White, etc. 1 □ Never Married 2 □ Married Baltimore, Maryland 21215-0020 1 Yes 2♥ No Specify: Specify: White by 3 ☐Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 11 Homemaker Own Home 18. Mother's Name (First, Middle, Maiden Sumame) 17. Fether's Neme (First, Middle, Last) Be Albert Earnest Viola (Emerick) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Janet H. Isner 425 Beall St., Cumberland, MD 21502 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete 1 Burial 2 ☐ Cremation 3 ☐ Removal from State permit. Page Department of Important: If any Injury or DDCS. 4 ☐ Donation 5 ☐ Other (Specify) Hillcrest Memorial Park 3/2/99 Cumberland, MD 22. Name and Address of Facility Kight Funeral Home 21. Signature of Funeral Service Licensee 309-311 Decatur St., Cumberland, MD 21502 23a. Part1. Enter the disease, or complications that cause of the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one ceuse on each inn. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Ceuse (Final stine 120 disease or condition resulting in death) Examine Que to (or as a consequence of): Examiner physician and the buriel-transit that the death certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initieted events resulting in death) Last Due to (or as a consequence of) P.O. Box 68760, Physician/Medical Due to (or as e consequence of) 38 USB 0 23b. Did tobacco usa contributa to the cause of death? the bed Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. signed by the 1 Yes 2 No 3 Probably 4 Unknown Records, à 24b. Were autopsy findings eveilable prior to completion of ceuse of death? Completed 24a. Was an autopsy certificate has t irector, page 2 s The 1 Yes 2, No 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attanding Physician: funeral director. 25. Was cese referred to medical examiner? 26. Place of Death (Check only one) Be Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ☐ Yes 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Certification: After 5 Pending Investigation 1 Natural death. 1 Yes 2 No 2 Accident after deatl 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide .5 To the Hospital or within 24 hours aft To the Funerel Dic completely filled in Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner es stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and menner stated. 29a, Certifier edical 29d. Dete signed (Month, Day, Year) 29b. Signature and title of ceptifier 29c. License number an 5

Registrar

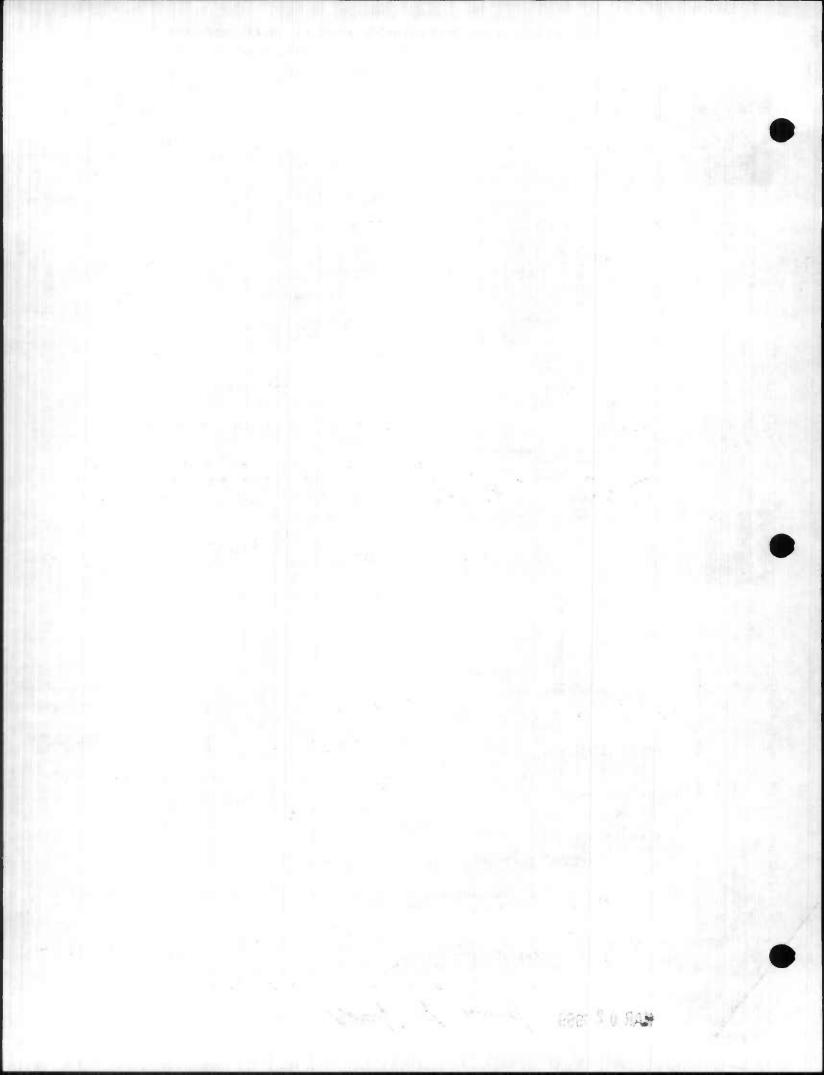
nus

MAR 0 2 1999

31. Date filed (Month, Day, Year)

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

V. A. Ranjithan, M. D., 517 Oltown RD., Cumberland, MD 21502 32. Registrar's Signature

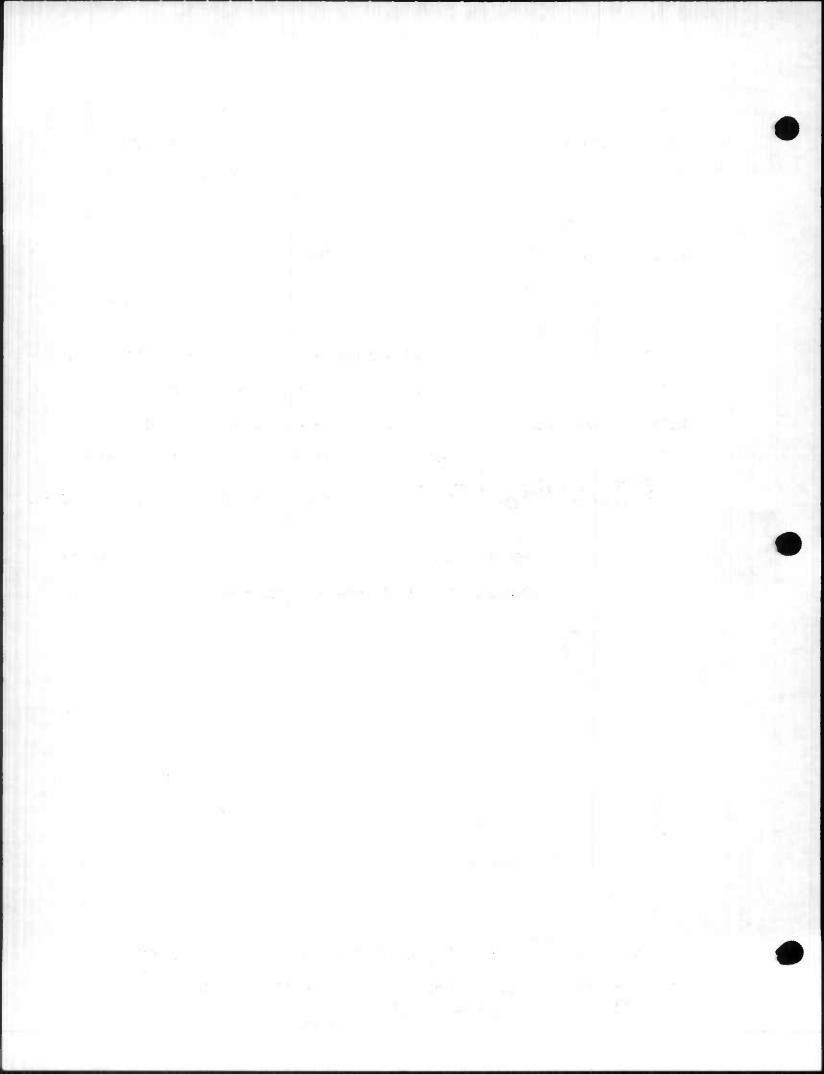


### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

		Decedent's Name (First, Middle, Las		ylaria / B	Certifica		Death	Re	g. No. 9 9	0	7685
Physi				CT A	DIZ			2. Date of Death Month	Dey	Year	3. Time of Death
/Med		CHARLES H 4a. Facility Name (If not Institution, give		CLA	RK		4b. City. Town. or	FEBRUARY Location of Death	21,199 4c. County		9:05 AM
Exam	iner	608 PINE BLUFF RD.	,				SALISI		WICOM		
Funera	1	5. Social Security Number 6. Se		(In yrs. last birth		r 1 Year	If Under 24 Hrs			9. Birth	place (State or Foreig
Directo	_	268-01-1494 1J Usual Residence of Decedent	<b>∑</b> M 2□ F	85 Y	rs. Months	Days	Hours Min	8. Date of Birth (Month, Day, SEPT. 14	,1913	MARY	ZLAND
show	_	10a. State 10b. County	1	loc. City, Town	or Location					1	10d. Inside City Limit
Me M	Directo	MARYLAND WICOMICO		SALI	SBURY						Yes 2 No
with t	급	10e. Street end Number 608 PINE BLUFF RD.			10f. Z	p Code	0.0.1	10	Og. Citizen of V		itry?
ns 23	Funerai	11. Marital Status	12. Wes Decedent Ev	er in U.S.	13 Was Dec		801 Hispanic Orlain? (5	Specify Ves or No-	U.S.		can Indian,
of 6.16.15-00.60 filed within 72 hours efter death with the Maryland thygiene. ther than *natural*, or flems 23a or 28a-f show ont, the Medical Examinat Traist be profiled.	by Fun	1 □ Naver Married 2 ☒ Married 3 □ Widowed 4 □ Divorcad	Armed Forces? 1X□ Yes 2□ No If Yes, Give Year or Dates:				Specify:	Specify Yes or No- to Rican, etc.)		k, White,	etc.
2 hou	bet	15. Dacedent's Ed	ucation	16a. [	Dacedant's Us	ual Occu	pation	4.1	16b. Kind of Bu		
A I A I D-UUAU d within 72 hours eff giene. or then "natural", or then "natural", or	Completed	(Specify only highest grad	Collega (1-4or 5+)	(	lifa. DO NOT	ork done use ratire	pation during most of wo d)	rking			
e filed withing the state of th		12	4	OW	NER/OP	ERAT			MILK D		BUTOR
\$ d a b \$	Be	17. Fathar's Name (First, Middla, Last)		CTADIZ				me (First, Middle, N		Θ)	
d 2 should be 1 th and Mental I 7 is marked of traumatic eve	To	WILLIAM I  19a. Informant's Name/Ralationship (7)	vne Print)	CLARK	Mailing Addres	e (Straa		<ul> <li>HORNBER</li> <li>ure/ Route Number,</li> </ul>		State 7in	Code
		HELEN B. CLARK - W			8 PINE			SALISBURY			(0000)
of Health of Health of Health or other tra		20a. Method of Disposition		20b. Placa of I		me of			20c. Location -		own, State
Peges nent of nrt: If Its		1 X Burial 2 ☐ Cremation 3 ☐ I 4 ☐ Donation 5 ☐ Other (Specify						2-24-99 H	EBRON,	MARY	LAND
Defilimore, pemit. Peges 1 ar Department of Hea Important: If Item; any Injury or other		21. Signature of Funeral Service Licens	Then)	CFSP			ess of Facility		05 E. M		
		23a. Part1. Enter the disease, or comp shock, or haart failure. List only of	lications that caused th				NERAL HON			DUKI	, MD 2180
Physician /Medica		Immediata Cause (Final	ina cause on each lina.							i	Interval Betwean Onset and Death
Examine	_	diseasa or condition resulting In daath)	a. CARCINOMA								MONTHS
	ě			ue to (or es a co							
suted	Examiner	Sequentially list conditions	b. ARTERIOSC	LEROTIC  ua to (or as a co	CARDIO	OVAS	CULAR DIS	SEASE			YEARS
e exe		Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Causa (Disease or Injury								i	
rificate be executed ng physician and set the bunal-transit	Physician/Medical	that initiated events resulting in death) Last	C	e to (or as a co	nsequence of)	•					
	Mec		d								
death cert e attending	lan		u								
that the de	ysic	Part II. Other significant conditions co	ntributing to death but r	not resulting in t	he underlying	cause gi	ven in Part I.	23b. Did tol	bacco use cor	ntribute to	o the cause of death
that the ped by deta								1 🗆 Ye	8 2□ No	3 Pro	bably 4] Unknow
requires been sign should be	Completed by							24a. Was ar		av	ere eutopsy findings ailable prior to impletion of cause
The law ete hes b page 2 s	дшо							1 N	s 2 <b>X</b> No		death? □ Yes 2□ No
	0	25. Was casa referred to madical					26 Place of De	ath (Check only one		11.	J 165 ZLI NO
	To B	examiner? 1 ☐ Yes 2 🛣 No	Hospital: 1 ☐ Inpatient	2□ ER/Outp	patient 3 D	OA Ot	hor	doma 5 X Raside		er (Specif	iv)
		27. Manner of Death 1 XNatural 5 ☐ Panding	28a. Date of Injury (Month, Day Y	(ear) 28b. Tir	ne of	28c. Inju Wo		28d. Describe ho			
Attending F r death. ector: After by the funer	catic	2 Accidant Investigation		,	M		Yas 2□No				
A LOS	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Placa of Injury building, etc. (	- At home, farn 'Specify)	n, street, facto	ry, office		28f. Location (Str City or Town		er or Rura	il Route Number,
pital ours e oral C		29a. Cartifier 1M CertifyIng Phy	elology To the base of	mu lene de la	doeth -						
To the Hospital or within 24 hours efter To the Funeral Director Completely filled in	edicai		sicien: To the best of n ner: On the basis of ex end manner state	amination and/	or Investigation	at the ti	me, data end piece opinion, death occi	e, and due to the ca urred et tha tima, da	use(s) end ma ite and placa, i	nner as s and due to	teted. the cause(s)
within To the comple	Me	29b. Signature end title of certifier	on o mainter states		29	c. Licen:	se number	29	d. Date signed	d (Month,	Day, Year)
		No.	33.0h	· when	M 5 -		2500				
70711 A		30. Name and andrass of person who co	ompleted causa of daat	th (Item 28a) (T		00003	5599	02	2-22-99		
TO8,		JOHN T. BULKELEY,	M.D., 108			מער	SALTSBIT	V MD 2190	7.7		
	ate	31. Data filed (Month Day, Year)	32. Ragietrar's	Signature	/		-2.1310BOL	(Z IM 210)	71		

DHMH 16 Rev 6/95

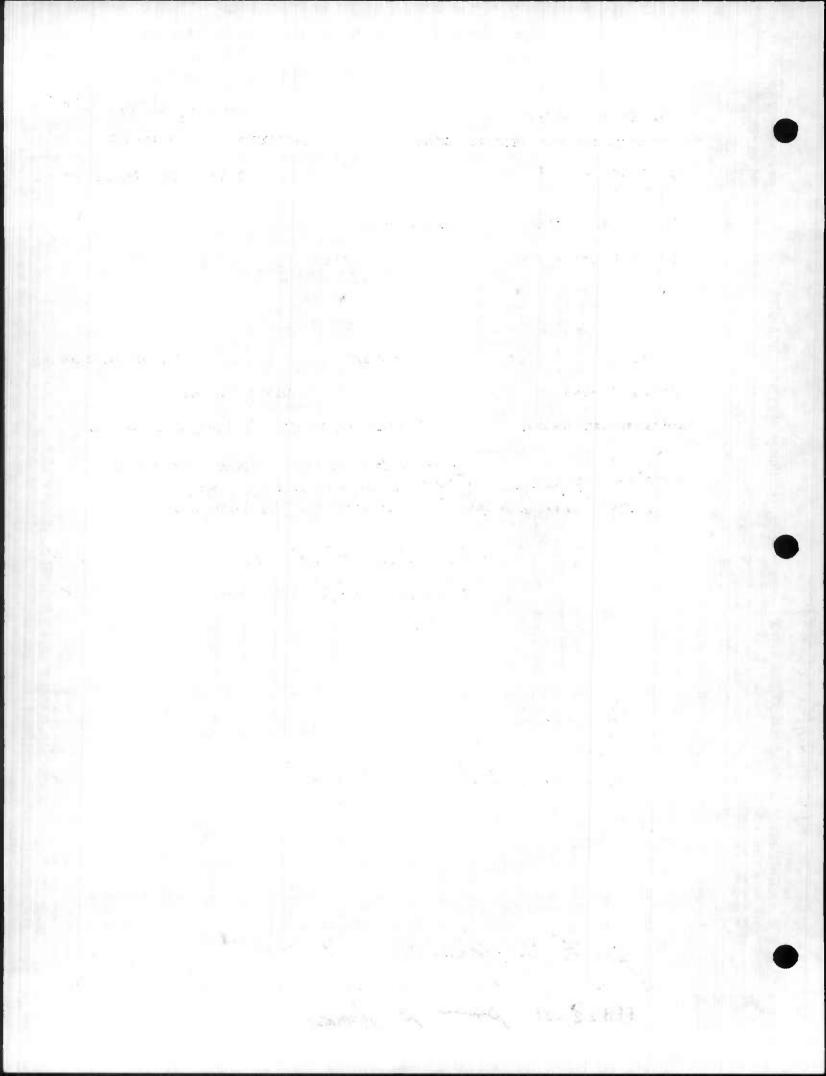


## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Dale of Death Month **Physician** 0853 1999 FEBRUARY /Medical WALTER M. CAPLAN Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner WICOMICO PENINSULA REGIONAL MEDICAL CENTER SALISBURY If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) **Funeral** 1 M 2 F Days Hours Min 194-01-5318 92 Director 8/16/1906 Pennsylvania Usual Residence of Decedent tha Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Directo MD Wicomico Salisbury 10a. Street and Numbe 10f. Zip Code 10g. Citizen of What Country? d 2 should be filed within 72 hours after death with in and Mental Hygiene.
7 is marked other than "natural", or items 23s or traumatic event, ma Medical Examinal manual or traumatic. 526 J Alabama Ave. Funeral 21801 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 Yes 2 No If Yes, Give Year or Dates: 10 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: à white 3 □ Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collage (1-4or 5+) 12 wholesale grocery owner 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Be Harry Caplan Fannie Miller 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Pagas 1 and 2 sl nent of Health and ant: If item 27 ie 1 Paul Greenberger (nephew) 4000 Longangate Apt. 12, Youngstown, OH 44505 Baltimore, 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 20a. Method of Disposition Important: if it any injure 1 ■ Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Othar (Specify) Temple Beth Israel Cemetery 2/24/99 Hermitage, PA 22. Name and Address of Facility m01051 Holloway Funeral Home, P.A. 23e. Part1. Enter the disease, or complications that carried the death. Do not enter the mode of dying, such as cerdiac shock, or heart failure. List only one cause on each line. Salisbury, MD 21804 Approximete Interval Between Onset and Death **Physician** /Medical Immediala Causa (Final disease or condition rasulting in death) Examiner Due to (or as a consequence of) Examiner granay Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or as a copy equence of): Box 68760 Physician/Medical Due to (or as e consequença of): 23b. Did tobacco use contribute to the cause of death? Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yaa 2 No 3 Probably 4 dinknown manua 2 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed 1□ Yes 2₽No 1 Yes 2 No 25. Was case raferred to medicel examiner? 26. Place of Death (Check only one) Be Othar: 4 Nursing Homa 5 Residence 6 Other (Specify) Hospital: 1 Impatiant 2 ER/Outpatient 3 DOA 10 1 ☐ Yes 2 ☐ No 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28d. Describe how injury occurred 28h. Time of Certification: 28c. Injury at Work? Division 1- Natural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28e. Place of Injury - At home, farm, street, factory, office building, atc. (Specify) 4 ☐ Homicide Plant B Funeral F 1 Cartifying Physician: To the best of my knowledga, daath occurred at the time, date and place, and due to tha causa(s) and manner as stated. 29a. Cartifier Medical 2 Madical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. (Check only one) To the 7 To the 9 29d. Date signed (Month, Dev. Year) 29b. Signature and title of certifier 29c. License number MO an 30. Nama and addrass of person who complated ceuse of death (Item 23a) (Type, Print) 31. Date filed (Month, Day, Year) 32. Registrar's Signature

Registrar

FEB 2 2 1999



#### Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene () Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death FEBRUARY 23, 1999 **Physician** JOHN FRANCIS DONAGHY TIT 7:10 PM /Medical 4a Facility Name (If not institution, give street and number)
Saint Joseph Medical 4b. City, Town, or Location of Death 4c. County of Death Examiner Center Towson Baltimore If Under 1 Yaar | If Undar 24 Hrs 8. Date of Birth (Month, Day, Year) Jan 13, 1934 5. Social Security Number 7. Age (In vrs. last birthday) Birthpleca (State or Foreign Country) Months Days 1⊠M 2□ F Hours Yrs. 65 200-24-7456 Pennsylvania Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. fnsida City Limits 1 ☐ Yas 2 No Director Maryland Harford Bel Air 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21015 USA 814 Bynum Run Court Funeral 12. Was Decedant Ever In U.S. Armed Forces? 1 ⊠Yes 2 □ No If Yes, Give Year or DatesPeacetime Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puerto Rican, etc.) 14. Race - American Indian. Black, White, etc. 1 Navar Married 2 Married 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 Divorced White 15. Decedent's Education (Specify only highest grade completed) 18a. Decadent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) Communication Electronic Engineer 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Fathar's Nama (First, Middle, Last) Theresa Bannon John Francis Donaghy Anna 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Rosemary A. Donaghy - wife 814 Bynum Run Court, Bel Air, Maryland 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stata 1XXBurial 2 Cremation 3 Ramoval from Stata Mt. Zion U.M. Cemetery 2/27/99 Bel Air, Maryland 4 Donation 5 Other (Specify) 22. Name and Address of Facility
Howard K. McComas III Funeral Home, P.A. 21. Signature of Funeral Service Licensee 23a. Part1. E / er the disease, or complications that caused the daath. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failura. List only ona causa on each line. Approximate Interval Between Onset and Death MULTI SYSTEM ORGAN FAILURE DAYS Immediate Cause (Final disaasa or condition resulting In death) Due to (or as a consequenca of): ACUTE MYOCARDIAL INFARCTION Examiner DAYS Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in death) Last Due to (or as a consequence of): CORONARY ARTERY DISEASE YEARS Physician/Medical Due to (or as a consequenca of): CEREBRAL VASCULAR ACCIDENT DAYS 23b. Did tobacco use contribute to the cause of seath? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably Unknown P 24b. Were eutopsy findings available prior to Completed 24a. Was an autopsy performed? completion of cause of death? Be 25. Was case referred to medical axaminer? 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 | Inpatiant 2 | ER/Outpatient 3 | DOA 28b. Time of 27. Manner of Death 28a. Date of fnjury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how Injury occurred Certification: Natural 5 ☐ Pending 1 ☐ Yes 2 ☐ No 2 Accidant invastigation 8 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, atc. (Spacify) 4 Homicide Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) end menner as stated.

2 Medical Examiner: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a. Certifier edical (Check only one) 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier MD D 31826

To the Hosp within 24 ho To the Fune completely fi

**Funeral** 

**Director** 

permit. Peges 1 end 2 should be filled within 72 hours after death with the Marylend Department of Heelih and Mental Hygiena. Important: If item 27 is marked other than "natural", or itema 23a or 28a-1 show any injury or other traumatic event, the Medical Examination and any enterminations.

**Physician** 

/Medical

Examiner

and I-transit

attending physician a for use as the buriel-

signed by the a

should s

is certificate has director, pege 2

funeral

ector: A

After

n 24 hours efter of the Funeral Director of the Funeral Director of the Funeral o

death.

The law requires that the death certificate be axecuted

P.O. Box 68760

Division of Vital Records,

or Attending Physician:

Hospital

31. Date filed (Month, Day, Year)

Kicherd

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

RICHARD L. LINTHICUIM, M.D., 7601 OSLER DRIVE TOWSON, MARYLAND 21204 32. Registrar's Signeture

2-23-99

withicum

Registrar

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Daeth 3. Time of Death Month Dey Clifford Roland Durham, Jr. 1909 February 20, 1999 4b. City, Town, or Location of Deeth 4e Facility Name (If not institution, give street and number) 4c. County of Death Cecil Elkton Union Hospital If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Yeer) Birthplace (State or Foreign Country) 11XM 20 F Months Days Hours Min. Yrs June 25, 1930 Maryland 68 220-24-9813 Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 XYes 2 No Maryland Cecil Elkton 10f. Zip Code 10g. Citizen of What Country? 10e. Street end Number 21921 United States 3 Curtis Lane 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indian Biack, White, etc. 1 Yes 2 No If Yes, Give Year or Dates: 1 ☐ Never Married 2 Married 1 Yes 2 No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry University of Elemantary/Secondary (0-12) College (1-4or 5+) Facilities Management Delaware 6 18. Mother's Name (First, Middla, Maidan Surname) 17. Father's Neme (First, Middle, Last) Matilda Swanson Clifford Roland Durham, Sr. 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) 3 Curtis Lane, Elkton, Maryland 21921 Mary R. Durham/ Wife 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State February 25, West Chester, 4 ☐ Donation 5 ☐ Othar (Spacify) 1999 Pennsylvania R.A. Ferris and Company 22, Name end Address of Facility Hicks Home for Funerals, P.A. 21. Signature of Funeral Service Licensee 103 West Stockton Street, Elkton, Maryland 21921 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximeta Interval Between Onset end Death Immediate Cause (Final disease or condition resulting In daath) 1 4 are my oud In Dua to (or as a consequence of) Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Lest Due to (or as e consequence of): Due to (or as e consequence of): 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings available prior to 24a. Wes an autopsy performed? completion of cause of death? 20 No 1 ☐ Yes 2 ☐ No 26. Piece of Death (Check only one) 1 ☐ Inpatient 2 X ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Home 5 Rasidance 6 Other (Specify)

**Physician** /Medical Examiner

injury or

Buy

**Physician** 

Examiner

**Funeral** 

**Director** 

item 27 is marked other than "natural", or items 23s or 28s-f sho other traumstic event, the Medical Examinal must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after death Department of Health and Mental Hygiena. Important: If item 27 is marked other than "natural", or items 23.

altimore, Maryland 21215-0020

P.O. Box 68760.

Division of Vital Records,

the Maryland

with

/Medical

10a. Stete

Directo

Funeral

<u>۾</u>

Completed

ician and burial-transit requires that the death certificate be executed physician

the

88 USB Pol

2

cartificate has

this funeral

After or Attending

after death. Director: Af

Hospital 24 hours 8

within 2 To the

An 24 hous.
the Funeral Dies.
"Ny filled in by th

completaly

Medical

director

Examiner Physician/Medical ģ Completed Be To Certification:

25. Was casa rafarrad to medical examiner? 1 Yas 2 No 27. Manner of Death

28a. Data of Injury (Month, Day Year) 5 Panding Invastigation

30. Nama and addrass of person who complated causa of death (Item 23a) (Type, Print)

1+5'LL

Jui cuil Here MIS

6 Could not be datermined

28a. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28b. Time of

223

28c. Injury at Work? 1 ☐ Yas 2 ☐ No

28f. Location (Street and Number or Rural Route Number, City or Town, State)

main St.

1 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

28d. Dascribe how injury occurred

29b. Signature and title of certifier

DO 4023

29c. License number

West

29d. Date signed (Month, Day, Year)

Elictor Md 2194

CHH

1 Natural

2 Accident

3 Suicide

29a. Certifier

4 Homicida

(Check only one)

31. Date filed (Month, Day, Year)

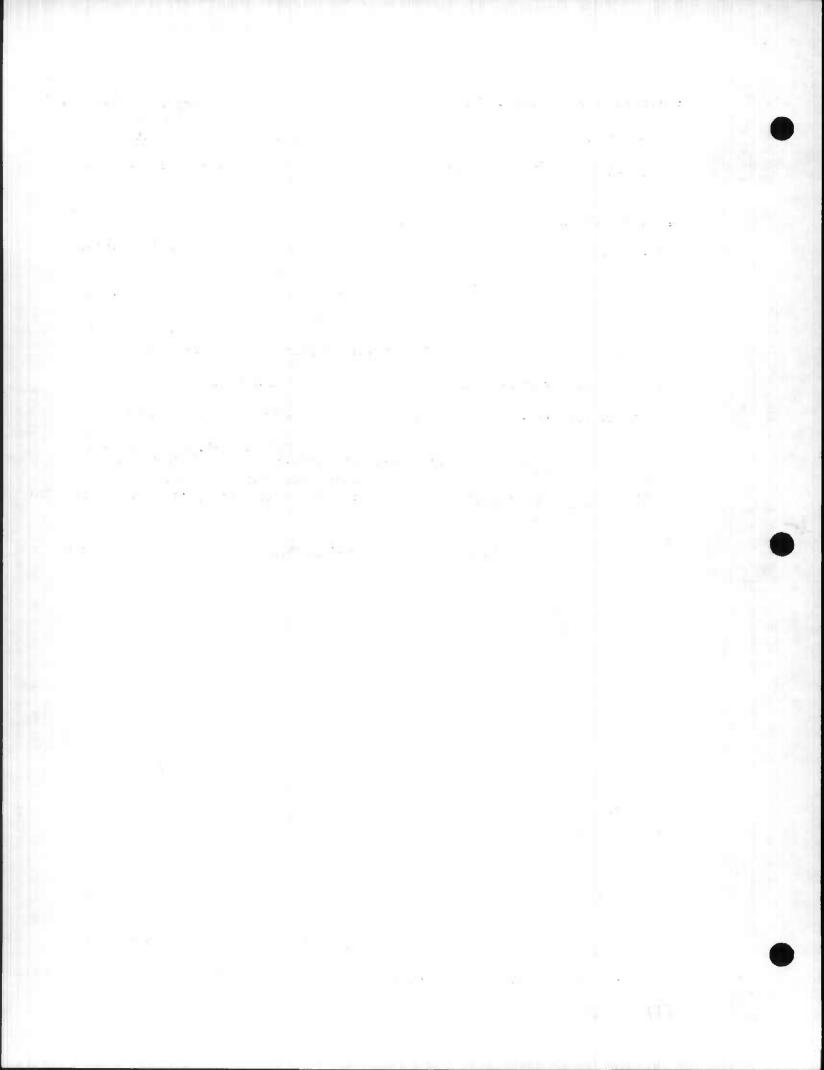
MD 32. Registrar's Signature

FEB 2 5 1999

State Registrar

**DHMH 16 Rev 6/95** 

3



9-0907-01	15		Plea	se Type or	Print in	Black In	delible in	k. Assure A	II Copies	Are Legi	ble.	
ROBERT DUFFY				State	of Maryla		artment of rtificate o	Health and I	Mental Hy	giene Reg. No.	076	589
DOTT		1. Decedent's N	ame (First, Middle	, Last)			1777		2. Date of De	eath		. Time of Death
Physi		Rober	t	F			Duffy		Month FEBRUA	RY 17,19	Yaar 999 3	:52P.M.
· /Med Exam		4a Facility Name	e (If not institution	, give street end n	umber)			4b. City, Town, or I				
		RT.273	AREA MII	DLE ROAD	)			ELKTON		CECIL		
Funera Directo		5. Social Securit	5177	6. Sex 12011M 2□ F	7. Age (In yr.	s. lest birthdey) Yrs.	If Under 1 Yas Months Dey		8. Date of Bir (Month, De Dec.	rth 9y, <i>Year)</i> 11 1938	9. Birthplace Country) Wilkes	a (State or Foreign Barre, PA
pu .		Usual Residence	of Decedent 10b. County		100.0	City, Town or L	ocation				104	fnside Clty Limits
Marylen 4 show	Po	MD	MD Cecil Fair Hill  Oe. Street and Number 10f. Zip Code									1 ☐ Yes 2 █️No
ith with the M 23a or 28a-f	Funeral Director	10e. Street and Number  111 Marie Lane  11. Marital Status  1□ Never Married 2 ★ Married 1								10g. Citizen of V		
ter dea	by Funera	1 Never M		Armed F	2₹ No live		Was Decedent of If Yes, specify Co	f Hispanic Origin? (Suban, Mexican, Puert lo Specify:	pecify Yas or No o Rican, etc.)	Blac	ee - Amarican ck, White, etc. v: White	
2 ho	3		15. Decedent			16a. Dece	dent's Usual Occ	cupation	43.7	16b. Kind of B	usiness/indus	try
d 21215-0020 filed within 72 hours af Hygiene. Ther than "natural", or ent, the Medical Exercise.	Completed		pecify only highes econdary (0-12)	college	(1-4or 5+)	16a. Decedent's Usual Occupation (Give kind of work done duning most of working life. DO NOT use retired) Vice President/Pharmacy Operations  16b. Kind of Busines Discount Chain						g Stores
D H	BeC	17. Fether's Nan	ne (First, Middie, I	Last)				18. Mother's Nar	ne (First, Middle	, Meiden Sumen	ne)	
lar land	ToB	Francis	Duffy					Mary Ga	llagher			
, Maryland 212: and 2 should be filed within eath end Mental Hygiene. n 27 is marked other than ner traumetic event, tra Hi			Name/Reletionsh Duffy -					ne, Fair H			Stete, Zip Co	de)
Baltimore, North Pages 1 end Department of Health mportant: It itam 27 may Injury or other tr				3 □Removal from	State	. Place of Disponentery, cre	osition (Name of matory or other p s Cemete	oleca)	Date 2/22	20c. Location		State Delaware
Baltimo permit. Pages Department of Important: If is any Injury or	THE PERSON NAMED IN COLUMN	21. Signature of	Funeral Serviced	Cyfy J	r-	S	2. Name and Add picer-Mu 000 N. I	drass of Facility ullikin Fu DuPont Par	neral H kway,Ne	lomes,Ind	C. E, DE	19720
Physician /Medica Examine	l r	23a. Part1. Ente shock, or h fmmediate Caus diseasa or cond resulting in deet	neart failure. List : se (Finel lition	only one ceuse on	each line.		Ulies	tying, such as cardiad	or raspiratory a	arrest,	Int	proximate arval Between nset and Death
ostificate be executed ofing physician and use as the buriel-transit	Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying										
P.O. Bothat the death od by the attandatached for u	/ Physician/Medical											e causs of death?
cords v requires been sign should be	Completed by								24a. Wes	s an eutopsy ormed?	availa	autopsy findings ble prior to letlon of cause th?
- 60	COL								10	Yes 2□No	164	es 2 No
reician: The scarificate director, pe	Be (	25. Was case re examiner?	ferred to medical					26. Place of Dea	th (Check only	one)		
ysic direct	2	1 X Yes 2	!□ No	Hospitel: 1 [	fnpatient 2	☐ ER/Outpatie	nt 3 DOA	Other: 4 Nursing H	lome 5 Res	idenca 6 XIOth	ner (Specify)S	CENE

To the Hospital or Attending Physic within 24 hours after death.

To the Funeral Director: After this ce completaly filled in by the funerel dire Division of \

5 Pending investigation

6 Could not be determined

27. Manner of Death

1 Natural
2 Accident
3 Suicide

4 - Homicide

29a. Certifier (Check only one)

Certification:

Medical

State Registrar Koron

28a. Date of Injury (Month, Dey Year)

99

17

28e. Placa of injury - At home, farm, street, factory, offica building, etc. (Specify)

28b. Time of Injury

28c. Injury at Work?

1 Yes 2 No

1 Certifying Phyelcian: To the best of my knowledge, death occurred et the time, date end placa, end due to the ceuse(s) end menner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end menner stated.

DRIVEN OF ODR, IMPORTMENACORD 281. Location (Street and Number or Rurel Route Number, City or Town, State)

RT273 Cocico, MDRYLDID

29c. License number 29d. Date signed (Month, Dey, Yeer) O.C.M.E. FEBRUARY 18,1999

28d. Describe how injury occurred

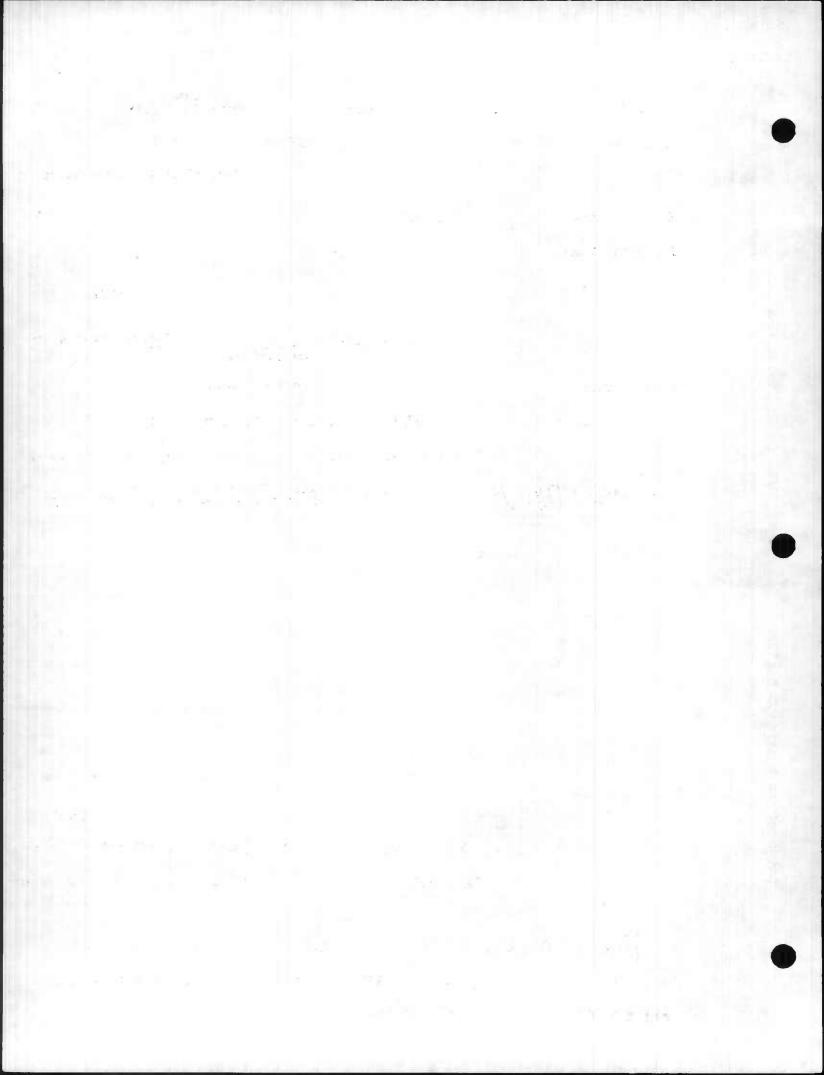
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

MDGyDaker 31. Date filed (Month, Dey, Year) FEB 2 5 1999

29b. Signature and title of certifier

32. Registrar's Signatura

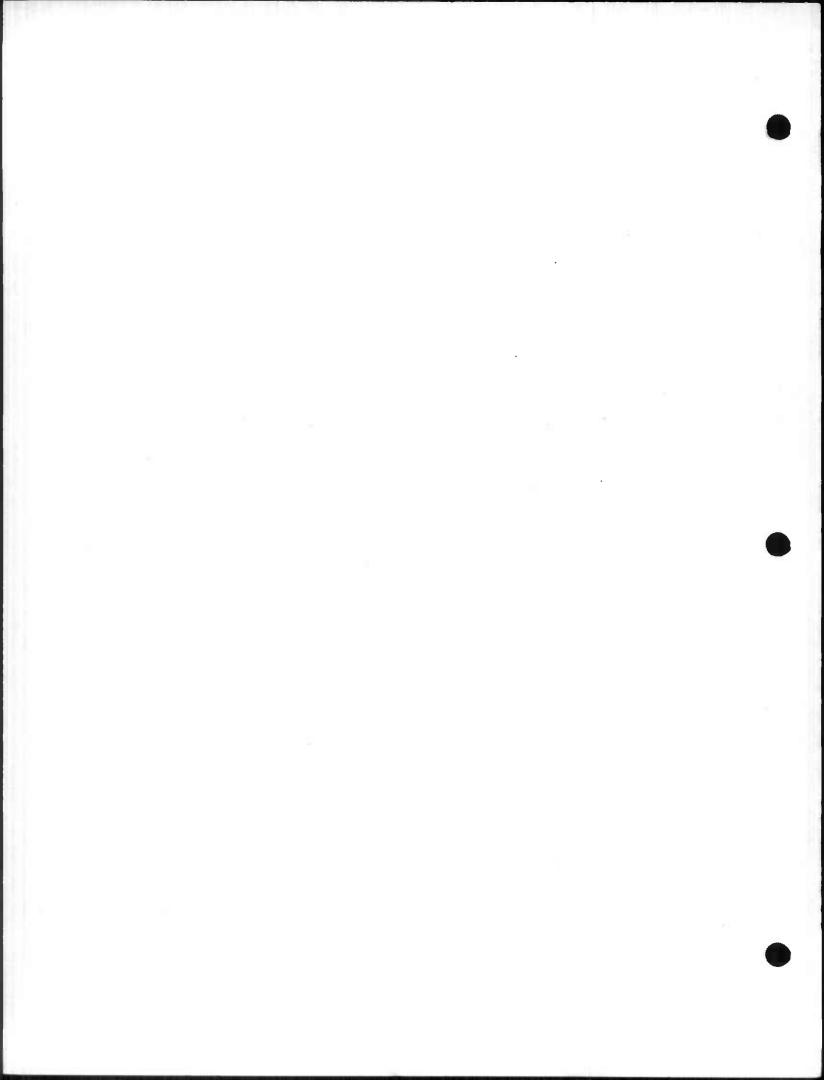


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any tnjury, or other traumatic event, the medical examiner must be notified at once.

98. FACILITY NAME (If not institution, give street and number)  2416 Singerley Rd.  RESIDENCE OF DECEDENT  108. STATE  108. COUNTY  Maryland  Cecil  109. CITY, TOWN OR LOCATION  Elkton  100. CITY, TOWN OR LOCATION  Elkton  100. STREET AND NUMBER  2416 Singerley Rd.  11. MARITAL STATUS  1 Never Married  2416 Singerley Rd.  11. MARITAL STATUS  1 Never Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED  If YES, GIVE WAR OR DATES  13. WAS DECEDENT'S CHIEFANIC ORIGIN? (Specify Yea or No- 11 YES 2 X NO  11 YES 2 X NO  12 YES 2 X NO  13. WAS DECEDENT'S EDUCATION  (Specify only highest grade completed)  (Give kind of work done during most of working  If YES, GIVE WAR OR DATES  17. FATHER'S NAME (First, Middle, Last)  Alfred Bundick  199. INFORMANT'S NAME (First, Middle, Last)  Alfred Bundick  199. INFORMANT'S NAME (First, Middle, Makden Surnar  Alfred Bundick  199. INFORMANT'S NAME (First, Middle, Last)  Alfred Bundick  199. INFORMANT'S NAME (First, Middle, Makden Surnar  Alfred Bundick  199. INFORMANT'S NAME (First, Middle, Makden Surnar  Alfred Bundick  199. INFORMANT'S NAME (First, Middle, Last)  Alfred Bundick  199. INFORMANT'S NAME (First, Middle, Makden Surnar  Alfred Bundick  199. INFORMANT'S NAME (First, Middle, Makden Surnar  Alfred Bundick  199. INFORMANT'S NAME (First, Middle, Last)  Alfred Bundick  199. INFORMANT'S NAME (First, Middle, Makden Surnar  Alfred Bundick  199. INFORMANT'S NAME (First, Middle, Makden Surnar  Alfred Bundick  199. INFORMANT'S NAME (First, Middle, Makden Surnar  Alfred Bundick  199. INFORMANT'S NAME (First, Middle, Makden Surnar  Alfred Bundick  190. Downs/Husband  200. PLACE AND DATE OF DISPOSITION (Name of completely co	8. BIRTHPLACE (State or Foreign Country) 7 Delaware OUNTY OF DEATH  10d. INSIDE CITY LIMITS? 1 YES 2 X NO CITIZEN OF WHAT COUNTRY?  A  14. RACE — American Indian, Bleck, White, atc. Specify: White  INDUSTRY  1921  City or Town, State
4. SOCIAL SECURITY NUMBER 221-52-8307  9. FACILITY NAME (II not institution, give street and number)  9. FACILITY NAME (II not institution, give street and number)  9. FACILITY NAME (II not institution, give street and number)  9. FACILITY NAME (II not institution, give street and number)  9. FACILITY NAME (II not institution, give street and number)  9. FACILITY NAME (II not institution, give street and number)  9. FACILITY NAME (II not institution, give street and number)  9. FACILITY NAME (II not institution, give street and number)  9. FACILITY NAME (II not institution, give street and number)  9. FACILITY NAME (II not institution, give street and number)  9. FACILITY NAME (II not institution, give street and number)  9. FACILITY NAME (II not institution, give street and number)  10. CITY, TOWN OR LOCATION OF DEATH  10. STREET AND NUMBER  2416 Singerley Rd.  11. MARITAL STATUS  1 Never Married  1 Never Married  1 Never Married  1 Never Married  2 X Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-  14 Yes, apecity Cuben, Marican, Puerto Rican, etc.)  1 Yes 2 X No Specify:  15. DECEDENT'S EDUCATION  (Che kind of work done during most of working  16. KIND OF BUSINESS  16. MOTHER'S NAME (First, Middle, Last)  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surman  19. MAILING ADDRESS (Street and Number or Rural Poure Number, City or Town, State  19. MAILING ADDRESS (Street and Number or Rural Poure Number, City or Town, State  20. MITCH Or Other (Specify)  20. PLACE AND DATE OF DISPOSITION (Name of carried) DATE  20. LOCATION  20. MITCH OR OTHER'S AND CITY Of Other (Specify)  20. PLACE AND DATE OF DISPOSITION (Name of carried) DATE  20. LOCATION  20. MITCH OR OTHER'S AND CITY OF OTHER (Specify)  20. DATE  20. LOCATION  20. MITCH OR OTHER'S AND CITY OF OTHER (Specify)  20. DATE  20. LOCATION  20. MITCH OR OTHER'S AND CITY OF OTHER (Specify)  20. DATE  20. LOCATION  20. MITCH OR OTHER'S AND CITY OF OTHE	6. BIRTHPLACE (State or Foreign Country) 7 Delaware OUNTY OF DEATH  CCIL  10d. INSIDE CITY LIMITS? 1 VES 2 (X) NO CITIZEN OF WHAT COUNTRY?  A  14. RACE — American Indian, Black, White, atc. Specify: White  VINDUSTRY  2/p Code) 1921 — City or Town, Stata
221-52-8307  1 M 2 X F 41  YRS. MONTHS DAYS HOURS MRN. AUG. 28, 195  9a. FACILITY NAME (II not institution, give street and number)  9a. FACILITY NAME (II not institution, give street and number)  9a. FACILITY NAME (II not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. CITY  10c. STATE  10d. COUNTY  Maryland  10c. STREET AND NUMBER  2416 Singerley Rd.  11. MARITAL STATUS  1 Never Married  12. WAS DECEDENT EVER IN U.S. ARMED  13. WISONWES 1. WISONWES	Country)  Delaware  OUNTY OF DEATH  CCIL  10d. INSIDE CITY LIMITS?  1  YES 2 (X) NO  CITIZEN OF WHAT COUNTRY?  A  14. RACE — American Indian, Bleck, White, atc. Specify: White  Vindustry  E  City Code)  1921  — City or Town, Stata
PRESIDENCE OF DECEDENT  10e. STATE	7 Delaware OUNTY OF DEATH  PCIL  10d. INSIDE CITY LIMITS? 1 VES 2 (X) NO CITIZEN OF WHAT COUNTRY?  A  14. RACE — American Indian, Black, White, atc. Specify: White  INDUSTRY  e)  ZIP Code) 1921 — City or Town, Stata
2416 Singerley Rd.  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Maryland  Cecil  10c. CITY, TOWN OR LOCATION  Elkton  10c. STREET AND NUMBER  2416 Singerley Rd.  11. MARITAL STATUS  11. MARITAL STATUS  11. Never Married 2 [X Married]  3   Widowed 4   Divorced  15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  5+  Scientist  16. MOTHER'S NAME (First, Middle, Last)  Alfred Bundick  19a. INFORMANT'S NAME (Type/Print)  Brian D. Downs/Husband  20b. PLACE AND DATE OF DISPOSITION (Name of Commetter), commetting, commetery, commetting, commetery, commetting, commetery, commetting, commetery, commetting, commetery, commetting, commetery, commetting, commetery, commetting, commetery, commetting, commetery, commetting, commetery, commetting, commetery, commetting, commetery, co	10d. INSIDE CITY LIMITS? 1 YES 2 [X] NO CITIZEN OF WHAT COUNTRY?  A  14. RACE — American Indian, Black, White, atc. Specify: White  VINDUSTRY  1921  City or Town, State
The state of the s	10d. INSIDE CITY LIMITS?  1  YES 2 X NO  CITIZEN OF WHAT COUNTRY?  A  14. RACE — American Indian, Black, White, atc.  Specify: White  INDUSTRY  e)  Z/p Code)  1921 — City or Town, Stata
10e. STREET AND NUMBER  2416 Singerley Rd.  11. MARITAL STATUS  1 Never Married 2 [X Married of PORCES? 1   YES 2   X NO of PORCES? 1   YES 2   X NO of Porces of No. of No. of	LIMITS?  1 YES 2 X NO  CITIZEN OF WHAT COUNTRY?  A  14. RACE — American Indian, Black, White, atc.  Specify:  White  INDUSTRY  E)  Zip Code)  1921  — City or Town, Stata
Specify:   Specify:	A  14. RACE — American Indian, Black, White, atc. Specify: White  INDUSTRY   2/p Code)  1921  — City or Town, Stata
Specify:   Specify:	14. RACE — American Indian, Black, White, atc. Specify: White INDUSTRY  2/p Code) 1921 — City or Town, Stata
Specify:   Specify:	Black, White, atc. Specify: White VINDUSTRY  E)  Zip Code)  1921  — City or Town, Stata
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS (Give kind of work done during most of working life. Do NOT use retired.)  17. FATHER'S NAME (First, Middle, Last)  Alfred Bundick  18. MOTHER'S NAME (First, Middle, Meiden Sument Elizabeth Acworth  19a. INFORMANT'S NAME (Type/Print)  Brian D. Downs/Husband  2416 Singerley Rd. Elkton. MD 2  20b. PLACE AND DATE OF DISPOSITION (Name of 1 Burlel 2 & Cremetion 3 Removal from State 4 Donation 5 Other (Specify)  R. A. Ferrus & Co., Inc. 2-25-99 West C.	White INDUSTRY   Exp Code)  1921  — City or Town, State
Alfred Bundick  Page Informant's Name (Type/Print)  Brian D. Downs/Husband  2416 Singerley Rd. Elkton. MD 2  202. METHOD OF DISPOSITION  1 Buriel 2 & Cremetion 3 Ramoval trom State 4 Donation S Other (Specify)  204. Ferrus & Co., Inc. 2-25-99 West C	zip Code) 1921 — City or Town, Stata
Alfred Bundick  Page Informant's Name (Type/Print)  Brian D. Downs/Husband  2416 Singerley Rd. Elkton. MD 2  202. METHOD OF DISPOSITION  1 Buriel 2 & Cremetion 3 Ramoval trom State 4 Donation S Other (Specify)  204. Ferrus & Co., Inc. 2-25-99 West C	Z/p Code) 1921  — City or Town, State
Alfred Bundick  Page Informant's Name (Type/Print)  Brian D. Downs/Husband  2416 Singerley Rd. Elkton. MD 2  202. METHOD OF DISPOSITION  1 Buriel 2 & Cremetion 3 Ramoval trom State 4 Donation S Other (Specify)  204. Ferrus & Co., Inc. 2-25-99 West C	Z/p Code) 1921  — City or Town, Stata
Alfred Bundick  Page Informant's Name (Type/Print)  Brian D. Downs/Husband  2416 Singerley Rd. Elkton. MD 2  202. METHOD OF DISPOSITION  1 Buriel 2 & Cremetion 3 Ramoval trom State 4 Donation S Other (Specify)  204. Ferrus & Co., Inc. 2-25-99 West C	Z/p Code) 1921  — City or Town, Stata
192. INFORMANT'S NAME (Type/Print)  Brian D. Downs/Husband  2416 Singerley Rd. Elkton. MD 2  202. METHOD OF DISPOSITION 1 Buriel 2 & Cremetion 3 Removel from State 4 Donation S Other (Specify)  205. PLACE AND DATE OF DISPOSITION (Name of commetter), cremetery, cre	1921 — City or Town, State
Brian D. Downs/Husband  2416 Singerley Rd. Elkton. MD 2  20a. METHOD OF DISPOSITION  1 Burlel 2 & Cremetion 3 Removel from State 4 Donation 5 Other (Specify)  R. A. Ferrus & Co., Inc. 2-25-99 West C.	1921 — City or Town, State
20e. METHOD OF DISPOSITION  1	— City or Town, State
R. A. Férris & Co., Inc. 2-25-99 West C	astar DA
	LESALE/L. PA
21 SHANTURE AND ADDRESS OF FACILITY	
R. T. Foard Funeral Home, 1 111 S. Queen St., Rising St	· A.
23. PART V Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory shock, or heart failure. List only one cause on each line.	arrest, Approximate
IMMEDIATE CAUSE (Final	Interval Between Onset and Death
disease or condition resulting in death)  a. Oversan Cancer	5 pronts
DUE TO (OR AS A CONSEQUENCE OF):	
Sequentially liet conditions,  DUE TO (OR AS A CONSEQUENCE OF):	
if any, leeding to immediate cause. Entar UNDERLYING	
CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):	
Sequentially liet conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease Dr injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.	
	SY 24b, WERE AUTOPSY FINDINGS
PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	OF DEATH?
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN	
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2 NO  26. PLACE OF DEATH (Check only one)  EXAMINER?  1   YES 2 NO  27. MANNER OF DEATH  28. DATE OF INJURY (Month, Day, Year)  (Month, Day, Year)  28. INJURY AT WORK?  WORK?	
DEXAMINENT   HOSPITAL: 1   Inpatient 2   ER/Outpatient 3   DOA   4   Nursing Home 5   Recidence 6   Other (Specify)	
	OCCURED
2 Accident investigation " 1 TES 2 ND	
U 4 Homicide building, etc. (Specify)	iber or Hurili Houle Number,
29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner see	etated.
29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner see one)  2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due	
29b. SIGNAT,URE AND TITLE OF CERTIFIER   29d	DATE SIGNED (Month, Day, Year)
29d. LICENSE NUMBER  29d. D 15 7 14  29d. D	February 24, 1999
P Jornas, MD DIE JULY DE JORNALD DE SAPLARE HOSPICE, Elkton  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  H. Furkas, MD VNA Northern Che saplake Hospice, Elkton  31. DATE FILED (Month, Day, 1964)  Lisz, REGISTRAR'S SIGNATURE	MD
FEB 2 5 1999 January J. Sparks	



### Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

	1. Deced	ent's Name (Firs	st, Middle, La:	st)							ate of Death		211111	3. Time	of Death
ician dical	ROB	ERT	M:	ICHAEL		D	e COSM	OM			Month BRUAR	Day Y 19, 1	Year L999	11:	07 PM
iner	CHILL SECTION	y Name (If not in			ımber)	_			4b. City, Town,			4c. County			
		TH ARUNI							GLEN B			ANI	VE AR		
	216	Security Number -20-2512 sidence of Dece		ex □M 2□F		71 Yrs.	Months	Days		Ain. (A	ate of Birth Month, Day, T. 13			aca (Stat ry) YLANI	a or Foreign
	10a. State		County		10c.	City, Town or	Location						10	d. Inside	City Limits
Stor	MAR	YLAND	ANNE	ARUNDE	EL		SEV	ERN						1 🗆 Y	es 2 No
Director		et and Number					10f. Zij	p Code			10	g. Citizen of V		try?	
Tal.	771	5 PECAN	LEAF 1						21144				S.A.		
by Funeral	3 □ V	al Status ever Married 2 √idowed 4 □ D		12. Was Dec Armed Fo 14 Yes If Yes, Gi Yaar or D	2 □ No iva	1945- 1946	3. Was Dece If Yes, spe		dispanic Origin' an, Mexicen, P Specify:	(Specify ) uerto Ricar	ras or No- n, etc.)	Blac	e - Amarice ck, Whita, a ::WHIT]	atc.	
		15. C	Decedent's Ed	ducetion ide completed)		16a. De	cedent's Usu	ual Occup	pation	working	1	6b. Kind of Bu	usiness/Ind	ustry	
Completed	Elemen	ntary/Secondary		College (				use retire	during most of d)	noning		BRIGGS CLOTHIN		DIT TAL	_
	17 Fethe	12	Middle I ast)	)		TA	AILOR		18 Mother's	Name (Fire	t Middle M	BRIGG: laiden Suman		THIM	3
ope			14110010, 22017		D	e COSMO			VICTO		, , , , , , , , , , , , , , , , , , ,		CANIE	CKI	
=	19a. tnfo								and Number o	r Rural Ros	ıta Number,	City or Town,	State, Zip	Code)	
any injury or other training	MAR	ION S.	De COS	MO (WI	[FE)	771	5 PEC	AN L	EAF ROA	D, SE	VERN,	MD. 2	1144		
		nod of Dispositio		Personal from		20b. Place of Disposition		ory or other place)		De	ite 2	0c. Location -	City or To	wn, State	
		Donation 5 0				LEN HAV	ZEN MEI	MORI	AL PARK	2/2	3/99	GLEN B	URNIE	, MD	
	21. Signa	ture of Funezai	Service Licen	nsee			HAVEN MEMORIAL PARK 2/23/99 GLEN BURNIE, MD.  22. Name and Address of Facility SINGLETON FUNERAL HOME, P.A.,  1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061								
	Immedia	te Cause (Final			each line.	Po	00	M C	ng, such as cer	7,2/	of all	611	1	Approxin Interval I Onset er	Between ad Death
	disease resulting	or condition In death)		a 0	M. Due!	o (or as a con	sequence of	10	ng, such as cer		Alf	lew	b	Interval I	Setween and Death
edica	Sequenti if eny, les cause. E Cause (I that Initia	or condition		. <i>a</i>	Due!	Le,	sequence of)	1	and as cer	all all	Ly	lew	ls	Interval E	Setween and Death
calcal	Sequenti if eny, let cause. E Cause (I that Initia resulting	or condition in death)  ally list condition ading to immedianter Underlying issess or injury ted events in death) Last	ns, ate	a	Due t	o (or as a cont	sequence of)		ad	and or reg	Aly	lew	b	Interval E	Setween and Death
	Sequenti if eny, let cause. E Cause (I that Initia resulting	or condition In death)  ally list condition ading to Immedia inter Underlying liseese or injury ted events	ns, ate	a	Due t	o (or as a cont	sequence of)		ad	led.	dy	DECCO USO CO.	6	Onset or	d Death
by Physician/Medical	Sequenti if eny, let cause. E Cause (I that Initia resulting	or condition in death)  ally list condition ading to immedianter Underlying issess or injury ted events in death) Last	ns, ate	a	Due t	o (or as a cont	sequence of)		ad	licht.	23b. Did tot	pacco use co	ntribute to 3 Prob	the cause	ie of death
by Physician/Medical	Sequenti if eny, let cause. E Cause (I that Initia resulting	or condition in death)  ally list condition ading to immedianter Underlying issess or injury ted events in death) Last	ns, ate	a	Due t	o (or as a cont	sequence of)		ad	licht.	23b. Did tot 1  Ye	pacco usa con 2 No	ntribute to 3 Prob	the cause the cause of the caus	ie of death
completed by ringsicial medical	disease resulting  Sequentifiery, let cause. E Cause (I that initial resulting)  Part II. Of	ally list condition in death)  ally list condition ading to Immedianter Underlying issess or injury ted events in death) Last	conditions of	a	Due t	o (or as a cont	sequence of)		ad	licht.	23b. Did tot 1  Ye 24a. Was an perform	pacco use con 2/ No autopsy led?	ntribute to 3 Prob	the cause the cause of the caus	te of death  Unknow  by findings or to to feeuse
o be completed by Physician Medical	Sequentifiery, let cause. E Cause (I that Initia resulting)  Part II. Ot	ally list condition in death)  ally list condition ading to immedianter Underlying liseses or injury ted events in death) Last  her stgniftcant of the case referred to iner?	conditions of	a O	Due to	o (or as a cont	sequence of)	cause gh	ven in Part I.  26. Place of her: 4 \( \) Nursir	Deeth (Ch	23b. Did tot 1  Ye  24a. Was an perform 1  Ya  eck only one 5  Resida	pacco use co. 2 No autopsy ed?  s 2 No e) nca 6 Oth	ntribute to 3 Prob  24b. We ave cor of c	the cause the cause of the caus	te of death
	Sequentifier, let en le	ally list condition in death)  ally list condition ading to Immedianter Underlying issees or injury ted events in death) Last  her stgniftcant of the standard of the stgniftcant of the stgnift cant of the s	medical  Pending Investigation	b d d d d d d d d d d d d d d d d d d d	Due to Du	o (or as a control of or as a co	sequence of): se	cause giv	ven in Part I.  26. Place of her: 4 \( \) Nursir	Deeth (Chang Home 28d.	23b. Did tot 1	pacco use cone 2 No autopsy led?	24b. We ave cor of c	the cause seably 4 for autopaliable principle tion death?	e of death Unknow  y findings or to or ceuse
Certification: To Be Completed by Physician/Medical	Sequentifiery, let cause. E Cause (I that Initia resulting)  Part II. On  25. Was exam  1 1 7  27. Menn  1 3 3 3	ally list condition in death)  ally list condition ading to immedianter Underlying issees or injury ted events in death) Last  her stgniftcant of the condition	conditions of	b. d. d. ontributing to d. d. land land land land land land land land	Due to Du	o for as a control of or as a co	sequence of): se	cause giv	ven in Part I.  26. Place of her: 4   Nursin ry at rk?	Deeth (Ching Home 28d. Land 28f. Lan	23b. Did tot 1	pacco use co.  2 No  autopsy led?  s 2 No  b)  nca 6 Oth w injury occur	24b. We ave cor of c	the cause seably 4 for autopaliable principle tion death?	e of death  Unknow  By findings of ceuse
Certification: To Be Completed by Physician/Medical	Sequentifier of the sequen	ally list condition in death)  ally list condition ding to immedianter Underlying issees or injury ted events in death) Last  her stgniftcant of the stgnift cant of t	medical  Pending Investigation Could not be determined	Hospital:  28a. Date (Mon  28e. Place build	Due to Du	o (or as a control of or as a co	sequence of) sequence of) sequence of) sequence of) sequence of) sequence of) sequence of) sequence of) sequence of) sequence of) sequence of) sequence of)	cause gind cause gind	ven in Part I.  26. Place of her: 4   Nursin ry at rk?	Deeth (Ching Home 28d. L	23b. Did tot  1  Ye  24a. Was an perform  1  Ya  eck only one  5  Residant  Describe hor  cocation (Str.	pacco use con 2 No autopsy led?  s 2 No et and Numb State)	ontribute to 3 Prob  24b. We ave con of c 1 C  anner or Auran	the cause whether the cause when the	the of death'  Unknown  By findings of ceuse
edical Certification: 10 be Completed by Physician/Medical	Sequentifiers, let cause (Chesara Land)  25. Was 25. Was 27. Man 27. Man 27. Man 27. Man 29. Cert (Chesara 29b. Sign 20b. Sign	ally list condition in death)  ally list condition ading to immedianter Underlying issees or injury ted events in death) Last  her stgniftcant of the state of th	medical  Pending investigation  Could not be determined  Certifying Physical Exam	Hospital:  28a. Date (Mon  28e. Place build  yelclan: To the and man	Due to Du	o for as a control of the second of the seco	sequence of) sequence of) sequence of) sequence of) sequence of) sequence of) sequence of) sequence of) sequence of) sequence of) sequence of) sequence of) sequence of) sequence of) sequence of) sequence of) sequence of)	cause gincon Cause	26. Place of her: 4 Nursing the rk? I Yes 2 No	Deeth (Ch. and Hone)  281. L  laca, and d  cocurred at	23b. Did tot 1  Ye  24a. Was an perform  1  Ya  eck only one 5  Residar  Describe hor  cocation (Str. City or Town, the time, da	pacco use con 2/2/No a autopsy led?  s 3/2/No a autopsy led?  s 3/2/No a autopsy led?  s 4/2/No a autopsy led?  s 4/2/No a autopsy led?  s 5/2/No a autopsy led?  s 5/2/No a autopsy led?  s 6/2/No a autopsy led?  s 7/2/No a autopsy led?  s 8/2/No	ntribute to 3 Prob  24b. We ever corror of c 1 C er (Specify red ever or Rura anner as st snd due to d (Month, I	the cause which is the cause when th	e of death  Unknow  y findings or to couse  No
Medical Certification: To Be Completed by Physician/Medical Examiner	Sequentifiers, let cause (Chesara Land)  25. Was 25. Was 27. Man 27. Man 27. Man 27. Man 29. Cert (Chesara 29b. Sign 20b. Sign	ally list condition in death)  ally list condition ading to Immedianter Underlying issees or injury ted events in death) Last  her stgniftcant of the state of the stgniftcant adiabatic ideath adiabatic idea to interest a condition in the stgnift idea idea idea idea idea idea idea idea	medical  Pending investigation  Could not be determined  Certifying Physical Exam	Hospital:  28a. Date (Mon  28e. Place build  yelclan: To the and man	Due to Du	o for as a control of the second of the seco	sequence of) sequence of) sequence of) sequence of) sequence of) sequence of) sequence of) sequence of) sequence of) sequence of) sequence of) sequence of) sequence of) sequence of) sequence of) sequence of) sequence of)	cause gincon Cause	26. Place of her: 4 Nursing the rk? I Yes 2 No	Deeth (Ch. and Hone)  281. L  laca, and d  cocurred at	23b. Did tot 1  Ye  24a. Was an perform  1  Ya  eck only one 5  Residar  Describe hor  cocation (Str. City or Town, the time, da	pacco use con 2/2/No a autopsy led?  s 3/2/No a autopsy led?  s 3/2/No a autopsy led?  s 4/2/No a autopsy led?  s 4/2/No a autopsy led?  s 5/2/No a autopsy led?  s 5/2/No a autopsy led?  s 6/2/No a autopsy led?  s 7/2/No a autopsy led?  s 8/2/No	ntribute to 3 Prob  24b. We ever corror of c 1 C er (Specify red ever or Rura anner as st snd due to d (Month, I	the cause which is the cause when th	e of death Unknow  By findings or to couse Who

DHMH 16 Rev 6/95

Contract to the second

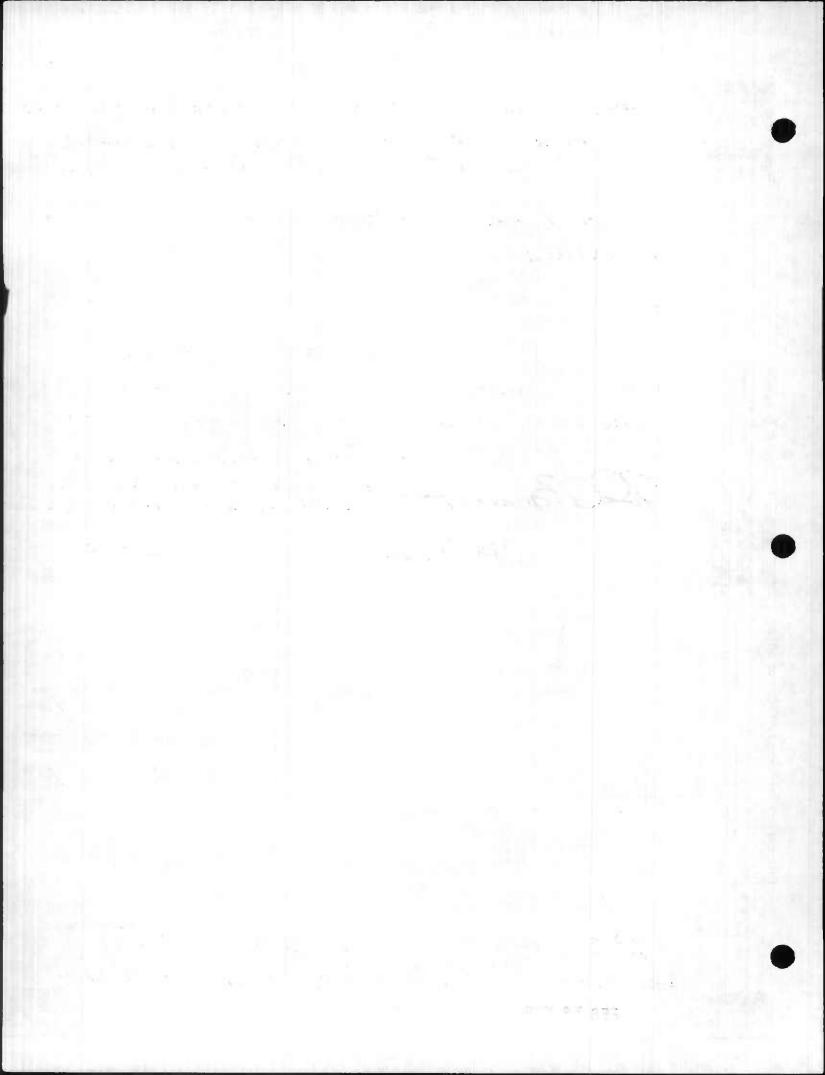
### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death

	Physic /Med Exami	ical
	unera irecto	
or death with the Meryland	terna 23a or 28a-f show her must be notified at	uneral Director

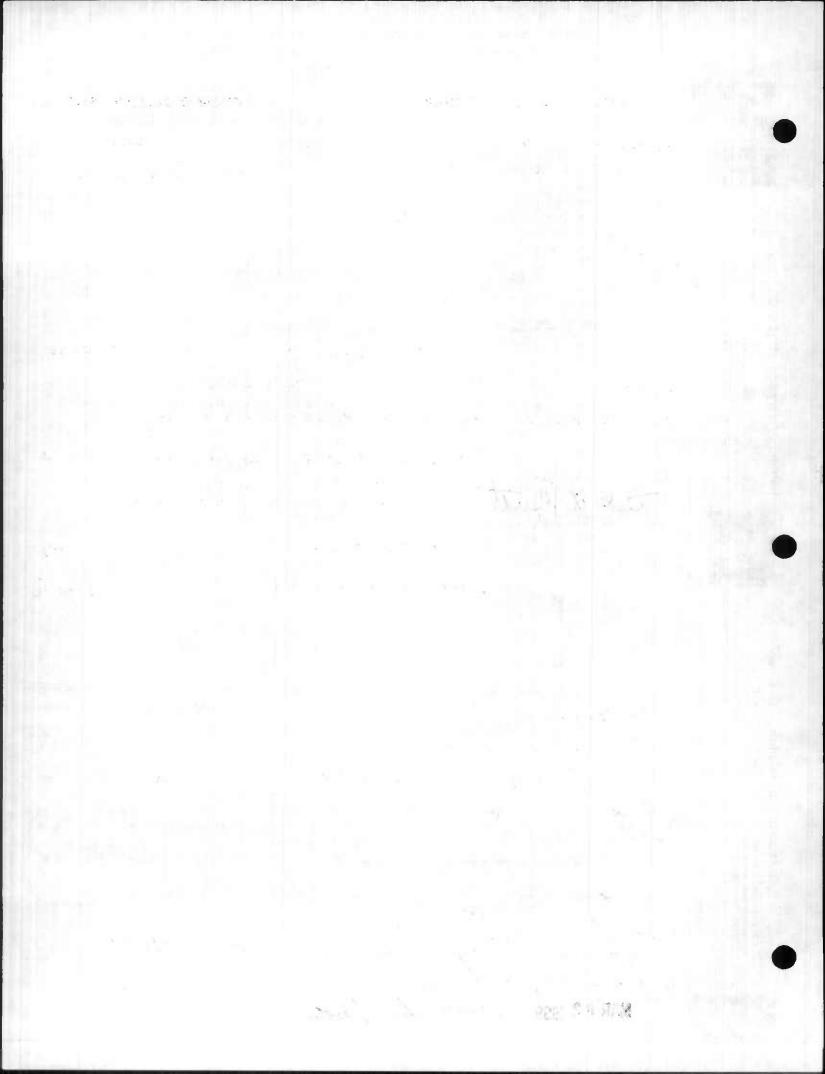
							imouto o	Douin		neg. No.	Tra-en and an analysis
	Physiciar /Medica		Decedent's Name (First, Middle, La     Nancy	Master	S	D	oney		2. Date of De Month Febru	ary 19	3. Time of Deeth 1999 11:40
1	Examine		4a Facility Name (If not institution, gh	e street and number	r)			4b. City, Town, or	Location of Death	4c. County	of Death
4	= 7.01111110	·	Anne Aruno	del Medi	cal (	Cente	r	Annapo	lis	Anne	Arundel
						est birthdey)	If Under 1 Ye	4			9. Birthplace (State or Foreign
	Funeral			1□ M 2⊋F	78	Yrs.	Months Day	ys Hours Min.		Y. Year)	Maryland
	Director	-	Usual Residence of Decedent	A	, 0				0/3/1.	720	naryrana
	pue *	1	10a, Stete 10b. County		10c. City	, Town or Lo	cation				10d, Inside City Limits
	short	۱	MD 3		0 -		D =1-				1 ☐ Yes √2 ☐ No
	N of	S C		Arundel	Se	everna	a Park				Λ
	\$ 6 B		10e. Street and Number				10f. Zip Cod	е		10g. Citizen of	What Country?
	23a	8	1119 Old Cour	ity Rd.			21	146		USA	
	be filed within 72 hours efter death with the Merylend tiel Hyglene. d other than "natural", or itema 23a or 28a-f show event, the Medical Examinar must be notified at	Funeral Director	11. Marital Status	12. Wes Deceden	Ever in U.S	S. 13. V	Vas Decedent o	of Hispanic Origin? (Stuban, Mexican, Puer	pecify Yes or No		e - American Indien,
2	of the		1 Never Married 2 Married	Armed Forces			_		to rican, etc.)		ck, White, etc.
2-0020	Jrs o	2	3 □Widowed 4 □ Divorced	It Yes, Give Year or Dates:	:		Yes 25	No Specify:		Specif	White
Ş	thur	8	15. Decedent's E	ducation		16a. Deced	lent's Usual Oc	cupation		16b. Kind of B	usiness/industry
C	e - 2	Completed	(Specify only highest gra	ade completed)		(Give	kind of work do	ne during most of wo	rking		
717	within ene.	Ē	Elementary/Secondary (0-12)	College (1-4or 5 +	5+)	Soci	ial Wo	rkor		Govern	nment
	Hygid ther	3	17. Father's Name (First, Middle, Last			500.	LUL HO.		me (First, Middle,		
Ĕ	d of dol	0		,						Waldell Surial	110/
Maryland	should be filed within nd Mantel Hyglene. marked other than amatic event, the M	0	Charles	Master	S			Flore	nce	Minni	ck
ā	d 2 should th and Man 7 is marke traumatic		19a. Intormant's Name/Relationship (					eet and Number or Ri			
	Haaith Haaith em 27 i		Jennifer Gruv	ver/ daug	ghter	132	Harm	ony Lane	Annapo	olis, M	4D 21401
baltimore,			20a. Method of Disposition		20b. Pl	ace of Dispo	sition (Name of	-(ana)	Date	20c. Location	- City or Town, State
9	permit. Pages Department of Important: If Its any injury or o		1 Burial 2 Cremation 3		8		natory or other	1	2/20	Paltir	more, MD
	it. P.	-	4 ☐ Donation 5 ☐ Other (Special	(y)	Me		Cremate	- 1	2/20	Daiti	nore, MD
on on	permit. Pag Department Important: It any injury o		21. Signature of Timeral Souvice-Line	1120				dress of Facility	DA SOT	zerna I	Park Funer
ш	205 20		The state of	Terre	7~~						
			23a. P. T. Enter the disease, or com	plications that cause	ed the death	. Do not ent	er the mode of	chie Hwy dying, such es cardie	c or respiratory a	rrest,	Approximate
	Physician		pock, or heart tailure. List only	one cause on each	line.						Interval Between Onset and Death
	/Medicai	1	Immediate Cause (Final	OUL	11	2	0				111100
	Examiner		disease or condition resulting in death)	a	IK	EUK	KONT				1005-1
			,		Due to (or	as a consec	uenca ot):				
	D E	Examiner									
	centificata be axecuted adding physician end use as the burial-transit	E	Sequentially list conditions,	0.	Due to (or	as a conseq	uence ot):				
ć	axe axe	ŭ	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury								
OX 58/50,	s sicie	0	Cause (Disease or Injury that Initiated events	C	Due to (or	as a conseq	uence of):				
0	phy s th	50	resulting in death) Last		Due 10 (01	as a conseq	delice oij.				
×	th certific ending p	3		d							
9		0									
	ras thet the death signed by the atter 1 be detached for	Physicianymedical	Pert II. Other eignificant conditions	contributing to death	but not resu	Iting In the u	nderlying cause	given in Part I.	23b. Dld	tobacco uae co	intribute to the cause of death
	by l	E							10	Yee 2 No	3 Probably 4 Unknow
	= 00	2									/ \
Hecords,	requires een sign hould be	2								an autopsy	24b. Were autopsy tindings available prior to
0	been si should	0							penc	rmed?	completion of cause of deeth?
ē	25 2	Completed								/	. /
	The pege	5							10	Yes 2 No	1 ☐ Yes 2 No
VIII		0	25. Was case reterred to medical examiner?					26. Place of De	ath (Check only	one)	
2	hysic his ce		1 Yes 2 No	Hospital: 1 Inpat	tient 2 🗆 E	ER/Outpatien	t 3 DOA	Other: 4 Nursing I	Home 5 ☐ Resi	dence 6 Oti	ner (Specify)
0	A the	-	27. Manger of Death	28a. Dete of inj	jury	28b. Time of	28c. li	njury at Work?	28d. Describe	how injury occu	rred
	After After	2	1 Natural 5 Pending Investigation	(Month, D	ey Year)	Injury		Vork/			
DIVISION OF	Attending in death.	2 Accident investigation 3 Sulcide 6 Could not be 28e Place of Injury - At home farm street factory office								Street and Num.	her or Rural Route Number
2	aftar death.  Director: After In by the fune	Suicide  4 Homicide  4 Homicide  4 Homicide  4 Homicide  4 Homicide  5 Home, 1									
_	To the Hospital or Attending is within 24 hours after death. To the Funeral Director: After completely filled in by the funeral affects.	Ö									
	To the Hospital within 24 hours To the Funeral completely filled	edicai						e time, dete end plece			anner es steted. and due to the cause(s)
	he H	3	one)	and menner s		ST ST ST ST ST ST ST ST ST ST ST ST ST S	oonganon, at th	., opinion, death occi	on ou at the title,	and piace,	
	Within To the	3	29b. Signature and title of certifier				29c. Lic	ense number		29d. Date signe	ed (Month, Day, Year)
			1 Cholale	SHO				35259		2/19	199
)		1	7 1200	1	1		210			1.,	6 7 7
			30. Name and address of person who	completed cause of	death (Item	23a) (Type,	Print)	object 11	11 11.	11-1	Up 21105
			KBIN O PEG	E MID &	1001	N BIBLI	Mrs 1/16	My Mills	MOREVI	re /	1 0100

State Registrar



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

hysician /Medical	1. Decedent's Nar				Ta Product			2. Date of Death		Vear	3. Time of	
		OHN	JAMES	DURRI	ETT			FEBRUAR			8:15	AM
Examiner			, give street and nu	ımber)			4b. City, Town, or Lo		4c. County			
uneral	SACRED I		OSPITAL 6. Sex	7. Aga (In yrs.	last birthday)	If Under 1 Yaar		8. Date of Birth (Month, Day,	ALLEG		place (State ontry)	or Foreig
rector	214-07-3		10XM 2□ F	83	Yrs.	Months Days	Hours Min.	JUNE 19			LAND	
_	Usual Residence	of Decedent		10c. Ci	ty, Town or Lo	cation				-	10d. Inside C	Ity Limits
tor	PA.	BEDFO	ORD		HYNDMA						1 🗆 Yas	
Jec -	10e. Street and No			1		10f. Zip Code		10	g. Citizan of W		ntry?	
by Funeral Director	463 COOF	KS MILL	ROAD			155	545	50 1	U.S.A.			
Funeral Director	11. Marital Status 1 Never Mar	ried 2 Marri	Armed Fried 1 X Yes	edant Evar in U orces? 2 No			dispanic Origin? (Spean, Mexican, Puerto	ecify Yas or No- Rican, etc.)	Biac	k, White,	can indian, etc. ITE	
Completed by	3 🗆 Widowed	4 Divorced	If Yes, G Year or D	Dates: WW11		I□Yes 2ŽÄNo	Specify:		Specify	· WII	IIE	
etec	(Spe	15. Decedent ecify only highes	t's Education of grade completed)		16a. Deced (Give	lent's Usual Occup kind of work done	pation during most of works d)	ing 1	6b. Kind of Bu	isiness/Ir	ndustry	
dwo	Elementary/Sec	condary (0-12)	College (	1-4or 5+)		MANAGER			UTO PA	RTS	MANAGE	R
BeC	17. Father's Name		Last)				18. Mother's Name	(First, Middle, M	laiden Sumam	10)		
ToE	ROY DURF	RETT					ARTIE STE					
To Be Completed	19a. Informant's N			WIFE			and Number or Rura ROAD HYN			State, Zi	o Code)	
	20a. Method of Dis			20b. l	Place of Dispo	sition (Name of	1	Date 2	Oc. Location -	City or T	own, State	
		Cramation 5 ☐ Other (Si	3 □Removal from pecify)			vet cemerature vet vet vet vet vet vet vet vet vet ve	ETERY MARC	Н 3 1999	RFD F	LINT	STONE	MD
e ouce	21. Signature of F	uneral Service	Licerum	1		. Name and Addre		AT HOME				
once.	H.	le L	Maruta				AMS FUNERA R STREET (		ND MARY	T.ANI	)	
	23a. Part I. Enter shock, or he	the disease, or art failure. List	complications that	caused the dea			ng, such as cardiac				Approximat	e ween
an al				1							Onset and	Death
	Immediate Cause disease or conditi resulting in death)	on	a			umon	7				110	ap
je l				2 UU	or as a consec	hv Clu	oms			1	14a	M.
Examiner	Sequentially list of	onditions,	6		or as a consec						1 Unio	Ming
a E	Sequentially list of any, leading to it cause. Enter Und Cause (Disease of	Inmediate lerlying or Injury	C							1		
edicai Examir	that initiated even resulting in daath)	IS T		Due to (d	or as a conseq	uenca of):				1		
			d									
Physician/Me	Part II. Other sign	ificant conditio	ns contributing to d	eath but not ras	sulting In tha u	ndarlylng cause git	van In Part I.	23b. Did tol	pacco uae cor	ntribute 1	to the cause	of death
Phy	Bai	teres	mla					1 April	8 2 No	3 Pro	obably 4	Unknov
				/ /	_	. /		24a. Was ar	autonev	24h W	/ere autopsy	findings
b ed	(6	14585	HUR H	Part	fa	ilux		perform	ned?	ar Cr	vailable prior ompletion of death?	to
letec	1	ovel.	OVASI	4/11	A	cide	7 4	1 ☐ Ya	s 2000		Yes 2	No
ompleter		1 4 6 1/1	00000	N 1 CD	100	- 10101	26. Place of Deatl					
Comp	25. Was case refe								100	er (Speci	ify)	
o Be	25. Was case refe examiner? 1 \( \text{Yes} \) 25	rred to medical	Hospital:	Impatient 2	ER/Outpatier	t 3 DOA Ott	her: 4 Nursing Ho	me 5 Reside	nca 6 Oth			
To Be	examiner?	rred to medical	28a. Date (Mor		28b. Time of Injury	28c. Inju	ry at rk?	me 5 Reside 28d. Describe ho		red		
To Be	examiner? 1 Yes 2  27. Manner of Dea 1 Matural 2 Accident	tth 5 Pendin Investig	28a. Date (Mor	of injury oth, Day Year)	28b. Time of Injury	28c. Inju Wo	ry at rk?	28d. Describe ho	w Injury occurr		rel Boute Num	iher
To Be	examiner? 1 Yes 2  27. Manner of Dea 1 Matural	th 5 Pendin Investig	28a. Date (Mor pation not be ined 28e. Place	of injury oth, Day Year)	28b. Time of Injury	28c. Inju	ry at rk?		w Injury occurr		ral Route Num	iber,
ro Be Comp	examiner?  1 Yes 2  27. Manner of Des  1 Matural  2 Accident  3 Sulcide  4 Homlcide  29a, Ceriffer	orred to medical  to  tth  5   Pendin Investig  6   Could r determ	g 28a. Date (Mor build)  28e. Placined  28e. Placined  28e. Placine build	of injury  nth, Day Year)  a of injury - At hing, etc. (Speci	28b. Time of Injury	28c. Inju Wo 1 = eet, factory, office	y at rk? Yes 2 No	28d. Describe ho 28f. Location (Str. City or Town	w Injury occurred and Numb, State)	er or Rui	stated.	
To Be Comp	examiner?  1 Yes 2  27. Manner of Dea  1 Matural 2 Accident 3 Sulcide 4 Homlcide  29a. Certifier (Check only one)	th 5 Pendin Investig 6 Could redeem	g Physician: To the Examiner: On the band man	of injury  nth, Day Year)  a of injury - At hing, etc. (Speci	28b. Time of Injury	28c. Inju Wo M 1 = ceet, factory, office	ry at rk? Yes 2 No	28d. Describe ho 28f. Location (Str. City or Town and due to the ca	w injury occurred and Numb, State)  use(s) and matte and place, a	er or Rui	stated. to the cause(	
Medical Certification: To Be Comp	examiner?  1 Yes 2 2  27. Manner of Dea  1 Martural 2 Accident 3 Suicide 4 Homicide  29a. Certifier (Check only	th 5 Pendin Investig 6 Could redeem	g Physician: To the Examiner: On the band man	of injury year) a of injury - At hing, etc. (Special best of my knowns is of examination of the second seco	28b. Time of Injury	28c. Inju Wo 1 = eet, factory, office	ry at rk? Yes 2 No	28d. Describe ho 28f. Location (Str. City or Town and due to the ca	w Injury occurred and Numb, State)	er or Rui	stated. to the cause(	
pletely filled in by the funeral director edical Certification: To Be	examiner?  1 Yes 2  27. Manner of Dea  1 Matural 2 Accident 3 Sulcide 4 Homlcide  29a. Certifier (Check only one)	th 5 Pendin Investig 6 Could redeem	g 28a. Date (Mornot be ined) 28e. Place build g Physician: To the Examiner: On the band man	of injury th, Day Year) a of injury - At hing, etc. (Special best of my known serior started.	28b. Time of Injury	28c. Inju Wo M 1 = cocurred at that it restigation, In my cocurred at that it restigation.	ry at rk? Yes 2 No	28d. Describe ho 28f. Location (Str. City or Town and due to the ca	w injury occurred and Numb, State)  use(s) and matte and place, a	er or Rui	stated. to the cause(	
completely filled in by the funeral director, page 2  Medical Certification: To Be Comp	examiner?  1 Yes 2  27. Manner of Dea  1 Matural 2 Accident 3 Sulcide 4 Homlcide  29a. Certifier (Check only one)	th 5   Pendin Investig 6   Could redeem 2   Madical I	g Physician: To the Examiner: On the band man	of injury th, Day Year) a of injury - At hing, etc. (Special best of my known serior started.	28b. Time of Injury	28c. Inju Wo M 1 = cocurred at that it restigation, In my cocurred at that it restigation.	me, date and placa, oplinion, death occurr sa number	28d. Describe ho 28f. Location (Str. City or Town and due to the ca	w Injury occurred and Numb, State) use(s) and matter and placa, and Date signed	er or Rui	stated. to the cause(	



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 2. Data of Death 3. Tima of Death 1. Decedent's Nama (First, Middla, Last) Month **Physician** DE VORE MERLE William FEBRUARY 24, 1999 2054 /Medical 4b. City, Town, or Location of Deeth 4a Fecility Nama (If not institution, giva straat and number) 4c. County of Death Examiner HEART HOSPITAL AllegANY CUMBERLAND SACRED ff Undar 1 Yaar If Undar 24 Hrs. 8. Date of Birth (Month, Day, Year) 7. Aga (In yrs. last birthday) 5. Social Security Number Birthplaca (Stata or Foraign Country) **Funeral** Months B 705.10.6169 1 M 2□ F Yrs. 90 Director 21 06/03/08 MD Usual Rasidance of Decedant tha Maryland 10d. insida City Limits 10e Stata 10b. County 10c. City, Town or Location 7 is marked other than "naturel", or items 23e or 28a-f show traumatic event, the Medical Examinat must be nothed A11-69 ans 1 Yas 2 No EllERSLie MD Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? with 21529 4.5 P.O BOX permit. Pages 1 and 2 should be filed within 72 hours after death 1 Department of Haelth and Mantal Hygiane. Important: If item 27 is marked other than "naturel", or items 220 eny Injury or other traumatic contracts. Funeral 11. Maritel Status Was Dacedant Evar in U.S. Armed Forces? Wes Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - Amarican Indien. Black, Whita, atc. 1 Yas 2 No If Yas, Giva' Yaar or Datas: 1 ☐ Never Merried 2 ☐ Married altimore, Maryland 21215-0020 1 Yas 2 No Specify: P white 3 Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highast greda complated) RailRoad Elamantary/Secondary (0-12) Collaga (1-4or 5+) Engineer 3 YRS. 18. Mothar's Nama (First, Middla, Maiden Surname) 17. Fathar's Nama (First, Middla, Last) DEVORE Witt RACHALL DEVORE BENJAMIN 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 19a. informent's Name/Reletionship (Type, Print) Harmanket, VA 16009 Water Fall Rd. LINDA M. WINNER 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition Data 1 Burial 2 □ Cramation 3 □ Ramoval from Stata HYNDMAN. PORTER CEMETERY 02/27/99 4 ☐ Donation 5 ☐ Othar (Specify) 22. Nema and Addrass of Facility Funeral Home HARVEY H. Zeigler Funeral Home 21. Signatura of Funarel Sarvice Licensee Darla S. Petrigrew FD-OH3744 HYNDMAN, PA. 23a. Part1. Enter the disease, or complications thet caused the deeth. Do not enter the mode of dying, such es cardiec or respiratory arrast, shock, or heart feilure. List only one cause on each line. Approximata Intervel Batween Onset and Death Physician /Medical Immediate Ceuse (Finel disaasa or condition resulting in daath) Examiner Examiner physician and the burial-transit requires that the death certificate be axecuted Sequantially list conditions, if eny, leading to immadiata causa. Entar Undariying Causa (Disaasa or Injury that initioled events resulting In death) Last Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): use as I signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings eveilable prior to Completed 24e. Was en autopsy performad? complation of causa of daath? page 2 has 1 Yes 2 No 1 ☐ Yas 2 ☐ No Aftar this cartificata or Attending Physician: funaral director, 25. Was casa rafarred to madical axaminar? Be 26. Placa of Death (Chack only ona) axaminarr 1 ☐ Yas 2 € No Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Department 2 ER/Outpatiant 3 DOA 27. Mennar of Daath 28d. Describe how injury occurred 28b. Tima of 28c. fnjury et Work? Certification: 28a. Data of Injury (Month, Day Year) 1 Natural 5 Panding 1 Yas 2 No 24 hours after death. Invastigation 2 Accidant 6 Could not be determined 3 Suicida 28f. Location (Street and Number or Rurel Route Number, City or Town, Steta) Plece of Injury - At home, ferm, streat, fectory, office building, atc. (Specify) 4 Homicida Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mannar as stated.

2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. To the Hospi within 24 hou To the Funer completely fil Medical 29a. Certifier 29b. Signature and talle of certifier 29d. Data signed (Month, Day, Year) 29c. Licanse number FEBRUARY 2, 1999 opiatad cause of daath (Itam 23a) (Type, Print)

917 Schon 1

vel/ 113

Cumpalunding

21502

DHMH 16 Rev 6/95

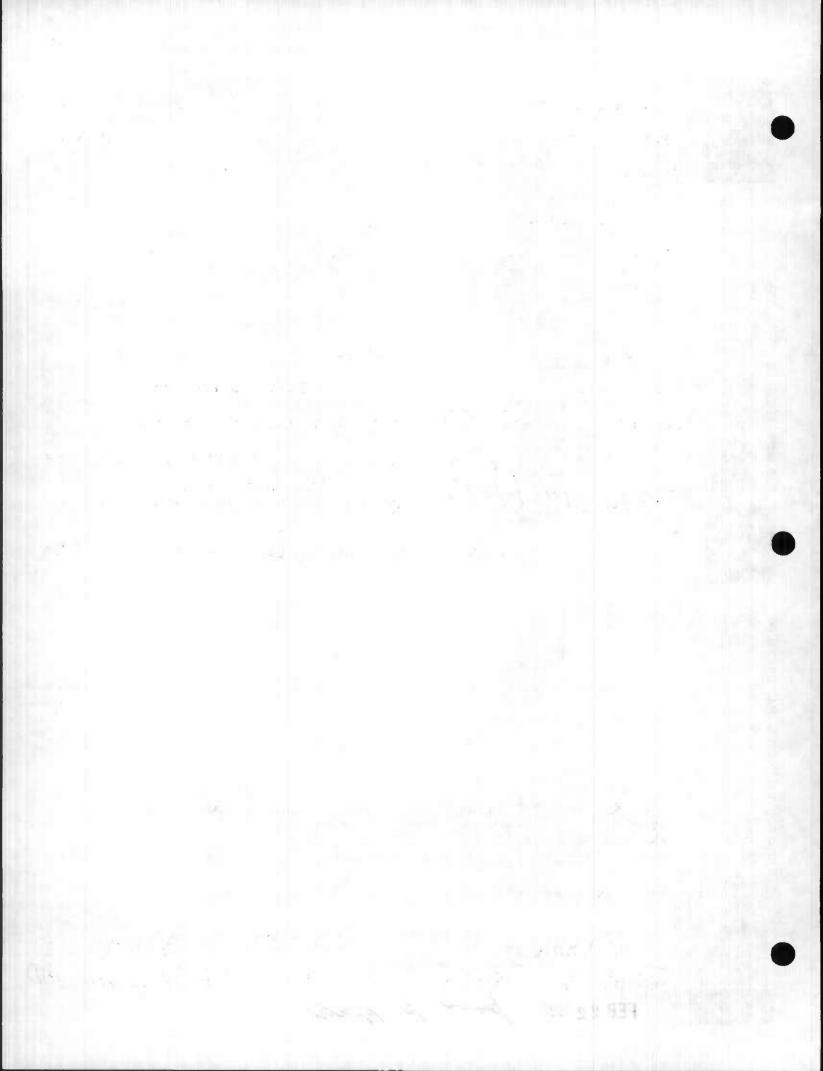
State Registrar

## Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryla

and / Department of Health and Me	ental Hygien 9 07695	
Certificate of Death	279	

						C	ertifica	te of	Death		Re	g. No.			
		dent's Nam	e (First, Middle, L	ast)							2. Data of Death Month	h Day	Year	3. Time o	Death
Physicia /Medica	1.0	ouise	Jeanet	te Dyk	ces						02		1999	11	: 42
Examine	do Foot	lity Name (/	f not institution, g	iva street and nu	imber)				4b. City, Tov	vn, or L	ocation of Death	4c. Count	y of Death		
	67	34 0	ak Rido	ge Dr.					Hebr			W	icomi		
Funeral Director	221	-10-	6047	Sax 1□M 2 <sup>M</sup> F	7. Age (In yrs	lest birthde 75 Yrs.	Months	or 1 Yaar Days		Min.	8. Dete of Birth (Month, Dey, 5/26/1	Year) 923	9. Birthr Cour Mar	place (State of htry) ylan	or Foreign
and mand	10a. Ste		10b. County		10c. C	ity, Town or	Location						1	Od. inside C	Ity Limits
the Merylan 28e-f show	MI 10e. Str	eet and Nu	Wicomi	LCO	S	alisk	_	ip Code			110	Og. Citizen of	What Cour		2€ No
ath with a 23e or	를 36	09 S	t. Luke	-			2	180				US	SA		
020 urs :	10 3D		ied 2 Married 4 Divorced	Armed Fo	2 XNo	J,S. 1	if Yes, sp	ecify Cub	oan, Mexican,	Puerto	ecify Yas or No- Rican, etc.)		ice - Amark ack, White, ify: Whi	etc.	
15-002 n 72 hours "natural",	De de	(Spec	15. Decedent's E	Education rade completed)		16a. De	cedant's Us	uel Occu	pation during most	of work	sino	16b. Kind of I	Business/In	dustry	
CV	Completed		ndary (0-12)	College (		life	nemak	use retire	ed)	0, 10,		Domes	stic		
be filed that Hyging other event, but the that hyging of the the the the the the the the the the	17. Fath	nar's Nama	(First, Middle, Las	it)					18. Motha	r's Nam	e (First, Middle, M	Aaiden Sume	me)		
re, Maryland 212 s 1 and 2 should be filed within fleath and Mental hygiene. fleath and Mental hygiene. tem 27 is marked other than other traumatic event, man	₽ Ear		ockley ame/Relationship	(Type, Print)		19b. Ma	ailino Addre	ss (Stree		-	Louise		n, Stete, Zic	Code)	
				da	aughter										
other tr		thod of Dis	e D. Be	emecc	20b.	Place of Dis	sposition (N	eme of	ige Dr.	п	ebron, M	D_Z_IOJ 20c. Location	- City or To	own, Stata	
0 00-			□ Cremation 3 l 5 □ Other (Spec		State				ece)	1	100 100				
Baltim permit. Pag Department Important: I any Injury o			neral Servica Lice		Z10	on Cerr			ess of Facility	, 2	/23/99 F	ruitla	na, M	arylar	na
Depart any or an					olla	non	YY - 3 3 -			3 77	ome, P.A Salisbur or respiretory arre	rv. MD	2180	4	
	236. P	Emer ti	ne disease, or con nt failura. List onl	plicetions that	caused the dae	th. Do not	htar tha mo	ode of dy	ing, such as	cardiac	or respiretory arre	est,		Approxima Interval Ba	ween
Physician	0							1	1	1				Onset and	Death
/Medical Examiner	diseese	ate Cause (		, m	exors	tat	k	un	ner (	4				7m	0
		g in death)		4		or as e con:		):	7						
D 45	<u>=</u>			ı h											
58760, icete be executed physician end s the buriel-transit	Sequer if any.	ntially list co	nditions,		Due to (	or es a cons	sequance of	):							
68760, filtcete be ex		eading to in Enter Unde (Disease or	rlying	C											
bysic the t	o that init	ated avants g in death) (		Ų	Due to (	or as a cons	equance of	):							
and and	Σ .		-	d											
	Part II. (	Other signif	cant conditions	contributing to d	leath but not ra	sulting In the	undartvino	Callea O	ivan In Pert i		23h Did to	bacco uss c	ontribute to	o the cause	of death?
het the de deteched deteched	hys	Jinor argini	conditions	contributing to d	batti bat not ia	sum g m me	a diluariying	causa y	van in rotti.			s 2 No			Unknowr
S, P															
	Completed										24a. Was ar periorn	n autopsy ned?	CO	ere autopsy aileble prior empletion of death?	findings to cause
T 9 6 0	E										1 ☐ Ye	s 2 No	10	☐Yes 2□	) No
Of Vital  Physician: The this certificate ral director, peg	25. Wa		red to medical						26. Place	of Dea	th (Check only on	e)			
Of Vita Physician: this certific ral director,		miner? Yes 2	No	Hospital:	Inpatient 2	ER/Outpat	tient 3 🗆 🛭	OA O	thar: 4 Nu		10	nca 6 🗆 O	ther (Specil	(v)	
Physical Physical Person		per of Deat		28a. Date		28b. Time	of	28c. Inju	iry at		28d. Describe ho				
nding I ath. r: After e fune	을 1/2 12	Natural Accident	5 Panding investigation		in, Day Tear)	Injur	M		Yes 2□	No					
DIVISION  I or Attending effer death.  Director: Affer d in by the fune		Sulcide   Homicida	6 Could not datarmine	A Zoa. Place	e of Injury - At h ing, etc. (Spec	noma, farm,	straat, facto	ory, office			281. Location (Sti City or Town	reet end Nun , Stata)	nber or Run	al Route Nur	nber,
hou hou in it	29u. Ca	ortifier heck only	Cartifying P Medical Exa	minsr: On the b	asis of examin	owledge, de ation and/or	ath occurre invastigation	d at the t	ime, date and opinion, daat	d place, h occur	and due to the ca red at the time, da	usa(s) and nate and place	nannar as s	tated. o the causa(	s)
To the Howithin 24		The same and the	title of certifier	and man	ner statad.		2	9c. Licen	isa number		20	9d. Date sign	ed (Month	Dev Year	
F. 3 F. 8	1	N	000					1 -		9	2.	2/2-	Jag	, ·	
		1	YWM	76				P /	2050	)/		70	nu		
8	30. Nag	USen	of person who	completed cau	622 M	m 23a) (Tyr	YS (	2. (	MER	de	st	SAU	SKUM	y 1	MD
State	<u> </u>	filed (Man	th, Day, Yaar)	19 32.	egistrar's Sign	eture 4	1	0- 4	,					/	

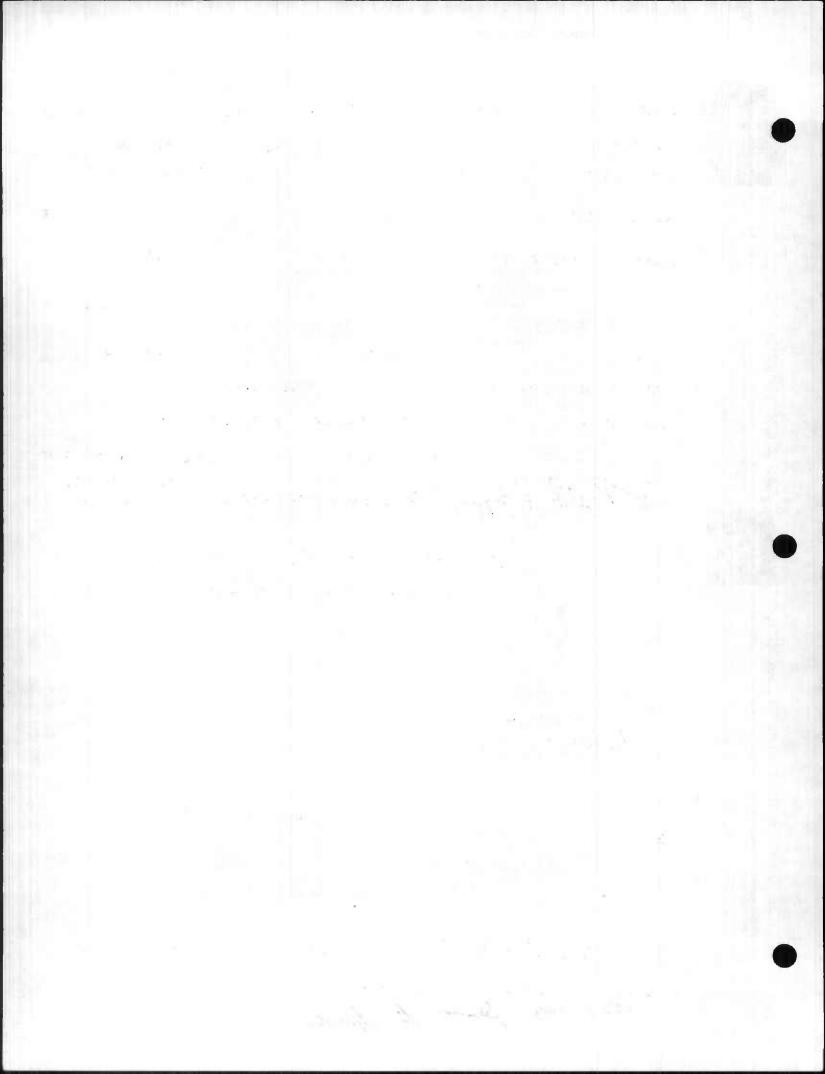


# Please Type or Print In Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			Ce	Certificate of Death Reg. No.						
ician 1.	1. Decedent's Neme (First, Middle					Date of Deeth     Month Day Yee				
dical	WILLIAM	BANKS	5	DISHAR		February			:10 m	
	la Facility Neme (If not institution	, give street end number)			4b. City, Town, or Lo	cation of Death	4c. County	of Death	L	
	Wicomico Nursing H	iame			Salisbury		Wicon	00		
al 5.	. Social Security Number 6. Sex 7. Age (In yrs. le			Months Devs Hours Min.			8. Dete of Birth (Month, Dey, Year)  9. Birthplece (State or For Country)			
	218-12-1093 Usuel Residence of Decedent	83 Yrs.	NOV.			17,1915 MARYLAND				
	10a. Stete 10b. County	ocation				10d.	nside City Lir			
6	MARYLAND WICOM	ICO	SALISBUE	CDUDY			1 ☐ Yes 🎾			
Director	10e. Street and Number			10f. Zip Code			10g. Citizen of Whet Country?			
				21801			U.S.A.			
Funeral	27041 RIVERSID	E DR. EXT.	Ever in U.S. 13.	13. Wes Decedent of Hispanic Origin? (Specify Yelf Yes, specify Cuben, Mexicen, Puerto Rican, of 1 ☐ Yes 2 ☐ No Specify:  6a. Decedant's Usuel Occupation (Give kind of work done during most of working				14. Rece - American Indien,		
Fur	1 Never Merried 2 Merri	Armed Forces?	No						ck, White, etc.	
by	3 Widowed 4 Divorced	If Yes, Give Yeer or Detes:					Specify: WHITE			
3	15. Decedent		16a. Dece				16b. Kind of Business/Industry			
ple	(Specify only highest grede completed)  Elamantary/Secondary (0-12)  Collage (1-		1/10.	life. DO NOT use retired)						
Completed	7		,	FARMER			OWN FARM			
9 1	17. Father's Neme (First, Middle,		18. Mothar's Name (Fig.			First, Middle, Maidan Sumama)				
10	SAMUEL J. DISHAROON III TIVOLA					BANKS				
						arel Route Number, City or Town, State, Zip Code)				
	FRANK DISHAROO	N - BROTHER		ROBINS A	VE. SALI		MD 21804			
20	20a. Method of Disposition	compton/ cre	metery, cremetory or other place)			Dete 20c. Location - City or Town, Stete				
	1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify)						5-99 SALISBURY, MARYLAND			
2	21. Signature of Funeral Service Licensee 22. Name and Address of Fecility 705 E. MA							MATN S	ST.	
8	B. Keuth From CFSP BOUNDS FUNERAL HOME, INC. SALISBURY, MD 218									
olo u	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lest	c	Due to (or es a consecuent of the consecuent of	quence of):	eter U	inc u ls	n Disto	2	19	
Physician/M	Pert II. Other significant condition	d	out not resulting in the u	inderlying ceuse giv	ven in Pert I.		obacco use cor			
F	Cu phisemi-						1 Yes 2 No 3 Probably 4 Uni			
d by	17-20			2			24a. Was an eutopsy 24b. Ware autopsy tind			
Completed	(273V -						performed? available procompletion of deeth?		etion of caus	
E .						101	/aa 2 Na		s 2□ No	
	25. Was casa raterrad to medicel				OR Disea of Deet	1 \( \)	AA	1016	15 2 140	
00	exeminer?  1 Yes 2 No	Hospital: 1 ☐ Inpati	ent 2 ER/Outpatie	nt 3 DOA Oth	28. Placa of Daet			or (Speak)		
5 Z	27. Menner of Deeth				- ^^		dence 8 Oth- now Injury occurr			
Certification:	1 Neturei 5 ☐ Pending 2 Accident investig	24								
fica	3 ☐ Suicide 6 ☐ Could r	not be 28e. Place of In	Place of Injury - At home, farm, streat, factory, office			28f. Location (Street end Number or Rurel Route Numbe				
en	4 ☐ HomicIda building, etc. (Specify)					City or Town, Stete)				
	29a. Cartifiar (Check only one)  15 Certifying Physician: To the best of my knowledga, daath occurred at the time, date end place, and due to the causa(s) and mannar as stated. 25 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated.									
	29b. Signeture end title of certified			29c. License number  D02026			29d. Dete signed (Month, Dey, Year)  2 - 2 - 46			
3	30. Neme end eddress of person who completed cause of death (Itam 23e) (Type, Print)									
tate 3	31. Data filad (Month, Day, Year)	OZZA COBAN PIR 32. Registi	rar's Signature	AD STRITT						
	FEB 22	1999	wa &	Som 4	21					
	30. Name and address of person of the state	622A Ocean Pir	es, Berlin, A	Print)			2-2	220	7	

VISH 4 ROON

DHMH 16 Rev 6/95



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth 07 75 February 2 4 / 999 cation of Deeth 4c. County of Deeth John R. 4e Fecility Neme (If not institution, give street end number) Douville 4b. City, Town, or Location of Deeth PENINSULA REGIONAL MEDICAL CENTER WICOMICO SALISBURY If Under 1 Yeer If Under 24 Hrs 5. Social Security Number 7. Age (In yrs. last birthdey) 6 Sex 8. Dete of Birth (Month, Day, Year) Birthplece (State or Foreign Country) 1EVM 2□ F 477-14-4860 09/18/1926 Wisconsin Usual Residance of Deceden 10c. City, Town or Location 10d. inside City Limits 10a Stete 10b. County 1 Yes XX No Salisbury Wicomico 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 11. Maritel Status 1 Never Married 2 Married 1 Never Married 4 Divorced 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 3 Married 1 Never Married 4 Divorced 1 Never Married 4 Married 1 Never Married 4 Married 1 Never Married 4 Married 1 Never Married 4 Married 21801 13. Was Decedent of Hispanic Origin? (Specify Yes or NoIf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien. Bleck, White, etc. 1 ☐ Yes 2 ☐ No Specify: Specify: White 16a. Decedant's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) Salisburg 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Salisbury Elementery/Secondary (0-12) Collage (1-4or 5+) Federal Government Group Manager IRS Office 17. Fethar's Nama (First, Middla, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) Douville Alice LaMere Douville 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) John R. Douville Jr./Son 8904 Fastbourne Lane, Laurel, MD 20708 20e. Method of Disposition 20b. Pleca of Disposition (Neme of cemetery, cremetory or other place) Dete 20c. Location - City or Town, Stete 1 Buriel 2 Cremation 3 Removel from State 4 Donetion 3 Other (Specify) 2/25/99 Salisbury, Maryland Salisbury Crematory of Funeral Servica Licans 22. Nama end Address of Fecility Holloway Funeral Home, Professional Association 501 Snow Hill Road, Salisbury, MD 21804. The Do not enter the mode of dying, such as cerdied or respiretory errest, 23a Part 1. Enter the disease, or complications that caused the deshock, or heart feilure. List only one ceuse on each line. Approximete Intervel Between Onset end Deeth immediate Ceuse (Fine) 6 disease or condition resulting in deeth) Due to (or es e consequence of) two Cordiomyopelly Sequantielly list conditions, if eny, leeding to immediate cause. Enter Underlying Causa (Disaese or injury that initiated avents resulting in deeth) Lest Due to (or es e consequence of) ysfunction Ef 20% - veytimenler Due to (or es e consequence of) ephryitahon Pert II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobecco use contribute to the cause of deeth? 1 Yes 2 No 3 Probably 4 Unknown Diabetes Mellihrs 24b. Were eutopsy findings eveileble prior to completion of cause of daath? 24e. Wes en eutopsy performed? 2/No 1 ☐ Yas 2 ☐ No 26. Pleca of Deeth (Check only one) Othar: 4 Nursing Home 5 Rasidance 8 Other (Specify) 1 Inpatiant 2 □ ER/Outpetient 3 □ DOA 28e. Dete of Injury (Month, Day Year) 28c. Injury et Work? 28b. Tima of 28d. Describe how injury occurred 5 Pending

attanding physicien and for usa es the burief-trensit law requires that the death certificate be executed Division of Vital Records, P.O. Box 68760, signed by the al peen : After this certificate has funerel director, page 2 The To the Hospital or Atlanding Physician: within 24 hours after death.

To the Funeral Director: After this certifict completaly filled in by the funeral director.

**Physician** 

/Medical

Examiner

Director

Funeral

Completed by

Be

MD

**Funeral** 

Director

7 is marked other than "natural", or flems 23a or 28a-f show trsumatic event, the Modical Examinar must be notified at

the Maryland

with

72 hours after death

filed within

Pagas 1 end 2 should be

Health and Mental Hygiene.

permit. Pagas 1 end 2 Department of Health a Important: If Item 27 Is any injury or other tre

**Physician** /Medical

Examiner

Examiner

Physician/Medical

à

Completed

Be

Certification: To

edicai

Maryland 21215-0020

oke Baltimore,

25. Wes case rafarrad to medical exeminar? 1 Yes 2 No 27. Manner of Deeth 1 XNaturel 2 Accident 3 Suicide 4 Homicide

Investigation 6 ☐ Could not be determined

1 Yes 2 No 28e. Pleca of Injury - At homa, ferm, street, fectory, offica building, atc. (Specify)

Location (Straat and Number or Rurel Route Number, City or Town, State)

29a. Cartifier 29b. Signature and title of certifier

1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end pleca, end due to the ceuse(s) end menner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at tha tima, data end placa, end due to the ceuse(s) end menner stated. 29c. License number 29d. Dete signed (Month, Day, Year)

30. Name and address of person who completed cause of death (Itam 23a) (Type, Print)

12425 22

241

vaka 31. Dete filed (Month, Dey, Year) FEB 2 5 1999

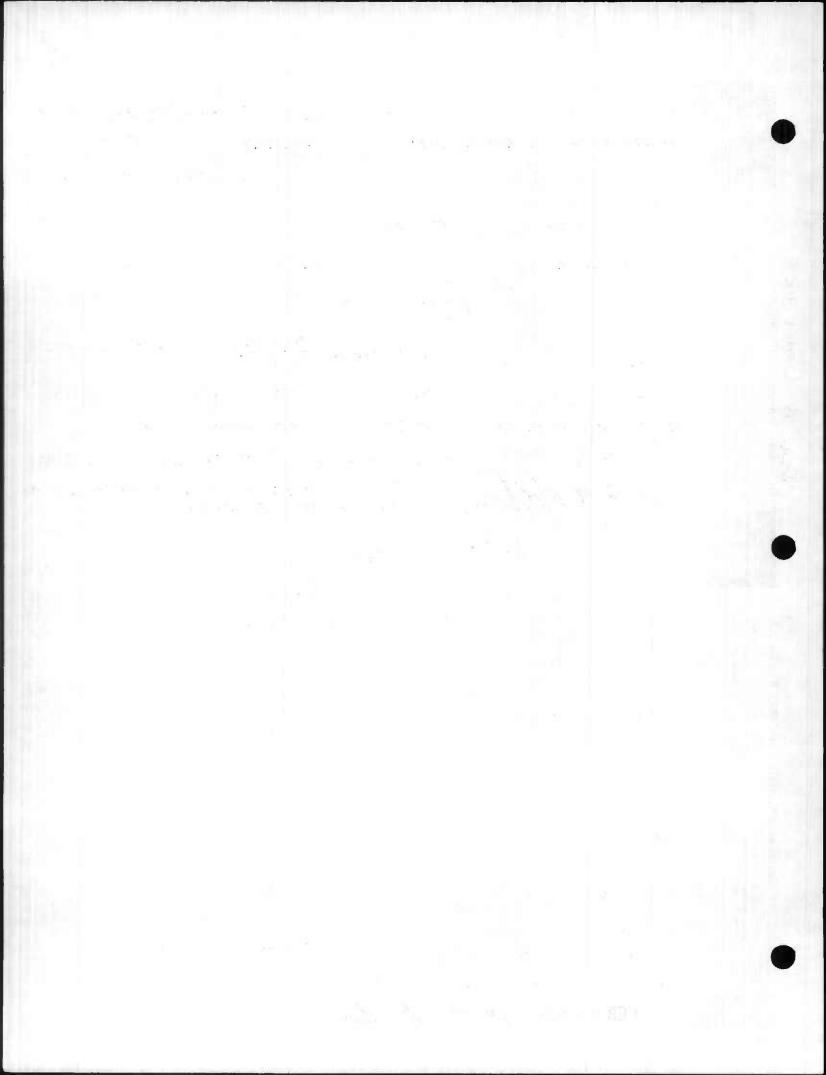
Dala 614-D 32. Degistrer's Signature

M

Eastern shore Drive Salisbury

State Registrar

PU



#### Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death FEB. **Physician** 12:20 p.M. sse 1999 /Medical 4b, City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street and number) Examiner WESTMINSTER BACK WOODS ROAD CARROLL 8. Dete of Birth (Month, Day, Year) If Under 1 Year | If Under 24 Hrs. 9. Birthplace (State or Foreign Country) W VA 7. Age (In yrs. last birthday) **Funeral** M 2 F Months Deys Hours Min 95 Yrs. Director Usual Residence of Decedent the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits notified at CARROLL MA 1 Yes 2 No WESTMINSTER Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? Pages 1 and 2 should be filled within 72 hours efter death with to nent of Heelth and Mental Hygiene. ant: If Item 27 Is merked other than "naturel", or Items 23s or: ury or other traumatic event, the Moures Examinar mast be It. USA KWOODS ROAD 2458 Funerai Was Decedent Ever in U,S. Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes: Was Decedent of Hispanic Origin? (Specity Yes or No-II Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 11. Marital Status Bieck, White, etc. 1 □ Never Married 2 □ Married 1 ☐ Yes 2 ☐ No Specify: Specify: WHITE þ 3 Dividowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) ShEET METAL SHEET METAL WORKER 18. Mother's Name (First, Middle, Maiden Sumame) 17. Fether's Name (First, Middle, Last) Be C. MAE GILBERT EDISON 10 -OHN Se. Informant's Name/Relationship (Type, Print) ARDL E. BURGESS / DAWHTER 19b. Melting Address (Street and Number of Rural Route Number, City or Town, State, Zip Code) 19b. Melting Address (Street and Number of Rural Route Number, City or Town, State, Zip Code) 19b. Melting Address (Street and Number of Rural Route Number, City or Town, State, Zip Code) 19b. Melting Address (Street and Number of Rural Route Number, City or Town, State, Zip Code) 19b. Melting Address (Street and Number of Rural Route Number, City or Town, State, Zip Code) 19b. Melting Address (Street and Number of Rural Route Number, City or Town, State, Zip Code) 19b. Melting Address (Street and Number of Rural Route Number, City or Town, State, Zip Code) 19b. Melting Address (Street and Number of Rural Route Number, City or Town, State, Zip Code) 19b. Melting Address (Street and Number of Rural Route Number, City or Town, State, Zip Code) 19b. Melting Address (Street and Number of Rural Route Number, City or Town, State, Zip Code) 19b. Melting Address (Street and Number of Rural Route Number, City or Town, State, Zip Code) 19b. Melting Address (Street and Number of Rural Route Number, City or Town, State, Zip Code) Baltimore, 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 Cremation 3 Nemovel from State Department of Important: If any Injury or 99 CATLETISBUCG, KY ATLETTSBURG CEM 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Fecility Poits FureCAL Home & Chapel 412 WASHINGTON ROAD 21157 WESTMINSTER, MARYLAND 21157 t enter the mode of dying, such as cardiac or respiratory errest, Approximate Interval Robuser 21. Signature of Funeral Service License 23a. Part1. Enter the disease, or complications that caused shock, or heert failure tonly one cause on each line. Approximete Intervat Between Onset and Death **Physician** /Medical Immediate Ceuse (Finat disease or condition resulting in death) Examiner Examiner sician and buriel-transit Lesword Sequentielly list conditions, if any, leading to Immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting In deeth) Lest Due to (or as a consequence of): physician s the buriel Division of Vital Records, P.O. Box 68760. TLONBAIL certificate be Physician/Medicai Due to (or es e consequence of): 88 950 signed by the a 23b. Did tobacco use coptributa to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 1 Yes 2 No 3 Probably 4 Unknown Alzhenner by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was en autopsy Completed page 2 s 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate or Attending Physician: funeral director, 25. Wes case referred to medical examiner? Be 26. Piace of Death (Check only one) Other: 4 Nursing Home 5 Presidence 6 Other (Specify) 1 ☐ Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To this 27. Menner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? After 1 Naturei 5 Pending death. 1 ☐ Yes 2 ☐ No investigation 2 Accident 24 hours effer deal Funeral Director: 6 Could not be determined 3 Suicide 28e. Piece of tnjury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide Hospital 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and piece, end due to the cause(s) end menner es stated. 2 Medical Examiner: On the best of examination end/or investigation, in my opinion, death occurred at the time, dete end place, end due to the cause(s) and menner stated. 29e. Certifier Medicai within 24 hor To the Fune completely fi (Check only one) 最 29d. Date signed (Month, Day, Year) 29b. Signature end titing conflict 29c. License number 0 199. 78486

State Registrar

FFR 2.5 1999

30. Name end eddress of per

31. Date filed (Month, Day, Year)

2. Registrar's Signature

1. Sports

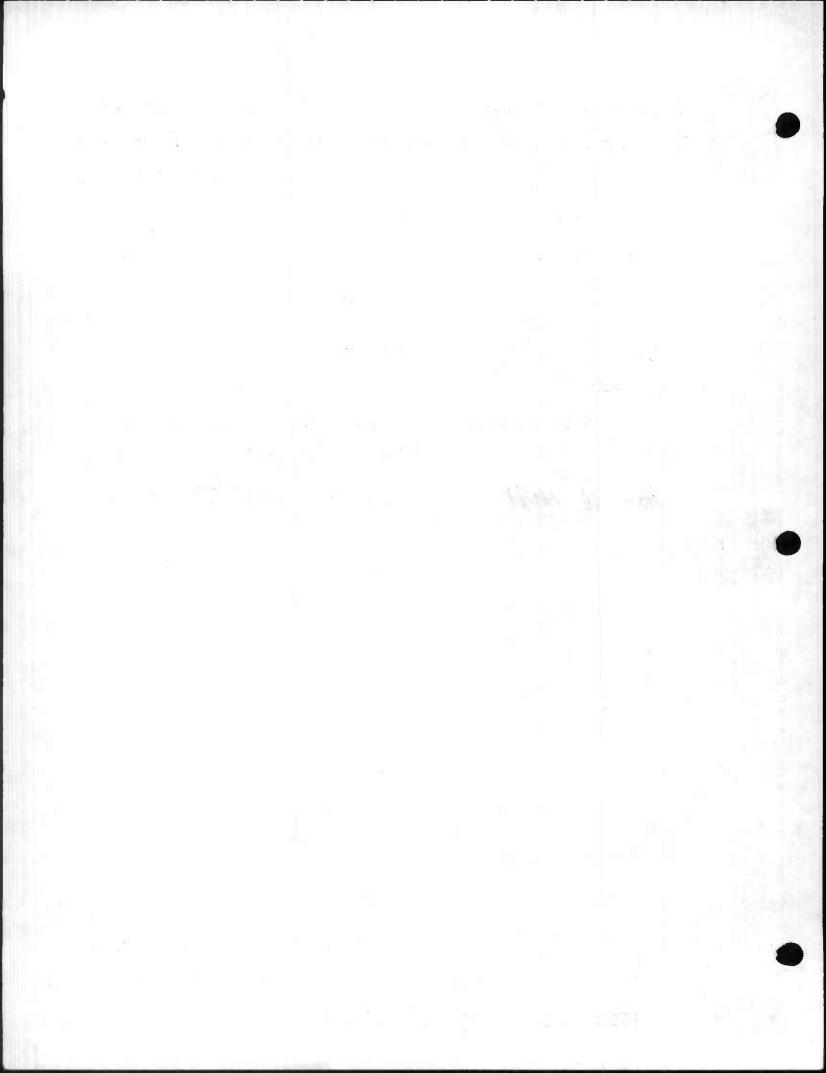
Peter Uggowitzer, M.D.

21074

DHMH 16 Rav 6/95

LUSSIAL SECTION er unit entruerl West holds a M. M. AA CHEERLA WESTMINSTEE Aggreg Bagger 2000 from 15-1 11.18 -11.29 WILLIAM BUREL The late of the state  second of the second of th

-			State of Marylan		tificate of			Reg. No.	07699	
Physic /Medi	cal	1. Decedent's Name (First, Middle, Last Madeline	P. Egner			4.00 7.	2. Date of De Febru	ary 23, i	ear 9:10 AM	
Funeral Director	ner	4a. Facility Name (If not institution, give Homewood Center)  5. Social Security Number 6. Sax 215 03 8191  Usual Residence of Decedent	r, 6000 Bell	ODQ 1 ast birthday) Yrs.	If Under 1 Yaar Months Days	Baltin  Baltin  If Undar 24 Hrs.  Hours Min.	nore	Balt		
show	5	10a. Stata 10b. County  Md Baltimor		Town or Lo					10d. Inside City Limits	
with the M 3a or 28a-4	Il Director	Md. Baltinor  10e. Street and Number  6000 Bellona Ave		10f. 2				10g. Citizen of What Country? U.S.A.		
72 hours after death with the Maryland *natural; or items 23a or 28s-1 show	by Funeral		12. Was Decedent Ever In U,\$ Armed Forces? 1 ☐ Yes, 2 ☐ No If Yes, Give Year or Datas:	- 11	Vas Decedent of H Yes, specify Cuba	lispanic Orlgin? (S an, Mexican, Puert Specify:	pecify Yes or No o Ricen, etc.)	- 14. Race -	American Indian, White, atc. White	
within ene. than	Completed	15. Decedent's Edu (Specify only highest grade Elementary/Secondery (0-12)	cation	(Give I life. E	ent's Usual Occup kind of work done OO NOT use retired nemaker	pation duning most of world)	rking 16b. Kind of B		usiness/Industry	
should be filed and Mental Hygin marked other imatic event, to	To Be Co	17. Fathar's Name (First, Middle, Last)  Joseph Plitt				18. Mother's Name (First, Middle, Maiden Sume Annie Farber				
iges 1 and 2 should be filed nt of Health and Mental Hyg If flem 27 is marked othe or other traumatic event,		19a. Informant's Name/Relationship (Ty) Rosser J. Pettit 20a. Mathod of Disposition	(Attorney)	201 N	. Charles	St. Bal	St. Baltimore, Md. 21201			
pemit. Pages 1 a Department of Hei Important: If item any injury or othe		1 ☑ Burial 2 ☐ Cremation 3 ☐ R 4 ☐ Donation 5 ☐ Other (Specify)  21. Signatura of Funeral Service License	emoval from State Mt	. Oliv	vet Cemet	tery 2/	25/99	Baltimor	re, Md.	
permit. Departminports any inju		Harry W. X	hight	Hai	ight Fune	Sy eral Home				
Physician /Medical Examiner		23a. Part1. Enter the disease, or compile shock, or hear failure. List only on Immediata Cause (Final disease or condition resulting in deeth)	Premo	Nin.		ng, such as cerolac	or respiratory a	rrest,	Approximata Interval Between Onset and Deeth	
ficate be executed physician and is the burial-transit	sai Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underfying Cause (Disease or Injury that initiated events	b. — Due to (or as a consequence of):  Due to (or as a consequence of):  c. — Due to (or as a consequence of):							
death certificate e attending phy ed for use as the	an/Medicai									
0 0 0	Physician/M	Part II. Other significant conditions cont	ributing to death but not resul	ting In the un	derlying cause giv	en in Part I.	23b. Dld	tobacco use contr	bute to the cause of death?	
res that the designed by the a	by	denentie					10	Yes 2 No 3	☐ Probably 4 ☐ Unknow	
s been s 2 should	Completed						24a. Was perfo	an autopsy med?	24b. Were autopsy findings available prior to completion of ceuse of death?	
		25 Was case referred to medical				00.01	10		1 ☐ Yes 2 ☐ No	
5 00	ation: To Be	25. Was case referred to medical examiner?  1							(Specify)	
To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	Certification:	3 Suicide 6 Could not ba 4 Homicide determined	28e. Place of Injury - At hon building, atc. (Specify)		City or Tov	m, Stete)	or Rural Routa Number,			
Hosp     124 hou     Funer     letely fill	edicai	29a. Certifier (Check only one)  1 ☐ Certifying Physic 2 ☐ Medical Examin	cian: To the best of my know er: On the basis of examination and manner stated.	ledge, death on and/or inve	occurred et the timestigation, in my op	ne, date end placa, pinion, daath occur	and due to the red at the tima,	cause(s) and mann date and place, and	er as stated. If due to the causa(s)	
To the Withir To the comp	Me	29b. Signatura and title of cartifiar	0		29c. Licanse	a number		29d. Date signed (	Month, Day, Year)	
		30. Name end address of person who cor	nDieted cause of deeth (Item )	23a) /Tuna B	1)27	1,23		2/2/1	66	
		Julie wint	of Tro	m 2	0	Re	u-ku-t	3~~ ~	0 20136	
Sta Registr	-	31. Date filed (Month, Dey, Year)	32. Registrar's Signatu	lre 4	1					



Please Type or Print in Black Indelibie ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 3. Time of Deeth 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month 033 Bell Everet February 1999 22 4e Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth IKton Cecil Hospital Moion If Under 24 Hrs. If Under 1 Year Birthplece (State or Foreign Country) 8. Date of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Age (In yrs. lest birthdey) Days Months Hours 1 □ M 2 1 F 215-28-3428 Yrs. February 5, 1932 Maryland Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 XYes 2 □ No Maryland Cec. EIKTON 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? USA 120 Hollingsworth Manor 21921 14. Race - American Indien, Bleck, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11 Meritel Stetus 1 Never Married 2 Married 1 ☐ Yes 2 No 1 ☐ Yes 2 No Specify: Specify: white 3 Widowed 4 □ Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) House Hold House Wife 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) May Hilda Blackson Irving Simmons 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Park laylor - Daughter Towne Drive Elkton, mo. Grace 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 20a. Method of Disposition Date 1 X Burial 2 ☐ Cremetion 3 ☐ Removal from State Feb.25,1999 E/Ktop, mD. 4 Donetion 5 □ Other (Specify) Cemeter-21. Signeture of Familial Service Lice 22. Name and Address of Facility Gee Funeral Home St. ElKton, mD. 21921 259 E- Main 23a. Part1. Enter the discusse, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or hear failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Immediate Ceuse (Final diseese or condition resulting in deeth) Poren maina Due to (or es e consequence of): C0120 1040 Due to (or es e consequence of): Due to (or es e consequence of) Recent MI 23b. Did tobacco uee contributa to the cause of death? 1 Yes 2□ No 3 Probably 4 Unknown 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 24a. Wes en eutopsy performed? SELNO 1 ☐ Yes 1 ☐ Yes 2 ☐ No 26. Plece of Deeth (Check only one)

**Physician** /Medical Examiner Examiner

nding physician end use es the buriel-transit

for t

Physician/Medicai

by

Completed

Be

2

Certification:

Medical

Physician

/Medical

Examiner

Director

Funeral

p

Completed

Be

2

**Funeral** 

Director

permit. Pages 1 end 2 should be filed within 72 hours efter death with the Maryland Department of Health end Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Examiner must be not the PRES.

altimore, Maryland 21215-0020

Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Diseese or Injury thet initieted events resulting in death) Lest

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 25. Wes case referred to medical Hospital: 1 Nnpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 ER/Outpetient 3 DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred 1 Neturel 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

(Check only

1 🖍 cartifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner steted.

29b. Signeture end title of certifier

29c. License number

29d. Dete signed (Month, Dey, Year)

Im chi Har MD

CHIH

30. Name end eddress of person who completed cause of deeth (flem 23e) (Type, Print)

HCU

D04823

man St

2/23/99

State Registrar

JUI 31. Dete filed (Month, Day, Year)

FEB 2 4 1999

32. Registrer's Signeture

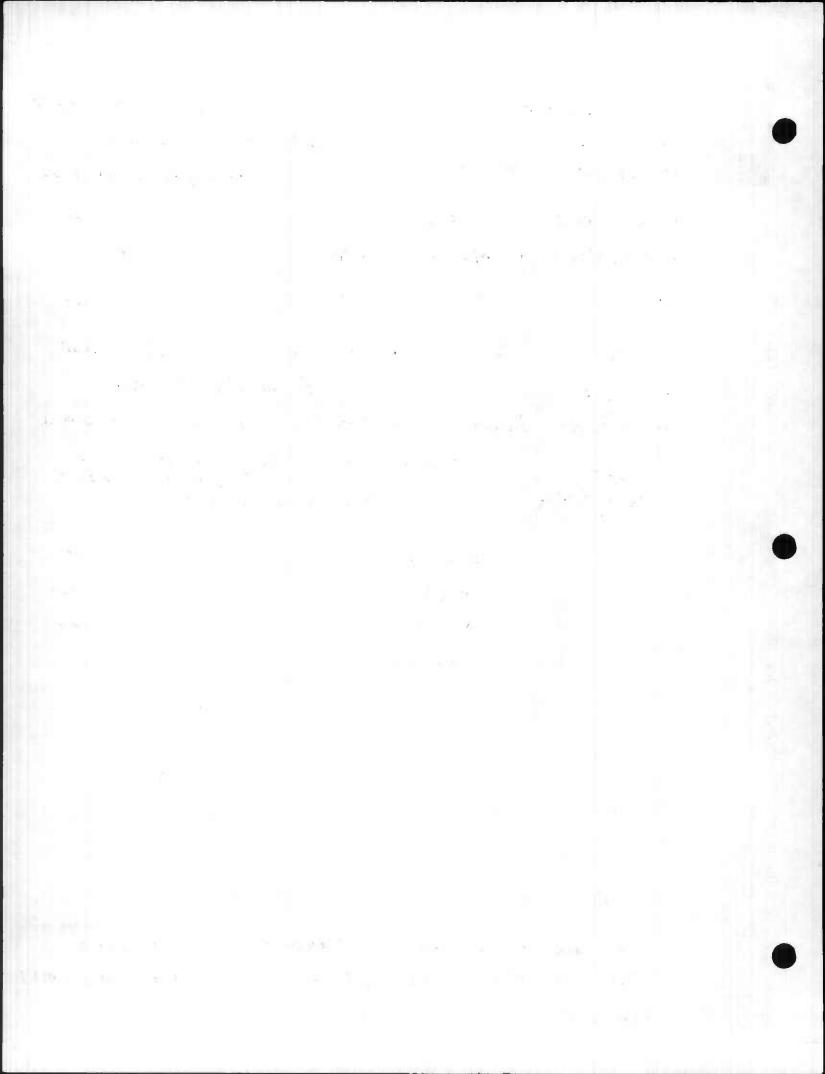
223

West

**DHMH 16 Rev 6/95** 

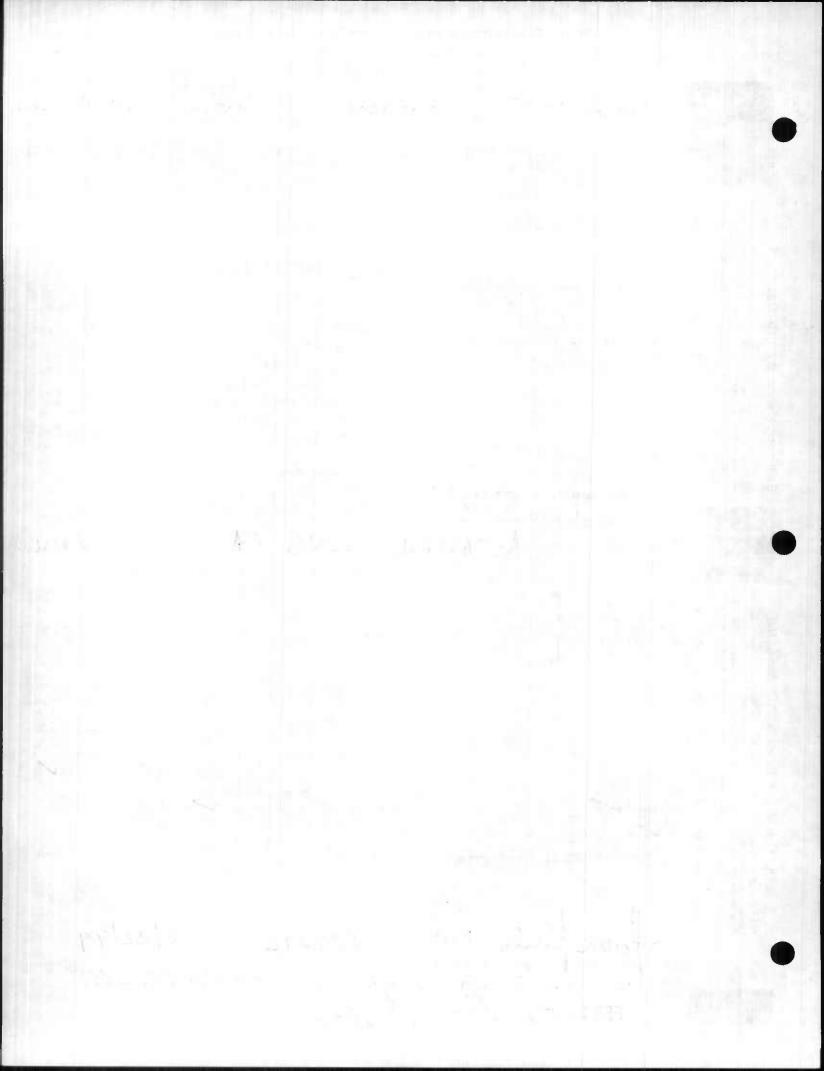
requires that the death certificete be executed P.O. Box 68760, signed by the e Division of Vital Records, page 2 s certificate has Attending Physician: director, After this death. s efter death

filled in by 24 hours To the Hospi within 24 hou To the Funer completely fi

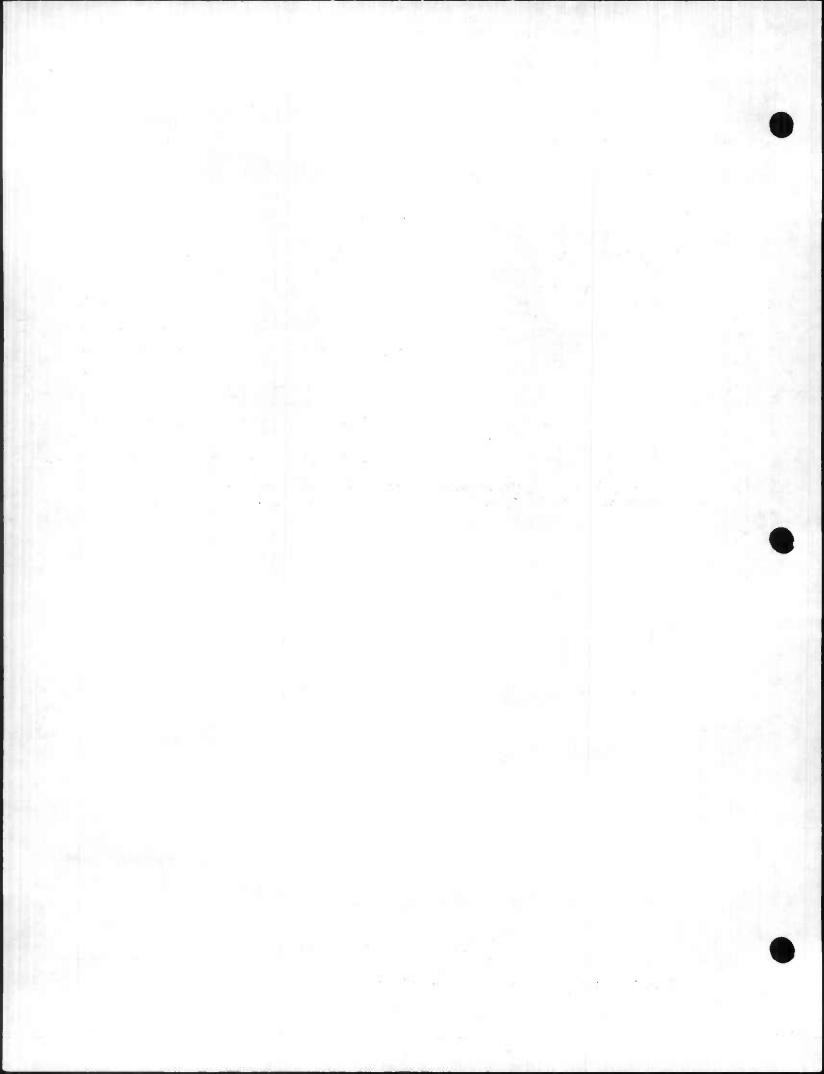


# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 7 7 0 1

			4000 . 5.00 f .														
		Decedent's Nam	10 (First, Midd	1)				Montt								3. Time of Dee	
rysiclan Medical		MARGARET							GAGNON							1999	6:201
kaminer	4a	Facility Name (				end numbe	er)						ocation of Dea	th 4c. (	County of		
		689 Flin		6. Se		7	A-a (la sua	. last birthde	and If I In	der 1 Year	Finksh		8. Date of B		rrol.		nee (Ctata es Fe
neral ector	21	14-38-1	745		™ 21		Age (in yrs	76 Yrs	Month			Min.	Apr 2,	ev. Year)	ME	Count	ace (Stete or Fo
or 28e-f show a notified at Director	-	ual Residence o n. State	10b. County	,			10c C	ity Town or	Location							10	Od. Inside City Li
H								c. City, Town or Location									Y Yes 2
ecto	MD		Carro	TT			wes	Vestminster						10 000			
noer must be notified Funeral Director	80	o. Street and Nu 08 Willi		enue				10f. Zip Code 21157						10g. Citiz	en or vvn	net Count	try r
Jers E	11.	Marital Stetus			12. Wa	s Decede	nt Ever in I	J,S. 1	3. Was De	cedent of I	Hispanic Ori	gin? (Sp	ecify Yes or N	0- 1			an Indian,
eny injury or other traumatic event, the Medical Examiner must be notified at once.  To Be Completed by Funeral Director	2	1 Never Mari			1 [	ned Force Yes 24 es, Give ar or Date	No	If Yes, specify Cuban, Mexican, Puerto Ricer					ricen, etc.)	n, etc.) Black, White			9tc.
		(0	15. Deceder	nt's Edu	cation	-l- 4d)		16a. De	cedent's U	Isual Occu	pation	t of work	ina	16b. Kin	nd of Busi	iness/Ind	lustry
	E	(Spe	ondary (0-12)	est grad		ilege (1-40 4	or 5+)	16a. Decadent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)  School Teacher						Elem	enta	ry E	ducatio
	17.	Father's Name	(First, Middle	, Last)				0011001 10			18. Mother's Na		ame (First, Middle, Ma		Sumeme)	)	
	R	ichard									Kati						
		a. Informant's N	lame/Relation	ship (T	ype, Pri	int)		19b. M	aiting Addr	ess (Stree	t end Numb	er or Rut	el Route Num	ber, City or	Town, Si	tate, Zip	Code)
	Mı	r. Darr	iol Gad	gnor	(sp	ouse	)	808	Will	iam A	venue	, We	stmins	cer, M	MD 21	1157	
othe	20a	Mr. Darriol Gagnon (spouse 20a. Method of Disposition						Place of Di	sposition (/	Neme of	ica)		Date 20c. Location - City of			ity or To	wn, State
Important: If it any injury or o pnce.		rel Burial 2 Li Cremation 3 Li Hemoval from State						b. Place of Disposition (Neme of cemetery, crematory or other placa)  Vergreen Memorial  Date Feb 25						Finksburg, MD			ID
	21.	21. Signature of Foneral Service Licensee  22. Name and Address of Facility Haight Funeral Home & Cha- P.O. Box 195 Sykesville,															
	72	n Dord Color					77	0.67	2.0.	DOA	100	Dyne	0 0 2 2 2 0	,			
cian dical niner	Imr	mediete Cause ease or condition	art failure. Lis (Final on	or comp at <i>onl</i> y o	lications ne caus	s that cause on eecl	A81	ATI	C	W	ing, such as		or respiratory	arrest,		C	Approximate interval Betwee Onset and Deal
lical iner	Imr dis- res	shock, or hea mediate Cause ease or condition sulting in death)	artfailure. Lis (Final on	or comp	lications no caus	s that cause on each	Due to	ATI (or es e con	esequenca	W of):			or respiratory	arrest,		C	intervai Betweer
ical iner	Imr dis- res	shock, or hea	(Final on onditions, mmediate lerlying r injury is	or comp of only o	a	s that cause on eecl	Due to	ATI	esequenca desequenca de	of):			or respiratory	arrest,		C	intervai Between
use es the burial-transit  In Medical Examiner	Sed If a ceu	shock, or hear mediate Cause lease or condition sulting in death) quentially list or iny, leading to use. Enter Und- use (Disease of the time) use (Disease of the time)	(Final on onditions, mmediate lerlying r injury is	fr comp	b	s that cause on eech	Due to	(or es e con	esequenca desequenca de	of):			or respiratory	arrest,		C	Approximate interval Between Onset and Deat
use es the burial-transit  or an included in the state of	Sed If a ceu	shock, or hear mediate Cause lease or condition sulting in death) quentially list or iny, leading to use. Enter Und- use (Disease of the time) use (Disease of the time)	art failure. Lis  (Final on on onditions, mmediate lerlying r injury is Last	{	a	se on eecl	Due to (	(or as e con	esequenca desequenca d	of):	N 61	C	A		usa conti	ribute to	intervai Betweer
use es the bunial-transit  The discal Examiner	Sed If a ceu	shock, or headlest cause ease or conditional sulting in death) quentially list conditions. Enter Undiverse Enter Undiverse (Disease of this limited event sulting in death)	art failure. Lis  (Final on on onditions, mmediate lerlying r injury is Last	{	a	se on eecl	Due to (	(or as e con	esequenca desequenca d	of):	N 61	C	23b. Di			cribute to	Onset and Deat
be detached for use as the burial-transit  De Physician/Medical Examiner	Imr distress See 1 Ceu Ceu Ceu tha	shock, or headlest cause ease or conditional sulting in death) quentially list conditions. Enter Undiverse Enter Undiverse (Disease of this limited event sulting in death)	art failure. Lis  (Final on on onditions, mmediate lerlying r injury is Last	{	a	se on eecl	Due to (	(or as e con	esequenca desequenca d	of):	N 61	C	23b. Did	d tobacco	□ No ③	24b. We	o the cause of de cause autopsy findia illable prior to mpletion of cause
S should be detached for use as the bundar-transit as positive by Physician/Medical Examiner	Imr distress See 1 Ceu Ceu Ceu tha	shock, or headlest cause ease or conditional sulting in death) quentially list conditions. Enter Undiverse Enter Undiverse (Disease of this limited event sulting in death)	art failure. Lis  (Final on on onditions, mmediate lerlying r injury is Last	{	a	se on eecl	Due to (	(or as e con	esequenca desequenca d	of):	N 61	C	23b. Did 1 [24a. We per	d tobacco of	□ No ③	24b. We ave	othe cause of depending allebte prior to
2 should be detached for use as the burial-transit  2 should be detached for use as the burial-transit  pleted by Physician/Medical Examiner	Section of the sectio	shock, or headlest cause ease or conditional sulting in death) quentially list conditions. Enter Undiverse Enter Undiverse (Disease of this limited event sulting in death)	onditions, mmediate ertying r injury ts Last	{	a	se on eecl	Due to (	(or as e con	esequenca desequenca d	of):	N G	<i>c</i>	23b. Did 1 [ 24a. We per	d tobacco of Yes 20 s an autop formed?	□ No S	24b. We ave	o the cause of de
sctor, page 2 should be detached for use as the burial-transit	Imredistress Section 1 certain ress Certain ress	shock, or head mediate Cause ease or conditional sulting in death)  quentially list county, leading to in use. Enter Unduse (Disease on thinitiated eventuiting in death)  tifl. Other aignitions.	(Final on onditions, mmediate lerlying r injury is Last	fons co	a	ng to death	Due to (	(or es e con	sequenca desequenca desequence de	of): of): of):	N G	f.	23b. Did 10 24a. We per	d tobacco of Yes 2 (a) Yes 2 (d) Yes	No S	24b. We ave cor of c	o the cause of do bably 4 Unit of the multiple of the cause of do bably 4 Unit of the multiple of the cause o
Il director, pege 2 should be detached for use as the burial-transit and a particular of the standard of the s	Imr distress Sea of if a ceter of the ress	shock, or head mediete Cause ease or conditional sulting in death)  quentially list or ny, leading to in use. Enter Unduse (Disease or it initiated event sulting in death)  Was case referenced by the conditional sulting in death of the sulting in	onditions, mediate entying r injury is Last	fons col	a	ng to death	Due to (	(or as e con	sequenca desequenca desequence de underlyin	of): of): of): of): DOA Of  28c. Injude	26. Plac	f.	23b. Did 1 [ 24a. We per	d tobacco of tobacco o	No s	24b. We ave cor of a	o the cause of de cause and Deat and Deat and Deat and Deat at the cause of de cause of de cause at the cause of death?  Yes 200 No
by the funeral director, page 2 should be detached for use es the bunal-transit  a partial cation: To Be Completed by Physician/Medical Examiner	Imr distress Sea of if a ceter of the ress	shock, or head mediate Cause ease or conditional sulting in death)  quentially list or conditional sulting in death)  quentially list or conditional sulting in death)  the conditional sulting in death)  Was case refe examiner?  1 \( \text{Ves} \) 2 \( \text{Ves} \)  Menner of Dee	onditions, mmediate lerlying r Injury ls Last  iffcant conditt  fifth  f	fons col	a	is on each	Due to (  Due to (  Due to (  but not re  atient 2[  njury Day Year)	or as e consor as	sequenca of sequence of sequen	of):  of):  of):  of):  of):  28c. Inju Wc 1	V 61  iven in Part  26. Plac ther: 4 Niry at ork?  Yes 2	f.	23b. Did 10 24a. We per 11 th (Check only) ome 5 1 46 28d. Describe	d tobacco of the same autoproformed?  Yes 20	No Sisy	24b. We ave cor of a	o the cause of de cause and Deat and Deat and Deat and Deat at the cause of de cause of de cause at the cause of death?  Yes 200 No
by the funeral director, page 2 should be detached for use as the burial-transit and information: To Be Completed by Physician/Medical Examiner	Imr distress Sea of if a ceter of the ress	shock, or hear mediate Cause ease or conditional sulting in death)  quentially list conditions are considered to the condition of the conditions are considered to the conditions are considered to the conditions are considered to the conditions are considered to the conditions are considered to the conditions are considered to the conditions are considered to the conditions are considered to the conditions are considered to the conditions are considered to the conditions are considered to the conditions are considered to the conditions are considered to the conditions are considered to the conditions are considered to the conditions are considered to the conditions are considered to the conditions are considered to the conditions are considered to the conditions are conditions.	onditions, mmediate lerlying r Injury ls Last	al ling ling ling ling ling Physical Republic	a	l: 1 Inp. Date of I (Month, Place of building,	Due to (  Due to	(or es e con or as e con sulting In th  ER/Outpe 28b. Tim Injur nome, ferm, ify)	sequence of sequen	of):  of):  of):  of):  DOA Of  28c. Inju We 1 Cotory, office	N 61  Iven in Part  26. Plac  ther: 4 Ni iny et ok?  I'ves 2	f.  e of Deat ursing Ho	23b. Divide 1 1 24a. We per 1 28d. Describe	d tobecco of tobecco of tobecco of tobecco of tobecco of tobecco of tobecco of tobecco of tobecco of tobecco of tobecco of tobecco of tobecco of tobecco of tobecco of tobecco of tobecco of tobecco of tobecco of tobecco	No Sisy Sisy Sisy Sisy Sisy Sisy Sisy Sisy	24b. We ave cor of c	interval Between Conset and Deat Property and De
by the funeral director, page 2 should be detached for use es the burial-transit and information: To Be Completed by Physician/Medical Examiner	Imredistress Sea de la celectra del celectra de la celectra de la celectra de la celectra de la	was case refeaxaminer?  I Ves 2 Accident 3 Suicide 4 Homicide Cause  was a case refeaxaminer?  Let a continue to the case of t	onditions, mediate entying r injury is Last  iffcent conditions to medicate entying r injury is Last	al ling ling ling ling ling Physical Republic	a	l: 1 Inp. Date of I (Month, Place of building,	Due to (  Due to	(or es e con or as e con sulting In th  ER/Outpe 28b. Tim Injur nome, ferm, ify)	sequence of sequen	of):  of):  of):  of):  DOA Of  28c. Injuged the tellon, in my	26. Place ther: 4 No. 19 No. 1	f.  e of Deat ursing Ho	23b. Did 10 24a. We per 11 11 16 (Check only) 28d. Describe 28d. Describe City or T	d tobacco (  Yes 2[ s an autopformed?  Yes 2[ r one)  sidence 6 how injun  (Street encown, Stete) e ceuse(s) b, date and	No Sisy Sisy Sisy Sisy Sisy Sisy Sisy Sisy	24b. We ave corror of a 1 [	othe cause of de cause of de cause of cause of cause of de cause of de cause of de cause of c
by the funeral director, pege 2 should be detached for use es the burial-transit and a large statement of the funeral director. To Be Completed by Physician/Medical Examiner	Imredistress Sea de la celectra del celectra de la celectra de la celectra de la celectra de la	was case referenced in the comment of the case of conditions of the case of conditions of the case of	onditions, mmediate lerlying r Injury ls Last	al ling ling ling ling ling Physical Republic	a	ing to death	Due to (  Due to	(or es e con or as e con sulting In th  ER/Outpe 28b. Tim Injur nome, ferm, ify)	sequence of sequen	of):  of):  of):  of):  of):  DOA Of  28c. Injuly 1C  ctory, office	26. Place ther: 4 No. 12 No. 1	e of Deat	23b. Divide 1 1 24a. We per 1 28d. Describe	d tobacco (  Yes 2[ s an autopformed?  Yes 2[ r one)  sidence 6 how injun  (Street encown, Stete) e ceuse(s) b, date and	No Sisy Sisy Sisy Sisy Sisy Sisy Sisy Sisy	24b. We ave corror of a 1 [	interval Between Conset and Deat Property and De
funeral director, page 2 should be detached for use as the burial-transit  Lion: To Be Completed by Physician/Medical Examiner	Imredistress Sea de la celectra del celectra de la celectra de la celectra de la celectra de la	was case refeaxaminer?  I Ves 2 Accident 3 Suicide 4 Homicide Cause  was a case refeaxaminer?  Let a continue to the case of t	onditions, mediate entying r injury is Last  iffcent conditions to medicate entying r injury is Last	al ling ling ling ling ling Physical Republic	a	ing to death	Due to (  Due to	(or es e con or as e con sulting In th  ER/Outpe 28b. Tim Injur nome, ferm, ify)	sequence of sequen	of):  of):  of):  of):  of):  DOA Of  28c. Injuly 1C  ctory, office	26. Place ther: 4 No. 19 No. 1	e of Deat	23b. Divide 1 1 24a. We per 1 28d. Describe	d tobacco (  Yes 2[ s an autopformed?  Yes 2[ r one)  sidence 6 how injun  (Street encown, Stete) e ceuse(s) b, date and	No Sisy Sisy Sisy Sisy Sisy Sisy Sisy Sisy	24b. We ave corror of a 1 [	othe cause of de cause of de cause of cause of cause of de cause of de cause of de cause of c
by the funeral director, page 2 should be detached for use as the burial-transit	Imm distress Sea di da cele Cele Cele Cele Cele Cele Cele Cele	was case refeaxaminer?  I Ves 2 Accident 3 Suicide 4 Homicide Cause  was a case refeaxaminer?  Let a continue to the case of t	onditions, mediate entying r injury is Last invest 6 Could determine the Could determi	al ling ligation of not be mined ling Physical Exami	a	il: 1 Inp. 1 Date of 1 Month, Month, Place of building, To the beat in the basis in	Due to (  Due to	(or es e consor as	sequence of sequen	of):  of):  of):  of):  of):  DOA Of  28c. Injuly 1C  ctory, office	26. Place ther: 4 No. 12 No. 1	e of Deat	23b. Divide 1 1 24a. We per 1 28d. Describe	d tobacco (  Yes 2[ s an autopformed?  Yes 2[ r one)  sidence 6 how injun  (Street encown, Stete) e ceuse(s) b, date and	No Sisy Sisy Sisy Sisy Sisy Sisy Sisy Sisy	24b. We ave corror of a 1 [	othe cause of dependent of cause of cause of cause of dependent of cause of dependent of cause of dependent of cause dependent of cause dependent of cause dependent of cause dependent of cause dependent of cause of the cause of dependent of cause of dependent of de



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Month Year **Physician** 28 1999 ANNA SCHUUR HOWARD FEBRUARY 5:30 AM /Medical 4a Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner MARINER OF SOUTHERN MARYLAND PRINCE GEORGE'S CLINTON 5. Sociei Security Number 7. Age (In yrs. lest birthday) If Under 1 Yeer If Under 24 Hrs. Birthpiace (State or Foreign Country) **Funeral** Deys Months Hours 1□M 2X F Yrs. 85 Florida Director OCT. 11,1913 528-32-3888 Usual Residence of Deceden the Marylend 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Show the Medical Examiner must be notified at Director 1 ☐ Yes XX No 28a-f MD. CHARLES HUGHESVILLE 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? ò Nerns 23s 14023 OAKS ROAD 20637 U.S.A. Funeral death 12. Wes Decedent Ever in U.S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Marital Status 14. Race - American Indien, Bleck, Whita, etc. 72 hours efter 1 Never Merried 27 Merried 1 ☐ Yes 2√XNo If Yes, Give Baltimore, Maryland 21215-0020 "natural", or 1 Yes 2 WNo Specify 2 3 ☐ Widowed 4 ☐ Divorced WHITE Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry filed within 7 I Hygiene. other than "n U.S. AIR College (1-4or 5+) Elementery/Secondery (0-12) 12 BUDGET ANALYST NATIONAL GUARD Pages 1 and 2 should be filed in not of Health and Mentel Hygient: If Item 27 is marked other? 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be HARM SCHUUR SENJE MOEDT 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Reletionship (Type, Print) TRACI SUGGS / GRANDAUGHTER 1800 EAST BARDEN RD., CHARLOTTE, N.C. 28226 20a. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, Stete XXBurial / 2 Crametion 3 Removel from Stete permit. Page Department of Important: If any injury or once. VETERAN'S CEMETERY MD. B-2-1999CHELTENHAM, MARYLAND 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Furlere) Service Licensee 22. Name and Address of Facility
Huntt Funeral Home, Inc. auk M0053 G. Brohawn Mark P. O. Box 156, Waldorf, MD 20601 23a. Pert 1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each lina. Approximete Intervel Between Onset and Deeth Physician /Medical Immediata Causa (Final Bleedine Intraoranial Week diseese or condition resulting in death) Examiner Due to (or as a consequence of): Examiner physician and s the burial-transit that the death certificate be executed Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Diseese or Injury that initiated evants resulting in death) Last Due to (or es a consequence of): P.O. Box 68760. Physician/Medicai Due to (or es a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? 2 1 Yes 2 No 3 Probably 4 Unknown signed b Records. P 24b. Were autopsy findings available prior to Completed 24a. Wes en autopsy performed? completion of cause of death? 1 ☐ Yes 2 V No 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27, Mannar of Deeth 28a. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 28h Time of 28c. Injury at Work? After 1 Neturai 5 Pending investigation 1 ☐ Yes 2 ☐ No death 2 Accidant siter deatl Director: 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At homa, farm, street, factory, office building, etc. (Specify) 4 Homicida hours a • Funeral 29a. Certifier 1 Certifying Physician: To tha best of my knowledga, daath occurred at the time, dete end place, end dua to tha cause(s) end menner as stated. Medicai To the Hosp within 24 ho To the Fune completely fi (Check only one) 2 Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner steted. 29c. License number 29b. Signature and title of certifier 29d. Dete signed (Month, Day, Year) 99 D46478 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) SURESH A. PATEL #6 POST OFFICE RD. SUITE 101 WALDORF, MARYLAND 31. Date filed (Month, Day, Year) 32. Registrer's Signeture State MAR 02 1999 Registrar



	1 Decedent's	Neme (First, Middle, L	net)		Cen	tificate of		2. Dete of De	giene 9 Reg. No.	3. Time of		
Physician /Medical Examiner		EDRG eme (If not Institution, gi	EG.		1841	NE		ebrua	ry 23,	1999 6:30		
	7577	Baltimon					Glen Burr			Arundel		
Funeral Director	5. Social Sec 212-0	urity Number 5–9872 6.	Sex 12X M 2□ F 7. A	ge (In yrs. le. 91	st birthday) Yrs.	Months Deys	s Hours Min.	8. Dete of Birt (Month, De Aug 25	th by, Year) 9. Birthplace (State or F Country) Maryland			
	Usuel Reside	nce of Decedent 10b. County		10c. City, Town or Location						10d. Inside Cit		
s d at	MD	Anne Arı	ndol									
Director	10e. Street at		nider	GTE	en Buri	10f. Zip Code	8		Whet Country?			
Sa or	757	7 Baltimore	-Annapoli:	Annapolis Blvd. 21060					USA			
natural', or items 23a	3 ₩Wido	atus r Merried 2 Married wed 4 Divorced	Armed Forces							e - American Indien, ck, White, etc.		
ted bet		15. Decedent's E (Specify only highest gi	ducation		16e. Decede	ent's Usuei Occi	upation e during most of working ed)	0	16b. Kind of Bu	Business/Industry		
r then r treme	Eiementary 9	//Secondary (0-12)	College (1-4or	5+)	Ship :	ed)		beune	hem Shipyar			
T S O	17. Fethers h	Verne (First, Middle, Las					18. Mother's Name			10)		
Men Men To To		cles Hibline					Margaret (Unknown)  t end Number or Rurel Route Number, City or Town, Stet					
h and Te m meum		nt's Name/Reletionship		or								
Healt ther	Clara Helferstay / daughter 500 Hodges Lane, Severna Park, MD 21146  20e. Method of Disposition (Name of commetery, crematory or other place)  Feb 26 20c. Location - City											
ment of int: If Its ury or o	1 X Burk	el 2 Cremetion 3 l		cer	metery, crem	en Cemet		eb 26 1999		rnie, MD		
hysician /Medical /	3a. Beff1. E shock,	intention disease, or for or heart failure. List only	npications that cause	d the death.	49	5 Gov.	Ritchie Hw	y., Ser	verna Pa	rk Funeral 1 ark, MD 211 Approximete Intervel Betwo		
	Immediate C disease or or resulting in d	ondition gath)	. 14	Doe to (or	as a consequ	u S O	n			304		
e bunal-transit	disease or or resulting in d	list conditions, g to immediate r Underlying ase or injury events	b 2	Due to for 1	1	uence of): uence of):	n thritis			30y 100		
s attending physician and addition as the burish-transit as the burish-transit as sician/Medical Examiner	Sequentially if any, leadin cause. Enter Cause (Diseath at Instituted resulting in d	list conditions, g to immediate r Underlying ase or injury events	c. d. contributing to deeth l	Due to (or a	as a consequence of the conseque	uence of):  Garage of):	thni-e s			309		
gned by the attenting physician and be detached for use as the bunachansation by Physician/Medical Examiner	Sequentially if any, leadin cause. Enter Cause (Diseath at Instituted resulting in d	list conditions, g to immediate f Underlying asa or injury events eath) Last	d.	Due to (or a	as a consequence of the conseque	uence of):  Garage of):	thni-e s	23b. Dld 1 🗆 24a. Wes		1		
has been signed by the attending physician and ga 2 should be detached for use as the burishbranst gampleted by Physician/Medical Examiner	Sequentially if any, leadin cause. Enter Cause (Diseath at Instituted resulting in d	list conditions, g to immediate f Underlying asa or injury events eath) Last	d. contributing to deeth I	Due to (or a	as a consequence of the conseque	uence of):  Garage of):	thni-e s	23b. Dld 1 🗆 24a. Wes	Yes 2 No an eutopsy	3 Probably 4 to 1		
ate has been signed by the attending physician and page 2 should be detached for use as the burishbransit completed by Physician/Medical Examiner	Sequentially if any, leadin cause. Enter Cause (Disconting in disconting	flist conditions, g to immediate runderlying as or injury events earth? Last		Due to (or a	as a consequence of the conseque	uence of):  Garage of):	thni-e s	23b. Did 1	Yes 2 No an eutopsy med?  Yes 2 No	3 Probably 4 to 1		
ate has been signed by the attending physician and page 2 should be detached for use as the burishbransit completed by Physician/Medical Examiner	Sequentially if any, leading cause. Enter Cause (Discuthar Indiated resulting in d	ilist conditions, g to immediate land to immedia	Hospital:	Due to (or a	as a consequence of the conseque	uence of):  deriving cause (	given in Pert I.  26. Piece of Death Other: 4 \( \text{Nursing Hom} \)	23b. Did 1 □ 24a. Wes perfo	Yes 2 No an eutopsymmed?  Yes 2 No one)  dence 6 □Oth	3 Probably 4 0  24b. Were autopsy firevellable prior to completion of confidents?  1 Yes 2 0		
After this certificate has been signed by the attending physician and funeral director, page 2 should be detached for use as the bunal-transit attention. To Be Completed by Physician/Medical Examiner	Sequentially if any, leading and cause. Enter Cause (Disease and Cause) (Disease and C	significant conditions early Last  significant conditions early Last  significant conditions  oreferred to medical ? 22No f Deeth rel 5 Pending dent investigation	Hospitel: 1 ☐ inpet  28e. Dete of Inj (Month, De	Due to (or a	as a consequence as a c	uence of):  uence	given in Pert I.  26. Piece of Death Other: 4 \( \text{Nursing Hom} \)	23b. Did 1 □ 24a. Wes perfo	Yes 2 No an eutopsy med?  Yes 2 No one)	3 Probably 4 0  24b. Were autopsy firevellable prior to completion of confidents?  1 Yes 2 0		
After this certificate has been signed by the attending physician and funeral director, page 2 should be detached for use as the bunal-transit attention. To Be Completed by Physician/Medical Examiner	Sequentially if any, leading cause. Entire Cause (Discuthat Inhibited resulting in d	e referred to medical  plant conditions go to immediate rundedying assa or injury events eath) Last  eleganificant conditions  or referred to medical  plant conditions  eleganificant conditions  elega	Hospitel: 1 inpati	Due to (or a Due to (or a but not result	as a consequence of the conseque	uence of):  uence	26. Plece of Death Other: 4 Nursing Horriury et ork?  Yes 2 No	23b. Did 1 □ 24a. Wes perfo	Yes 2 No an eutopsy mmed?  Yes 2 No one) dence 6 Oth how injury occur	3 Probably 4 0  24b. Were autopsy firevellable prior to completion of confidents?  1 Yes 2 0		
After this certificate has been signed by the attending physician and funeral director, page 2 should be detached for use as the bunal-transit attention. To Be Completed by Physician/Medical Examiner	Sequentially if any, leading cause. Enter Cause (Discuttar Indiaded resulting in d	e referred to medical  algorificant conditions  e referred to medical  conditions  e referred to medical  conditions  e referred to medical  conditions  e referred to medical  conditions	Hospitel: 1 inpati 28e. Dete of Inj (Month, Di on 28e. Place of Inj building, e	Due to (or a  Due to (or a  Due to (or a  but not result  ient 2 E  E  E  E  E  E  E  E  E  E  E  E  E	as a consequence of the conseque	uence of):  uence of):  deriving cause (  28c. Inj  W  11  set, factory, office  occurred et the	26. Plece of Death Other: 4   Nursing Horritory et ork?   Yes 2   No   e   2	23b. Did 1	Yes 2 No an eutopsy med?  Yes 2 No one) dence 6 Oth how injury occur  Street and Numb wn, Stete)  ceuse(s) and me	3 Probably 4 0  24b. Were autopsy firevellable prior to completion of coordeath?  1 Yes 2 0  Per (Specify)  Tred		
or death.  actor: After this certificate has been signed by the attending physician and by the itneral director, paga 2 should be detached for use as the bunachansat by the funeral director, paga 2 should be detached for use as the bunachansat by the funeral director. To Be Completed by Physician/Medical Examiner	Sequentially if any, leading and cause. Enter Cause (Discuttate Indicated resulting in description of the cause of the cau	e referred to medical  algorificant conditions  e referred to medical  conditions  e referred to medical  conditions  e referred to medical  conditions  e referred to medical  conditions	Hospitel: 1 inpati 28e. Dete of Inj (Month, Di 28e. Place of In building, e	Due to (or a but not result to the total t	as a consequence of the conseque	derlying cause g	26. Plece of Death Other: 4   Nursing Hom ork?   Yes 2   No e 2  time, dete end plece, er or opinion, deeth occurre	23b. Did  1 □  24a. Wes performence 5 2 Resided Describe  8f. Location (City or Total due to the dat the time,	Yes 2 No an eutopsy med?  Yes 2 No one) dence 6 Oth how injury occur  Street and Numb wn, Stete)  ceuse(s) and me dete end place, 29d. Date signe	3 Probably 4 to 1  24b. Were autopsy fine evellable prior to completion of confidenth?  1 Yes 2 to 1  Per (Specify)  Tred  Der or Rural Route Number or Rural Route Number of the cause(s) and due to the cause(s) and (Month, Dey, Year)		

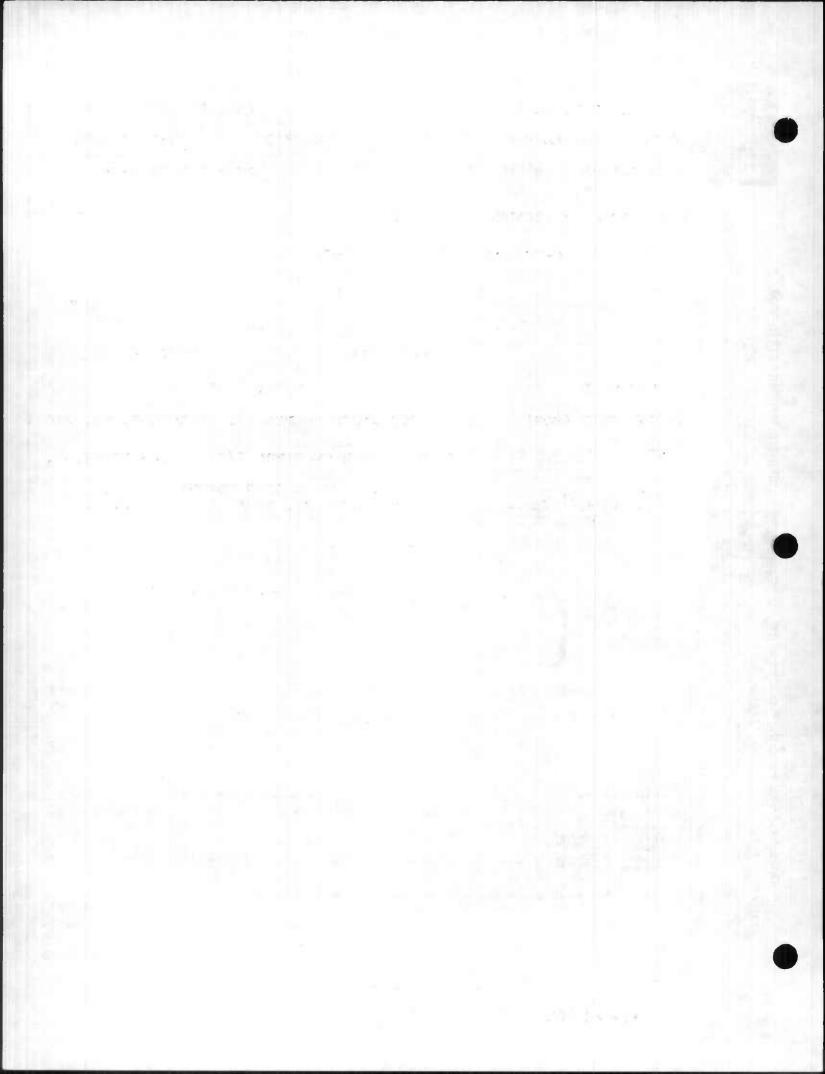
State Registrar

FEB 2 5 1999

100 FE 10

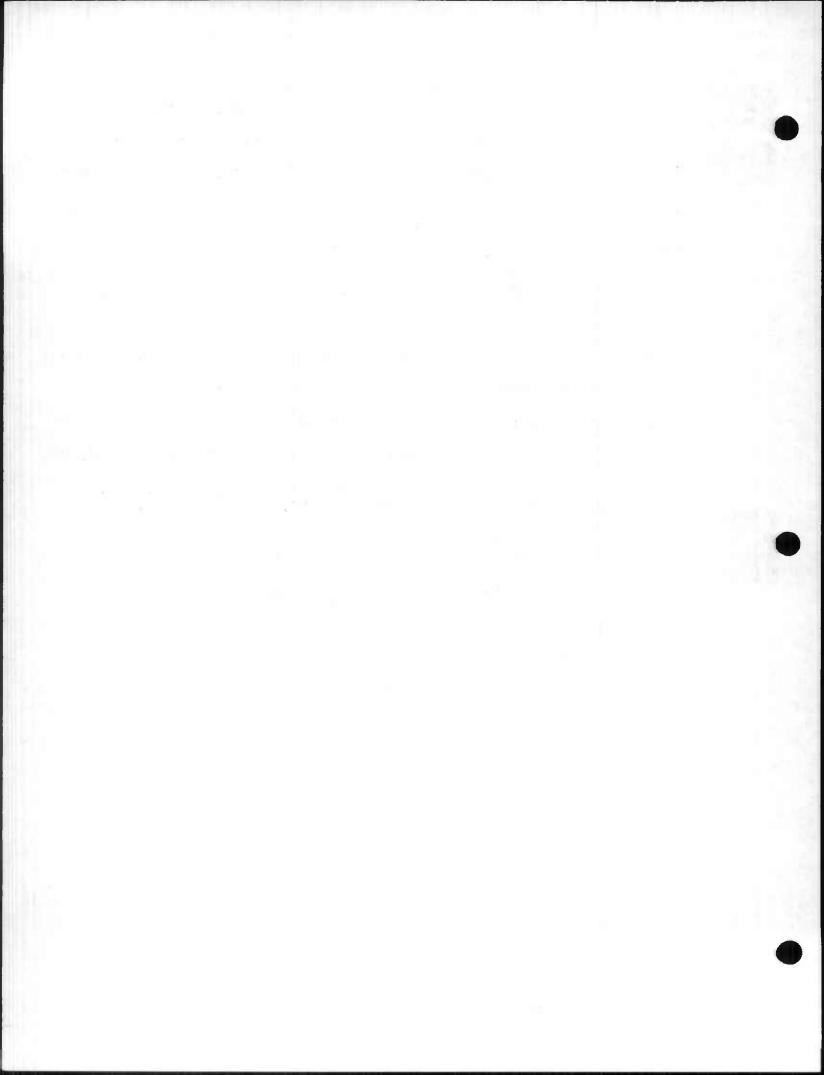
State of Maryland / Department of Health and Mental Hygiene 0 0

		,	(	Certificate d		R	eg. No.	01104			
Dhualalan	1. Decedent's Nama (First, Middla, La	st)		2. Date of Deal		3. Time of Death					
Physician · /Medical	JAMES D. H	IALL				FEB. 19		1:50 pm			
Examiner	4a Facility Nama (If not institution, giv				4b. City, Town, or I		4c. County				
	CROFTON CONVAI			Williada d Ve	CROFTON			RUNDEL			
Funeral Director	41, 40 1500	7. Age (In	yrs. lest birth Y	Months Da	ys Hours Min.	8. Data of Birth (Month, Dey) JUNE 1	1929 M	Birthplace (Stata or Foreign Country)  IARYLAND			
pue 🐉	Usual Residence of Decedant  10a. State 10b. County	100			10d. Inside City Limits						
Marying and and and and and and and and and and	MARYLAND ANNE	RUNDEL GA	AMBRI	LLS				1⊠ Yes 2□No			
Office the Main of the Main office of the Main office of the mouth of the Main office of	10e. Street and Number 1190 MARTHA GI	REENLEAF DI	RIVE	10f. Zip Coo		1	0g. Citizen of W US	hat Country?			
0 0 5	11. Marital Status  1 Nevar Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent Ever Armed Forces? 1 Yas 2 No If Yes, Give Yaar or Datas:	in U,S.	13. Was Decedent If Yes, specify C	of Hispanic Orlgin? (Scuban, Mexican, Puert No Specify:	pecify Yas or No- o Rican, etc.)		- Americen Indian, c, White, etc.			
15-002 72 hours "natural", solical Exe	15. Decedent's Ed (Specify only highest gre	ucation	16a. [	Decedent's Usual Oc	cupation one during most of wor	tina	16b. Kind of Bu				
21215-0 ed within 72 ho vgiene. er than "naturi t, the Medical t, the Medical	Elementary/Secondary (0-12)	College (1-4or 5+)		life. DO NOT use re	tired)	Killy					
A BOF .	7th	0	CU	STODIAN			BOWIE S				
B com	17. Father's Name (First, Middle, Last)					ne (First, Middle, I		9)			
arylan should be nd Mental merked o imetic eve	LEE HALL	5 0	GREENL		One To Code						
Mar d2 sho d2 sho 7 is mar treum	19a. Informant's Name/Reletionship ( LAWSON HALL (SC	***	eet and Number or Ru			S, MD. 21054					
re, N s 1 and if Health Item 27 other tr	20a. Method of Disposition		b. Place of I	Disposition (Neme o	f			City or Town, State			
0 40	ty Surlal 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Spacif	Ramoval from State		CHURCH		2/23/9	9 GAME	BRILLS, MD.			
Baltim pemit. Pag Department Important: I any Injury o	21. Signature of Funeral Service Licer	see		22. Name and Ad		C MODIMI	ו ערגו	2			
m %2529	Larvy Di	Reese			SE & SON						
ESTUDIO	23a. Part1. Enter the disease, or com shock, or heart failure. List only	olications that caused the cone cause on each line.	death. Do no	ot enter the mode of	dying, such as cardiac	or respiratory arr	est,	Approximate Interval Between			
Physician								Onset and Death			
/Medical Examiner	Immediate Cause (Final disease or condition resulting in death)	. Chron	ic R	- Mal	Failur	2		3 years			
	rosoning in dodning	Due	to (or as e co	onsequence of):		20 0					
nsit nsit	S. Shannan Street	b. Type.	II [	capete	Failur 4 Mel	U. Xus					
(68760, tificate be executed by physician and es the burial-transit	Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury c.										
68760, ificata be ax g physician as the burial es the burial ledical E	that initieted events	C. Due									
W = W	resulting in death) Last	Ode									
Box aath cert ettandin for usa		d									
the death ce y the ettandii wheel for use	Part II. Other significant conditions of	ontributing to death but no	rasulting in	tha underlying cause	givan in Part I.	23b. Did to	obacco use con	tributa to the causa of death?			
A - DE T	4000	C . (		. 0	1	1 T	es 2 No	3 Probably 4 Unknown			
S th se th	Hipertengen	- Cereb	yo Va	scalar	Acade	W(		· ·			
requirements						24a. Was a perfor		24b. Were autopsy findings available prior to completion of cause of death?			
Vital Rec sicien: The law certificate has t director, page 2 s						1 🗆 Y	es 2 No	1 Yas 2 No			
Altal	25. Was case referred to medical					ath (Check only or	18)				
- >	examiner?		2 ER/Outp	Satient 3C DOA		lome 5 Reside	ence 6 Othe	or (Specify)			
VISION O Attending Ph r daath. ector: After th by the funeral iffication:	27. Menner of Deeth  1 Neturel 5 Pending 2 Accident Investigation	28e. Dete of Injury (Month, Dey Yea	28b. Ti		njury at Work? 1 🗆 Yes 2 🗆 No	28d. Describe h	ow Injury occurr	ed			
or Att or Att or Att or Att in by	3 Sulcide 6 Could not be determined	28e. Place of Injury - building, etc. (Sp	At home, fari	n, street, factory, off	ice	28f. Location (Si City or Town		er or Rural Route Number,			
Hospi 24 hou Funer taly fill		ysician: To the best of my ilner: On the bests of exar and manner stated.									
within 2 To the compla	29b. Signature and title of certifier			29c. Lic	ense number	2	9d. Date signed	(Month, Day, Year)			
F 3 F 8	Me	me -	2	<u>U</u>	124756		2-2	3-99			
	30. Name and address of person who	completed cause of death	(Item 23a) (T	Tamb	su-chu	n Lin	5 KMD	•			
State	31. Dete filed (Month, Dey, Year)	32 Registrar's S	ignature	4							
Registrar	FEB 2 5 1999	boure	B.	Sport							



State of Maryland / Department of Health and Mental Hygiene

			Certificate of Death		eg. No.	07705	
	Physici	an		2. Dete of Deet Month	Dey Y	3. Time of De	eth
	/Medi			TEB. 1		- h	om
	Examir	ner	4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Loc	cation of Death	4c. County of I	Deeth	
			ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS  5. Social Security Number 6. Sax 7. Age (In vrs. lest birthday) If Under 1 Year   If Under 24 Hrs.		ANNE A		
	Funeral Director		Months Days Hours Min	8. Date of Birth (Month, Dey, EB. 8	1926 M.	Birthplece (Steta or Fo Country) ARYLAND	preign
	pue Maria		10e. Stete 10b. County 10c. City, Town or Location			10d. Inside City L	imits
	Mery	to	MARYLAND ANNE ARUNDEL ANNAPOLIS			1 Kes 2	□No
	72 hours effer death with the Meryland "natural", or items 23a or 28a-f show edical Examinat must be notified at	Il Director	10e. Street and Number 122 HEARNE COURT APT. T2 10f. Zip Code 21401	1	0g. Citizen of Whe	t Country?	
	deeti	Funeral	11. Maritel Status 12. Was Decedent Ever In U,S. Armad Forcas? 13. Was Decedent of Hispanic Origin? (Specific Yes, specify Cuban, Mexican, Puerto R	cify Yes or No-		American Indian,	
020	urs efter al', or its Evamine	by	1 □ Navar Marriad 2 □ Married 1 □ Navar Marriad 2 □ Married 1 □ Yes, Giva 1 □ Yes, Giva Yeer or Dates: KOREAN	tican, etc.)		White, atc. BLACK	
215-0	21215-0020 d within 72 hours ef giene. rr then "netural", or the wedical Exam.	Completed	15. Decedent's Education (Specify only highest grade completed)  Elementery/Secondery (0-12)  College (1-4or 5+)  16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired)	9	16b. Kind of Busin	ss/Industry	
	il Hygien other th		12th 0 CLERK SUPPLY DEPT.  17. Fether's Nema (First, Middle, Last)  18. Mother's Neme			L_ACADEMY	-
Maryland	d be ental	To Be			ac average.		
any	s 1 and 2 should f Health and Mar ttem 27 is marks other traumatic	Ĕ	EUGENE HASTE  19a. Informent's Name/Reletionship (Type, Print)  19b. Mailing Address (Street end Number or Rural	JOHNS		ite, Zip Code)	
	end 2 ealth e n 27 is		RONALD HASTE (SON) 4400 PENHURST AVE.				
ore,	m 0		20e. Method of Disposition 20b. Plece of Disposition (Name of		20c. Location - Cit		
im	Peges ment of l ant: If its ury or o		1 Surial 2 □ Cremetion 3 □ Removel from Stete 4 □ Donation 5 □ Othar (Specify)  Md. VETERAN CEMETERY 2 / 2	24/99	CROWNSV	ILLE, MD.	
Baltimore,	permit. Pege Department of Important: If any Injury or once.		21. Signeture of Funeral Servica Licansee  22. Name end Address of Fecility  WM. REESE & SONS	MORT	UARY, P	.A.	
			23e. Part1. Enter the disease, or combilications that caused the death. Do not enter the mode of dying, such as cardiac or shock, or heart failure. List only one ceuse on each line.	respiretory error	S, MD.	21401 Approximata Intervel Betwee	
	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)  a. 2) CITE / Seuce leg adenders			Onset end Dee	th
		e e	Due to (or es e consequenca of):			1	
	d d ansit	Examiner	Sequentielly list conditions.  Due to (or es e consequence of):			1	
o,	tificete be executed ig physician end es the buriel-transit		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events  Due to (or as a consequence of):  Due to (or as a consequence of):				
68760,	ete be hysici the bu	edicai	Cause (Disease or injury that initiated events resulting in deeth) Lest  Due to (or as e consequence of):				
	= 00	Mec	d 4) CAD				
Box	death cerl e ettendin ed for use	lan	0				
0	the di	Physician/M	Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.			buta to the cause of d	
S, P.	es that thighed by	by Ph		1 🗆 Y	2 2 No 3	☐ Probably 4 ☐ Uni	known
Records	been s	Completed b		24a. Wes e		4b. Were eutopsy findi aveileble prior to completion of caus of deeth?	
R	0 - 0	mo		1 □ Ye	s 2 TNo	1□Yes 2⊞No	
Vital	ysician: The s certificete director, peg	Bec	25. Was case referred to medical exeminer?	(Check only on	e)		
of <	5 00	10	Hospital'	ne 5 Raside	nce 6 Other (	Specify)	
		on:	1 □Waturel 5 □ Pending (Month. Day Year) Injury Work?	8d. Describe ho	w injury occurred		
Sic	Attending or death.	cat	2 Accident investigation 3 Suicide 6 Could not be	06 1 (04		- D ( D - 1 - 1 )	
Division	s efter if Direct	Certification:	determined  determined  28e. Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify)	City or Town	, Stete)	or Rural Route Number,	,
	To the Hospital or Attend within 24 hours effer death To the Funeral Director: completely filled in by the	edical (	29a. Certifier (Check only one)  1 Certifying Phyeician: To the best of my knowledge, death occurred at the time, date and place, or examination and/or investigation, in my opinion, death occurred and manner stated.	nd due to the ce d at the time, de	euse(s) and menne ete end plece, end	er es steted. due to the ceuse(s)	
	To th within To th comp	Σ	29b. Signature end title of certifiar 29c. License number		9d. Data signed (A	fonth, Dey, Year)	
			So. Name and address of person who completed cause of death (Item 23e) (Type, Print) David C And		2/19/	95	
			30. Name and address of person who completed cause of death (Item 23e) (Type, Print) Dow of C And	erson,	m.D.		
			1998 tolla Ave Ste 100 thropolis	mn	7	140/	
	Sta Registr		31. Dete filed (Month, Dey, Year) 32. Registrer's Signature				



Americant 10c, Ills Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 3/2/99, Allegany County State of Maryland / Department of Health and Mental Hygien 9 Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death Month **Physician** Leo Harold Hovatter MARCH 1, 1999 1:56 A.M. · /Medical 4b. City. Town, or Location of Death 4a Facility Name (If not institution, give street and number) 4c. County of Death Examiner Sacred Heart Hospital Cumberland Allegany If Under 1 Year | If Under 24 Hrs. Birthplace (State or Foreign Country) 5. Social Security Number 6. Sex 1 M 2 F 7. Age (In yrs. last birthday) **Funeral** Months Days Min Yrs 220-10-1387 80 Jan 9, 1919 Director MD Usual Residence of Decedent with the Maryland 10c. City Town or Location Cumberland 10d. Inside City Limits 10a. State 7 is marked other than "natural", or items 23a or 28a-f shov traumstic event, the Medical Examinar must be notified at TV Yes 2□ No Allegany Directo 10e. Street and Number 10f, Zip Code 10g. Citizen of What Country? 716 Hilltop Drive permit. Pages 1 and 2 should be filed within 72 hours after death v Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Items 23a any Injury or other traumatic event, the Medical Examinet must page. 21502 USA 12. Was Decedent Ever in U,S.
Armed Forces?

1 Yes 2 No
If Yes, Give
Year or Dates: WWII 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status 1 Never Married 2 Married 1□ Yes X No Specify: þ 3℃ Widowed 4 Divorcad white Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16h Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Passenger Engineer Railroad 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Doctor Ward Hovatter Margaret (Kenney) 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Christopher Hovatter-son PO Box 176 Frostburg MD 21532 20a. Method of Disposition

1 Burial 2 Cremation 3 Removal from State 20b. Placa of Disposition (Name of cametery, cremetory or other place) 20c. Location - City or Town, State St. Mary's Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 03/03 Cumberland MD 22. Name and Address of Facility
Scarpelli Funeral Home, P.A. Cumberland MD 21502 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) ACUTE Julme NARY

Due to for as a consequence of): Houk EMBOLISM Examiner Deep vein 7HROM bosis. Left Leg Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or as a consequence of) Physician/Medical Due to (or as a consequence of): USB BS 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown ORganic BRAIN SyndromE þ 24b. Were autopsy findings available prior to 24e. Was en autopsy performed? ARTERIOSCHEROTIC HEART DISEASE completion of cause of death? FIBRILLATION ATRIAL 1 Yes 2 No 1 Yes 2 No 25. Was case referred to medical examiner? 26. Piece of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 28a. Date of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 27. Manner of Death 28c. Injury at Work? Certification: 1 Natural 5 Pending 1 Tes 2 No 2 Accident

Box 68760. Division of Vital Records, or Attending after deati 24 hours

altimore, Maryland 21215-0020

28f. Location (Street and Number or Rural Route Number, City or Town, State)

28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify)

Descriting Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the ceuse(s) and manner es stated.

29b. Signature and title of certifier

6 Could not be determined

3 ☐ Suicide

4 Homicide

(Check only one)

29c. License number 256 MARCH

29d. Date signed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Frostleing Plaza Frostburg Maryland 21532 M.D R+36 CHANG Registrar's Signature

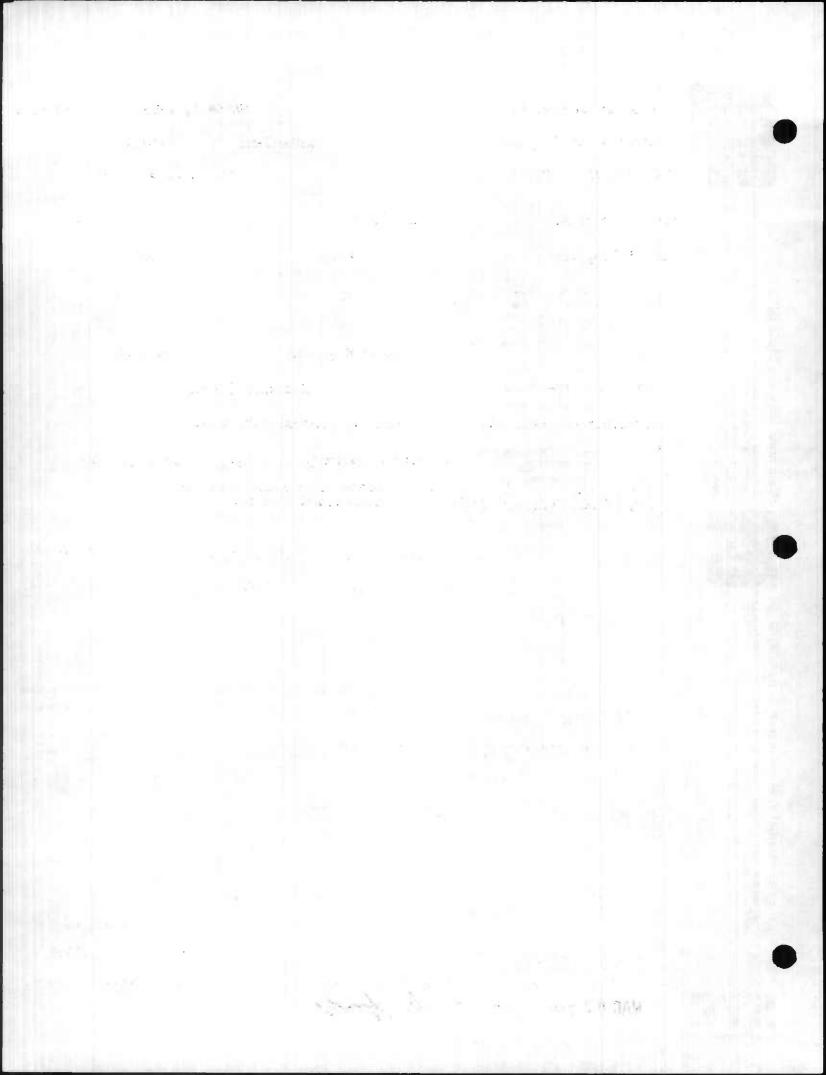
2 Medical Examiner: On the basis of exeminetion end/or investigetion, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated.

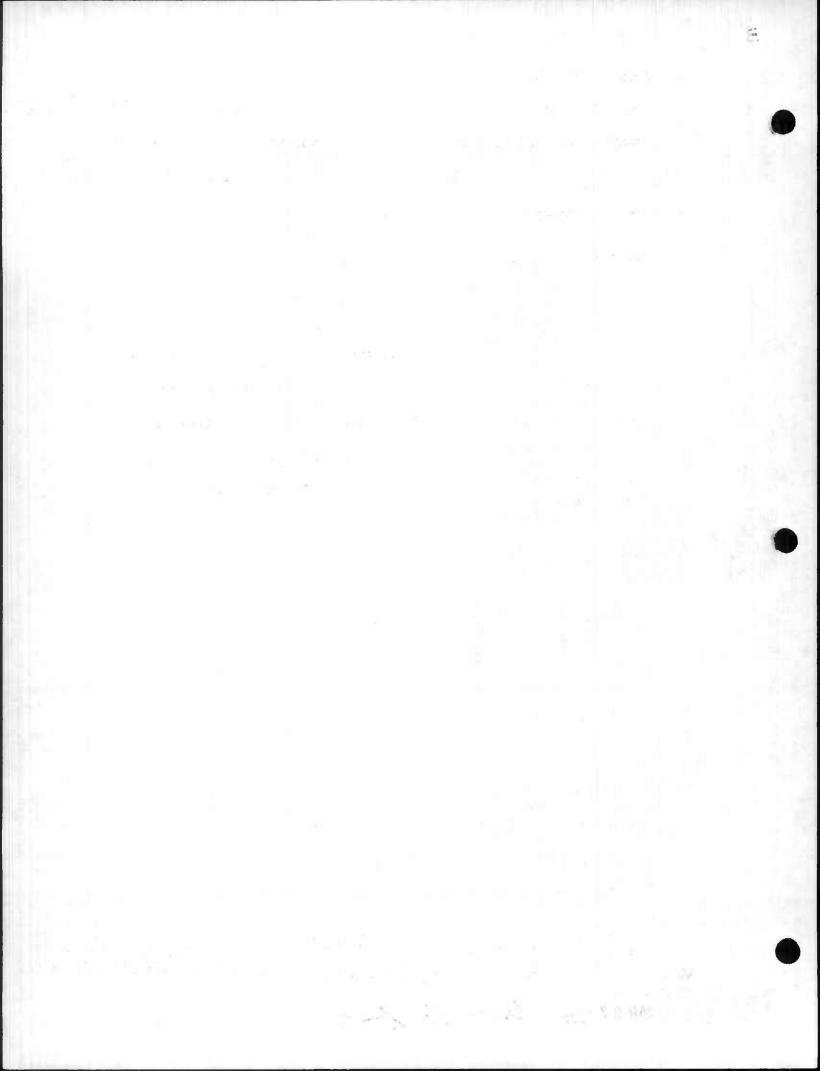
Registrar

MS

edicai

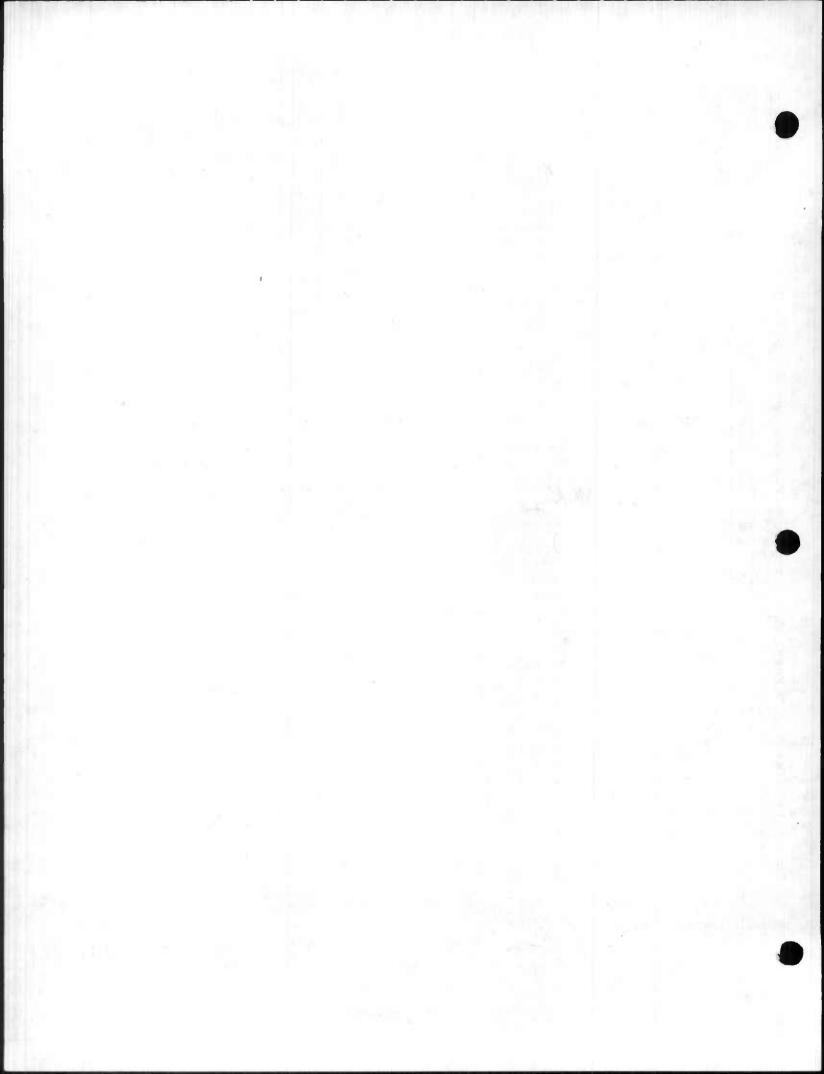
To the Hosp within 24 hor To the Fune completely fi





State of Maryland / Department of Health and Mental Hygiene 9 9 0 7 7 0 8

						O.	eruncai	e or	Death		F	Reg. No.			
Physicia	,	1. Decedent's Neme (First, M								2	Dete of Dea		Yeer	3. Time o	of Deeth
/Medica		Duncan		ett Ha							Feb 1	6 199	99	2030	)Hr
Examine	er	4a. Fecility Neme (If not institution Sacred he	eart	hospi	tal				4b. City, Tow Cumbe	rlan	ıd	A	nty of Dea		
Funeral Director		5. Social Security Number 216-05-5006 Usual Residence of Decedent		X M 2□ F	7. Aga (In yrs. 97	. last birthde Yrs.	Months	1 Yaar Deys		Min. J	Date of Birtl (Month, De) uly 13	1901	9. Bin	thpleca (State ountry)	or For
28a-f show	tor	MD 10b. Cou	gany			ity, Town or aconii								10d. Insida C 1 ☐ Yes	
ms 23e or 28e-f show	al Director	10e. Street end Number 17103 Antique	Road	d		10f. Zip Code 21.539					10g. Citizen of Whet Country? USA			ountry?	
al', or ite	by Funeral	11. Marifal Status  1 □ Never Married 2 □ M  3 ☑ Widowed 4 □ Divor	Married	12. Was Deced Armed Ford 1  Yes 2 If Yes, Giva Yeer or Dat	pes? 2 ☑ No	J,S. 10	3. Wes Dacad If Yes, spec			nin? (Spacit , Puerto Ric	in? (Spacify Yes or No- Puerlo Ricen, atc.)		14. Rece - Amarican Indian Black, White, etc. Specify: White		
"natural",	etec	15. Dece (Specify only hig	dent's Edu phast grad	icetion la completad)		18a. Dec (Gi	cedent's Usue	Occu rk done	petion during most	of working		16b. Kind of	Business	/Industry	
ygiene.	Completed	(Specify only highest grade completed)  Elementery/Secondary (0-12)  College (1-4or 5+)  Miner									Coal	1			
8 m 2 2	To Be	17. Fether's Nema (First, Middle, Last) Mandeville Haines  18. Mother's Nema (First, Middle, Maiden Sumama) Mintie Hott													
la maranara		19e. Informent's Neme/Relationship (Type, Print)  19b. Mailing Address (Street end Number or Rural Route Number, or Vernon Haines  17103 Antique Road Lonaconing,											Zip Code)		
Heelth ther t		Vernon Haines 20e. Method of Disposition			son		3 Antic		Road		coning	-		Tour Ot-1-	
ant: If its		1 ☐ Buriel 2 ☐ Cremetle 4 ☐ Donetion 5 ☐ Other			tete	cemetery, c	rematory or of	ther ple	,	Fe 19	b.19 99 M	OSCOW_		Town, State	
Departi Importu any Inj once.		21. Signeture of Funeral Serv  23a. Part 1. Enter the disease	11 0			I	22. Neme en Eichhoi	d Addre	ess of Fecility AcKenzi	ie Fu	neral	Home F	.A.		
raminer 	xaminer	resulting in deeth)  Sequentielly list conditions,	<b>1</b>		Due to (	oresecons	equence of):		all					70 h 70 h	
ing physician and e as the burial-transit	Medical E	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest	1	2	Due to (c	or es a cons	equence of);								
a ettending physician and d for use as the burial-trar	Med	resulting in deeth) Lest		d.					vec la Dant I		22h Dila				-4-4-
ned by the attending physician e datached for use as the buria	Physician	of eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest	Itlone con	d				ause gir	ven in Pert I.		23b. Dld to	_/		to the cause robably 4	
igned by the attence be datached for us	by Physician	resulting in deeth) Lest	dittone con	c. d. ntributing to dea				ause gi	ven in Pert I.			n eutopsy	3 □ P		Unkn tinding
ate hes been signed by the attence page 2 should be datached for us	Completed by Physician	Part II. Other eignificant cond		c.				ause gir	ven In Pert I.		1 □ Y	on eutopsy med?	3 P	were eutopsy aveileble prior completion of	tinding to cause
s certificate hes been signed by the attendirector, page 2 should be detached for us	to be completed by Physician	Part II. Other eignificant cond	Icel	Hospitel:	th but not res	sulting in the	underlying co	A Ott	26. Plece o	sing Home	1 U Y  24e. Wes a perfor  1 U Y  Check only or  5 U Rasida	n eutopsymed?	24b.	Were eutopsy aveileble prior completion of deeth?	tinding to cause
s certificate hes been signed by the attendirector, page 2 should be detached for us	to be completed by Physician	25. Wes casa rafarred to med axaminer?  12 Yes 2 No 27. Mennar of Death 1 Natural 5 Pen Inve	icel H	lospitel:  28e. Déta et (Month, Fre )D  28e. Piece o building	Datient 2 Injury Dey Year) 1,3 90 Injury - At h., efc. (Specif	ER/Outpati 28b. Time Injury 0 1 1	underlying co	A Otil	26. Plece o	sing Home 28d lo	1 V  24e. Wes e perfor  1 V  Check only or  5 Reside  1. Describe h  Catie (S)  City or Town	es 2 No es 2 N	24b.	Were eutopsy aveileble prior completion of of deeth?  1 Yes 2 city)  t home	finding fo cause No
s certificate hes been signed by the attendirector, page 2 should be detached for us	Certification: 10 Be Completed by Physician	25. Wes case referred to med axaminer?  1 Yes 2 No  27. Menner of Death 1 Natural 5 Per Accident Inve	ding stigetion ld not be	lospitel:  28e. Déta et (Month, Fre )D  28e. Piece o building	patient 2 Injury Dey Year)  1 3 90  Injury - At h., etc. (Specifs of exeminals of exeminals of exeminals of exeminals of exeminals of exeminals of exeminals of exeminals of exeminals of exeminals of exeminals of exeminals.	ER/Outpati 28b. Time Injury 1 1 ome, farm, s	enf 3 DO of 2t street, fectory,	A Ottl Bc. Inju Wo 1 □	26. Piece of her: 4 Nurs ry at rk? I Yes 2 Nurs	lo 286	24e. Wes a perfor  1 Y  Check only or  5 Reside  Describe h  Cation (S  City or Town  7 1 0 3	nn eutopsymed?  es 20 No	24b.	Were eutopsy aveileble prior completion of of deeth?  1 Yes 2 city)  t home and Route Numeral Route Numeral Route Numeral Route Numeral Route Numeral Route Numeral Route Numeral Route Numeral Route Numeral Route Numeral Route Numeral Route Numeral Route Numeral Route Numeral Route September 1	finding fo cause
after death.  Director: After this certificate has been signed by the attent in by the funeral director, page 2 should be detached for us	legical certification: To be completed by Physician	25. Wes case referred to med axaminer?  27. Wenner of Death  1 Netural 5 Per Accident Inversion Suicide determined to the second of the second	ding stigetion Id not be simined ying Physial Examir	lospitel:  28e. Déta br. (Month, F e J)  28e. Piece o building F e S	patient 2 Injury Dey Year)  1 3 90  Injury - At h., etc. (Specifs of exeminals of exeminals of exeminals of exeminals of exeminals of exeminals of exeminals of exeminals of exeminals of exeminals of exeminals of exeminals.	ER/Outpati 28b. Time Injury 1 1 ome, farm, s	enf 3 DO of 2t street, fectory,	A Otti	26. Piece of her: 4 Nurs ry at rk? I Yes 2 Nurs	lo 286	24e. Wes e perfor  1 Y Check only or  5 Raside  1. Describe h  2 at 1 (2)  1. Location (S City or Town  7 1 0 3  I due to the c at the time, d	nn eutopsymed?  es 21 No  en 6 0  en 6 0  en 6 0  en 6 0  en 7 February occ  nt february oc	24b.  24b.  24b.  24b.  24b.  24b.  24b.  24c.	Were eutopsy aveileble prior completion of of deeth?  1 Yes 2 city)  t home and Route Numeral Route Numeral Route Numeral Route Numeral Route Numeral Route Numeral Route Numeral Route Numeral Route Numeral Route Numeral Route Numeral Route Numeral Route Numeral Route Numeral Route September 1	finding to cause No
s certificate hes been signed by the attendirector, page 2 should be detached for us	Medical Certification: 10 Be Completed by Physician	25. Wes casa rafarred to med axaminer?  27. Menner of Death 1 Natural 5 Per Investigation of the control of the	ding stigetion id not be smined	dospitel:  28e. Déta et (Month)  F e 1)  28e. Piece o building  r e 5  elclan: To the be not manne	patient 2 Injury Dey Year)  1, 3 90  1 injury - At h., etc. (Specific Sidencest of my known is of exeminar steled.	ER/Outpati  28b. Time Injury  1 1  ome, farm, s  y  Ce wledge, deation end/or	enf 3 DO of 20 A street, fectory, ath occurred einvestigation, 29c.	A Otto	26. Piece of her: 4 Nurs ry at rk? Yes 2 No	286 286 286 1 piace, end	24e. Wes e perfor  1 Y Check only or  5 Raside  1. Describe h  2 at 1 (2)  1. Location (S City or Town  7 1 0 3  I due to the c at the time, d	nn eutopsymed?  es 21 No  en 6 0  en 6 0  en 6 0  en 6 0  en 7 February occ  nt february oc	24b.  24b.  24b.  24b.  24b.  24b.  24b.  24c.	Were eutopsy aveileble prior completion of deeth?  1 Yes 2 cify)  t home cause (if the	finding to cause I No



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Monus Death 4c. County of Death Dey 22 Month MAMIE BRASCO HUTT 9:00 A.M EVELYN 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death H Under 24 Hrs. 8. Date of Birth Month, Day Y. MAR. 10, UN DEL ARUNDEL ORTH HOSPITAL ANNE If Under 1 Year Social Security Number 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign Year 1931 Months Days 1 M 2 F CRISFIELD, MD. 220-28-2013 10d. Inside City Limits 10b. County 10c. City, Town or Location FRUITLAND FBITLAND 1 Yes 2 No WICOMICO MD. 10a. Street and Number 10f. Zip Code 10a. Citizen of Whet Country? USA 21826 106 CHURCH STREET 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 전 No If Yes, Give Year or Dates: Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Marital Status 14. Race - American Indian. Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: AFRO-AMERICAN 3 Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) HOUSEWIFE LABORER 6th 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) LEAH CRISFIELD JAMES BRASCO 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) GERTRUDE HUTT/DAUGHTER 209 LESLIE STREET; FRUITLAND, MD. 21826 20a. Method of Disposition 20b. Place of Disposition (Name of cometery, crematory or other place) Date 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Removel from State WEST POSTOFFICE. ST. MARY'S BAPT. CHURCH 2-28 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 22. Name and Address of Facility JOLLEY MEMORIAL CHAPEL 1213 JERSEY ROAD; SALISBURY, MD. 21801 23a. Part1/Enter the disease, or compared the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one sause on each line. Approximete Intervel Between Onset and Deeth Immediate Cause (Final disease or condition resulting in death) . ACUTE BRAIN STEM Due to (or as a consequence of): RENA GAROMC Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? 1 Yea 2 No 3 Probably 4 Unknown 24b. Were autopsy findings eveilable prior to completion of cause of death? 24a. Wes an autopsy performed? 1 Yes 2 No 1 ☐ Yes No No 25. Was case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No No Inpatient 2 ER/Outpatient 3 DOA 27. Manger of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Natural 5 Pending investigation

Physician /Medical Examiner

Physician

Medical

Examiner

Director

Funeral

by

Completed

Be

2

10a. State

Funeral

Director

ahow !

filed within 72 hours after death with the Maryles Hydens Hydens 23a or 28a-f ahov brown than "naturel", or frams 23a or 28a-f ahov ant, the Madigal Examinar mast be notified at

permit. Pages 1 and 2 should be filed wit Department of Health end Meniel Hyglene Important: If Nem 27 is marked other the eny injury or other traumatic event, magning.

death with the Manyland

altimore, Maryland 21215-0020

ician and burief-transit or Attending Physician: The lew requires that the death certificate be assouted physician a the buriel 900 signed by the a page 2 s certificata director. 하다 funeral After

Examiner Box 68760, Physician/Medical à Completed B Certification: To

P.O. Records, of Vital Division Ne Hoepital or Attending n 24 hours after deeth. Ne Funerel Director: After pletaly filled in by the fur completely

> State Registrar

Medical

2 Accident

3 Suicide

29a, Certifier

4 Homicide

(Check only one)

29b. Signature and title of certifier

31. Date filed (Month, Day, Year)

FEB 2 5 1999

6 Could not be

29c. License number

28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

32. Registrar's Signature

15. Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Date signed (Month, Day, Year)

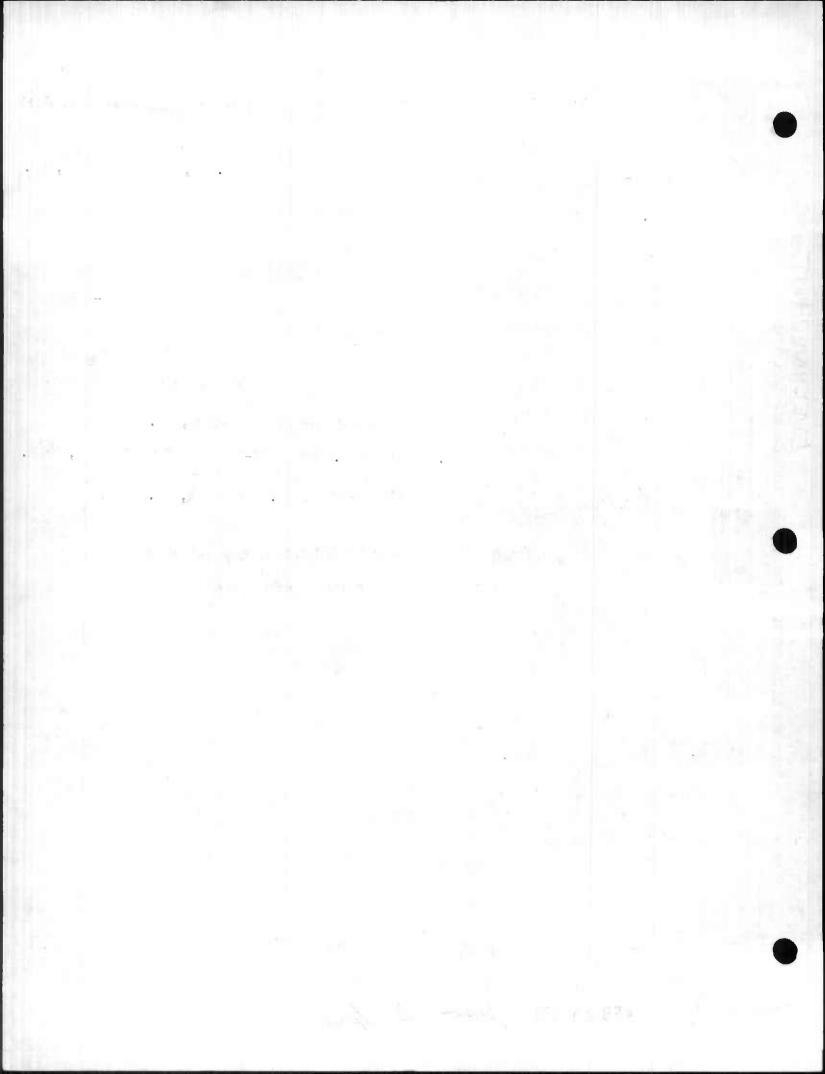
Location (Street and Number or Rurel Route Number, City or Town, Stete)

person who completed cause of death (1200 23a) (Type, Print) 301 Julesuns

Glen BURNTE. MD. 2106,

1 Yes 2 No

within 2 To the \$



State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Date of Death 3. Time of Death **Physician** Hiawatha F. Harvey 11:15 AM Feb. 22, 1999 /Medical 4a Facility Nama (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Cuppett Weeks Nursing Home Oakland Garrett If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foreign Country) **Funeral** 1 M 2 □ F Months Days Hours Min 88 Yrs. 220-16-5994 Director Apr. 10, 1910 | Maryland Usual Rasidance of Decedent the Maryland r 28a-f show 10a. Stafa 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ¥ Yas 2 □ No Md Allegany Lonaconing Directo 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? with "natural", or items 23s or solical Examiner must be 1 Main Street 21539 United STates Pages 1 and 2 should be filed within 72 hours after death a nent of Haaith and Mental Hyglane.
ant: If tem 27 le marked other than "naturat", or frems 23, ury or other traumatic avent, as Mencial Experient manury or other traumatic avent, as Mencial Experient manury. Funeral 12. Was Decedent Evar in U,S. Armed Forcas? Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - American Indian. 11. Marital Status Black, Whita, atc. 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: 1 Navar Marriad 2 Married 1 ☐ Yas 2 ☐ No Specify: by White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) College (1-4or 5+) Coal Miner Coal Industry Unknown 18. Mothar's Nama (First, Middla, Maiden Sumama) 17. Fether's Nama (First, Middla, Last) Be Albert Harvey Smith Betty 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Ralationship (Type, Print) Russell McRobie/Nephew Westernport, MD 21562
Data 20c. Location - City or Town, Stata 132 Maryland Ave. 20b. Place of Disposition (Nama of cametary, cramatory or other place) 20a. Mathod of Disposition Burial 2 Cremation 3 Ramoval from Stata 4 Donation 5 Other (Specify) permit. Page Department of Important: If any Injury or once. 2/25/99 Swanton, MD Mt. Zion Cemetery 21. Signature of Funeral Service Ligensee 22. Name and Address of Facility 111 Church Street a Boal Funeral Home Westernport, MD 21562 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one ceuse on each line. Approximate Interval Between Onsat and Death **Physician** Immediete Ceuse (Final diseasa or condition resulting In death) /Medical Pneumonia 1 month Examiner Due to (or as a consequence of): Examiner and ii-transit law requires that the death certificate be axecuted Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Diseesa or Injury that initieted events rasulting in death) Last Dua to (or as a consequence of): physician a the burial-Box 68760. Physician/Medical Dua to (or as a consequence of): attending p 98 esn signed by the a 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the undaritying causa given in Part I. Division of Vital Records, P.O. 3 Probably 4 Unknown 1 ☐ Yes 2 No Dementia, senile onset by 24b. Wara autopsy findings available prior to completion of ceuse of death? been sig 24a. Was an autopsy performed? Completed Diabetes mellitus, Type II certificate has b lirector, page 2 s No The 1 ☐ Yas 2 X No 1 ☐ Yas 2 ☐ No or Attending Physician: 25. Was casa rafarred to medical axaminar? Be 26. Pleca of Deeth (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) P 1 ☐ Yas ACXNo 1 Inpatient 2 ER/Outpatienf 3 DOA this After this 27. Menner of Death 28d. Dascribe how injury occurred 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? Certification: 5 Panding 1X XNatural 1 ☐ Yes 2 ☐ No To the Hospital or Attendir within 24 hours after death. To the Funeral Director: Al completaly filled in by the fu death. Investigation 2 Accident 6 Could not be datarmined 3 ☐ Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 ☐ Homleide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the cause(s) end menner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29d. Data signed (Month, Day, Year) 29b. Signature and titla of certifier 29c. License number Marian & Februar 22,1999 D25759 30. Name and addrass of person who complated causa of death (Item 23e) (Type, Print)

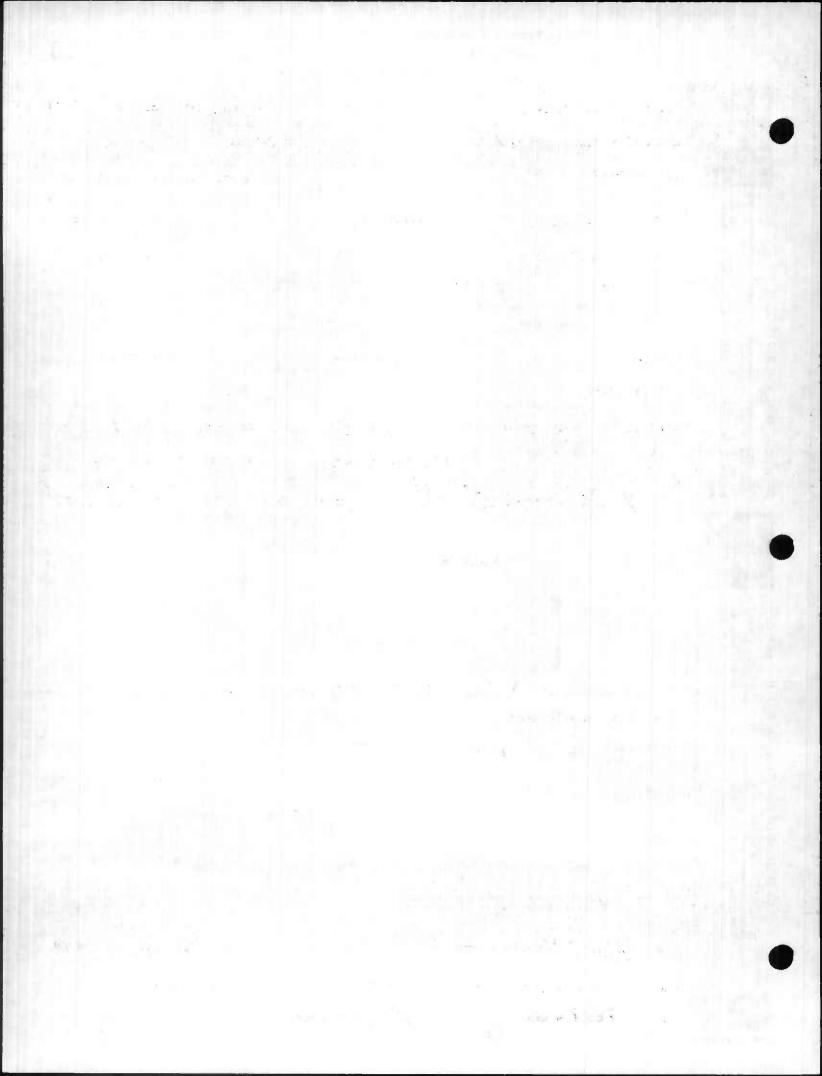
State Registrar

31. Dete filed (Month, Day, Year) FEB 2 4 1999

32. Ragisfrar's Signatura

Walter K. Naumann, M.D., 106 Cemetery Road, PO Box 247, Accident, MD

21520



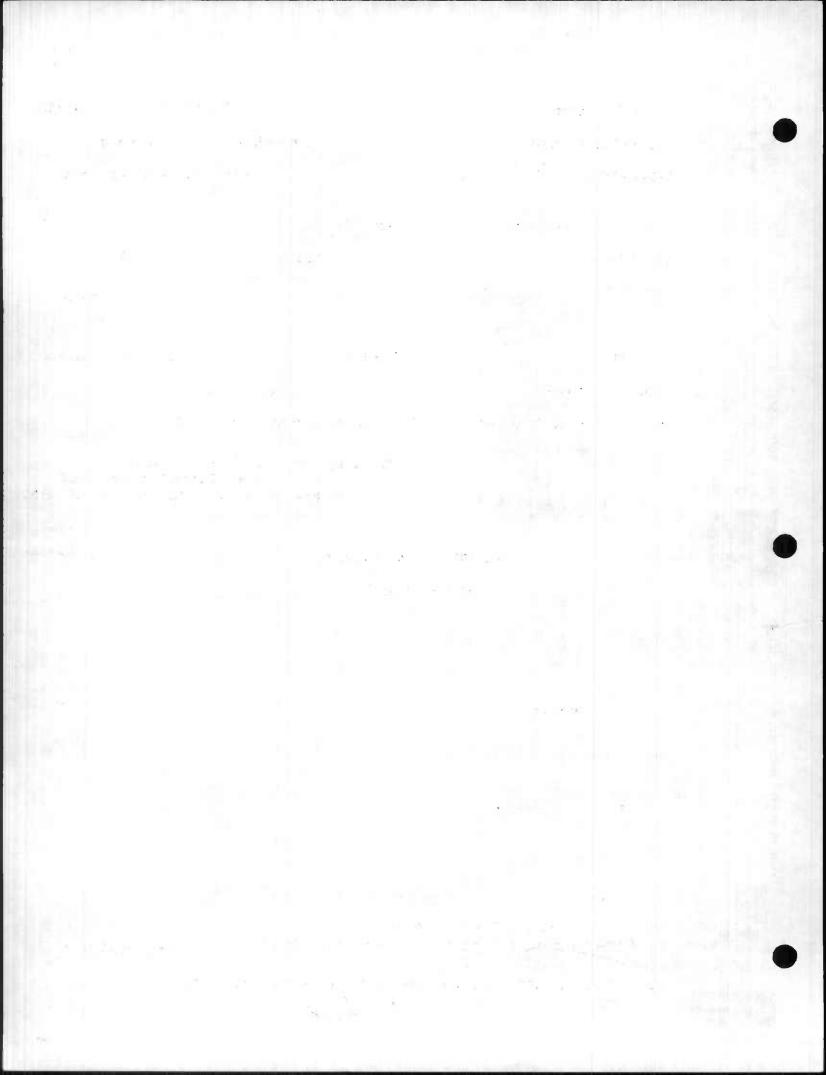
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Day **Physician FEBRUARY 21 1999** 14:35PM Wilda Mae Hoover · /Medical 4e Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Sacred Heart Hospital Cumberland Allegany If Under 1 Year If Under 24 Hrs. 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) Birthplece (Stete or Foreign Country) 8. Dete of Birth (Month, Dev. Year) **Funeral** Months Deys Hours Min 1 M 20 F Yrs Director Feb. 19, 1933 Maryland 217-28-0543 66 Usuel Residence of Decedent the Meryland 10e Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "natural", or ferms 23s or 28s-f show trsumetic event, ire Medical Examiner must be notified at 1 ☐ Yes 2 🗓 No Director Maryland Grantsville Garrett 10e. Sireet and Number 10g. Citizen of Whet Country? with 53 HR Lane 21536 USA death Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yas, Give Yeer or Deles: 11 Meritel Status Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien. permit. Peges 1 and 2 should be filed within 72 hours after c Depertment of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or hen any injury or other traumatic. Bleck, White, etc. 1 Never Married 2 Merried altimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: þv Specify. White 3 Widowed 4 □ Divorced Completed Decedant's Usual Occupation
 (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elementary/Secondary (0-12) College (1-4or 5+) 10th Presser Shirt Manufacturing 18. Mothar's Name (First, Middle, Meiden Sumeme) 17. Fether's Name (First, Middle, Last) Be Newton Bittinger Effie Miller 19a. Informent's Name/Raletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Melva M. Hoover/Daughter 53 HR Lane, Grantsville, MD 21536 20b. Plece of Disposition (Neme of cemetery, crametory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stele 1 Buriel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) Johnson Cemetery, Feb. 24, 1999 Finzel, MD 21. Signeture of Funeral Service Licenses 22. Nama end Address of Fecility Newman Funeral Homes, P.A. 179 Miller St., PO Box 275, Grantsville, MD 21536 selvorde 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart failura. List only one cause on each line. Approximete Intervel Between Onset end Death **Physician** /Medical Immediete Ceuse (Fina Unknown disease or condition resulting in deeth) CARDIOPULMONARY FAILURE Examiner Due to (or es e consequence of): Examiner RECENT CVA (acute) that the death certificete be axecuted Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated evants resulting in deeth) Lest burial-tran Due to (or es e consequenca of): and Box 6876 J. physician Physician/Medicai the Due to (or es e consequence of) 60 esn ō Pert II. Other afgnificant conditions contributing to deeth but not resulting in the undarlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? the P.O. s been signed by the should be datach datach 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 X Unknown ANEMIA Records, g 24b. Were autopsy findings aveilable prior to complation of cause of deeth? Completed 24e. Was en eutopsy performed? page 2 has 1 Yes 2 No 1 T Yes 2 No certificeta Division of Vital Hospital or Attending Physician: 24 hours after deeth. Funeral Director: After this certifice 25. Wes case referred to medical director Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No 2 1 Inpatient 2 ER/Outpetlent 3 DOA funeral 28a. Dete of Injury (Month, Dey Yeer) 27. Manner of Death 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury et Work? 5 Pending investigation 1 Netural Injury 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Piece of Injury - At home, farm, street, factory, offica building, atc. (Specify) 4 Homloide 24 hours 1X Cartifying Physician: To the best of my knowledge, death occurred at the time, date end piece, and due to the causa(s) and manner as stated.

2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated. edical 29a. Certifier To the Hosp within 24 hou To the Fune completely fi 29b. Signatura end tilla of certifier Stanley & Matyas: 1/ Do Pulmonery and Chitator Eare med 29c. Licanse number 29d. Date signed (Month. Dev. Year) Eare medizag HO053855 FEBRUARY 22,1999 30. Neme end address of person who complated causa of death (Itam 23a) (Type, Print) STANLEY J. MATYASIK M.D. 900 seton drive CUMBERLAND MD 32. Ragistrer's Signetura 31. Dete filed (Mon State

DHMH 16 Rsv 6/95

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Day Year February 26 1999 **Physician** Cartess R. Ingram, Sr. 8:00 AM /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 4435 Conowingo Road Darlington Harford If Under 1 Yaar | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) | Dec 31 1923 6. Sex 1 → M 2 □ F Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Months 218-32-2646 75 Virginia Director Usual Residence of Decedent the Meryland 10a Stata 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yes 2 X No Directo Maryland Harford Darlington 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Pages 1 and 2 should be filed within 72 hours after deeth with in and Health end Mental Hygiene.
Int. If them 27 is marked other than "natural", or flems 23a or? 7 is marked other than "natural", or items 23s or traumatic event, the Modical Examiner must be 4435 Conowingo Road 21034 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ (M) No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☒ No Specify: Specify: by 3 ☐ Widowed 4 ☐ Divorced White. Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Mechanic State Hwy Admin. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Cicero Franklin Ingram Zettie Farmer 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number or Rural Route Number, City or Town, Stete, Zip Code) Catherine L. Ingram/Wife 4435 Conowingo Rd., Darlington, MD 21034 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, State 1 X Burial 2 Cremation 3 Removal from State Bel Air Memorial Gardens 3-1-99 4 ☐ Donation 5 ☐ Other (Specify) Bel Air, Maryland 21. Signature of Funeral Service Licenses 22. Name and Address of Facility R. T. Foard Funeral Home, P. A.
111 S. Queen St., Rising Sun, MD 21911
enter the mode of dying, such as cardiac or respiratory arrest. nations that caused the death. Do not enter the mode Approximata interval Between Onset and Deeth Physician Sepsis /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Due to (w as a consequence of): Examiner rene ician and burial-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that inhibated events resulting in death) Last physician s the burial Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): 8 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Nuknown Drabetes Mellitus signed to the det þ 24b. Were autopsy findings available prior to completion of causa Chronic Renal Failur 24a. Was an autopsy performad? Completed page 2 Periphers Vancula Diserce 10 yes 2000 1 ☐ Yes 2 ☐ No certificate Hospital or Attending Physician: 25. Wes case referred to medical 26. Plece of Deeth (Check only one) Be examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 10 this funeral 27. Manner of Death 28a. Date of tnjury (Month, Dey Year) 28c. Injury at Work? 28d. Describe how Injury occurred 28b. Time of After 5 Pending Natural efter deeth. Director: Aft 1 ☐ Yes 2 ☐ No Invastigation 2 Accident 6 Could not be determined 3 Suicida 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homlcide 24 hours e Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the ceuse(s) end menner as stated.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical To the Hosp within 24 ho To the Fune completely fi

10

State

Registrar

31. Date filed (Month, Day, Year) MAR 0 1 1999

Union

29b. Signature and title of certifier

(Check only one)

32. Registrar's Signature

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

Ave

Harre De

29c. Licensa number

D43 115

Gree MD

29d. Date signed (Month, Day, Year)

2 - 26-99

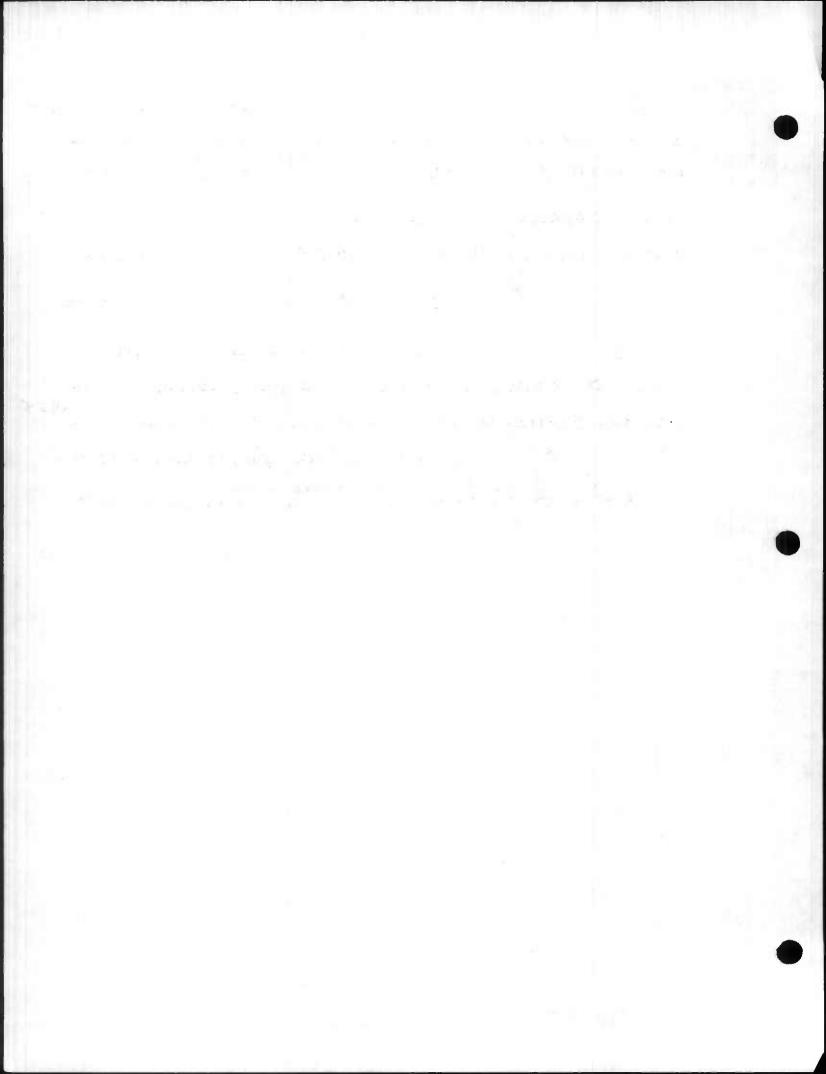
and a fine the

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Month 1:30 pm LLOYD FOWARD JOHN SOL) FEB 21 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** View NURSING HOME, Inc. CARROLL Manchester If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) **Funeral** 1 M 2□F 140-10-57 **Director** 6,1918 New Jersey Usual Rasidence of Decedent death with the Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits fems 23s or 28s-f show ener must be nutfilled at t ☐ Yas 2 No MD CARROLL Westminster 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? Bachmans Valley Road 300 21158 United States 12. Was Dacedant Evar in U,S. Armed Forcas?

1 XYas 2 No If Yes, Giva Yaar or Datas: WW II 11. Marital Status Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 7 is marked other than "naturel", or iten traumatic event, the Wedical Examples filed within 72 hours after of Hygiene. 1 ☐ Navar Marriad 2 ☐ Married altimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: λq Specify: White 3 ₩ Widowed 4 Divorced 16a. Decedent's Usual Occupation (Giva kind of work dona during lifa. DO NOT usa ratired) 15. Decedant's Education 16b. Kind of Businass/industry (Spacify only highest grada complated) during most of working Elamantary/Secondary (0-12) Collaga (1-4or 5+) Owner and Operator 12 Pages 1 and 2 should be filed an nent of Haalth and Mental Hygie int: If Item 27 is marked other t 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) LLOYD Sunningshine RIDGE Johnson Fannie 19e. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 31 58 Sholtz/daughter 300 Bachmans Valley Rd, Westminster MD Deborah 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data 0 Burial 2 Cramation 3 Ramoval from Stata permit. Page Department o Important: If any Injury o LAUREL Memorial Park 99 Northfield, N. J. Donation 5 Othar (Specify) 22. Nama and Address of Facility 21. Signature of Funeral Service Licensae MYERS FUNERAL HOME qı Villis Street, Westminster ND 21157

The or complications that ceusad the death. Do not antar the mode of dying, such as cerdiac or respiratory arrest,

Approximately the death of the Approximata Intarval Batwaan Onsat and Death **Physician** /Medical Immediata Causa (Final CARDIOMYOPATHY IYEAD disaasa or condition rasulting in daath) END-STAGE Examiner Dua to (or as a consequance of) Examiner igned by the attending physician and be detached for use as tha bunal-transit Sequantially list conditions, if any, leading to immediate ceuse. Entar Undarlying Causa (Disease or Injury that initieted avents rasulting in death) Last Dua to (or as a consequance of): certificata be execu Physician/Medical Due to (or as a consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco usa contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 Onknown ð 24b. Ware autopsy findings available prior to Completed 24a. Was an autopsy comptation of ceusa of death? certificate has 1 Yas 2 No 1 Yas 2 No Division of Vital Be 25. Was cese rafarrad to medical axaminer? 26. Placa of Daath (Check only ona) Other: 4 Nursing Home 5 Rasidance 8 Othar (Specify) 1 Yes 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral 27. Manner of Death 1 Neturel 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28b. Tima of 28d. Dascribe how injury occurred 5 Pending invastigation 1 Yes 2 No 2 Accident 6 Could not be detarmined 3 ☐ Suicide 28a. Place of tnjury - At home, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicida 1 Certifying Physician: To the best of my knowledge, deeth occurred at tha time, date end plece, end dua to the cause(s) end manner as steted.
2 Medical Examinar: On the basis of axaminetion and/or invastigation, in my opinion, death occurred at the time, data and place, and dua to the cause(s) and manner stated. 29a. Cartifiar Medical (Check only one) 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) math - MO D50164 2/22/09 30. Nama and address of parson who complated cause of death (Itam 23a) (Type, Print) Liji mathew 25 main Ste 200 Reisterstown, mp 2136 street 31. Data filed (Month, Day, Year) 32. Ragistrar's Signature State Registrar FEB 2 3 1999 DHMH 16 Rev 6/95



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Reg. No. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death February 20 **Physician** 1999 0821 Edward Johnson James /Medical 4a Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Havre de Glace H Under 1 Year | M Under 24 Hrs. | 8. Date of Birth (Month Dey, Year) Apr. 14, 1950 Harford Memorial Hospital Harford 9. Birthplace (State or Foreign Country) Mary Land 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** NOW 20 F 220-54-5987 48 Director Usual Residence of Decedent 10c. City, Town or Location 10d. Inside City Limits YE Yes 2 No MD Aberdeen Harford Director 289-1 10e. Street and Number 10f Zin Code 10g. Citizen of What Country? ď 905 Joyce Ct. 21001 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Marital Status 14. Race - American Indian. Black, White, etc. 1 Never Married 2 Merried % Yes 2 No If Yes, Give Year or Dates. Vietnam 1 Yes 2 No Specify: Baltimore, Maryland 21215-0020 Specify: Black 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Truck driver U.S. Government 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) 8 Pages 1 and 2 should be nent of Health and Mental le marked 2 Edward Fisher Dorothy M. Johnson 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) mportant: If Ihem 27 905 Joyce Ct., Aberdeen, MD 21001 Francine A.S. Johnson (Spouse) 20a, Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Date Burial 2 Cremation 3 Removal from State Clark's Chapel Cemetery 2/26/99 Bel Air, MD 4 Donetion 5 Other (Specify) 22. Name and Address of Fecility Tarring-Cargo Funeral Home, P.A. 21. Signature of Fundral Service Licensee Aberdeen, Maryland 21001-3399 6 argo 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one ceuse on each line. Approximete Interval Between Onset and Death **Physician** tmmediete Ceuse (Final disease or condition resulting in deeth) /Medical Examiner Examiner Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last -AncidomA Physician/Medical Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown 24b. Were autopsy findings evailable prior to completion of cause of death? Completed 24a. Wes an autopsy performed? 1 Ves 2 □ No certificate 1 Yes 2□ No Vital 25. Was case referred to medical Be 26. Place of Deeth (Check only one) Other: 4 ☐ Nursing Home 5 ■ Residence 6 ☐ Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ■ DOA o this 27. Manner of Death 28a. Date of tnjury (Month, Day Year) edicai Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? After Hospital or Attending 5 Pending investigation 1 Natural death. 1 Yes 2 No 2 Accident after death Director: 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide within 24 hours a To the Funeral D complately filled Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, and due to the cause(s) and manner as stated. [2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) and menner steled. 29a. Certifier ŝ 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

1081

State Registrar 31. Date filed (Month, Day, Year).
FEB 2 3 1999

KAMIRO

Dullino

2. Registrer's Signature

wear

30. Name and address of parson who completed cause of death (Item 23a) (Type, Print)

b. pales

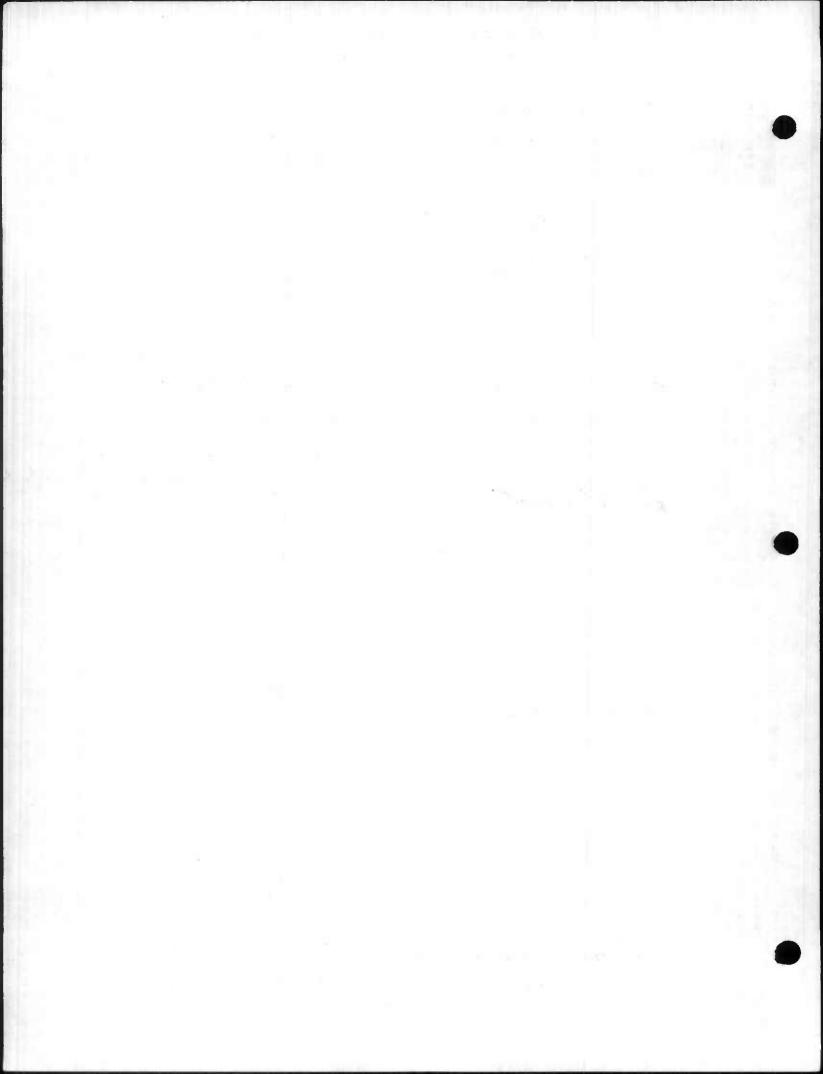
OLD MEMORIA HOSPITA - HAURE PE GARCE, INV

4

658 4 4 1888

State of Maryland / Department of Health and Mental Hygiene

_					viai yia				Death	mornar rij	Reg. No.	077	715	
	Physic	ian	Decedent's Name (First, Middle,     DAYMOND							2. Date of Do Month		Year	Time of Death	
	/Medi	cal	VIRGIL RAYMOND	JONES	>				41. Oh. T.	FEBRUA			7:00 AM	
ч	Exami	ner	4a. Fecility Name (If not institution, g						4b. City, Town, or OAKLAND	Location of Dea				
Н	- Francisco	_	CUPPETT & WEEKS  5. Social Security Number 6		Age (In yrs	last hirth	dev) If Un	der 1 Year		8 Date of Bi		RETT	Ctoto or English	
	Funeral Director		235-56-2890 Usual Residence of Decedent	1⊠M 2□F	82	Yı	Mont				1916	Country) WV	(Stete or Foreign	
	show		10a. Stete 10b. County	10c. City, Town or Location							10d. lr	side City Limits		
	Mer	Ş	MD GARRE	ГТ	O.	AKLAN	D					1	☐ Yes 2 No	
	th the	ire.	10e. Street and Number				10f.	Zip Code			10g. Citizen of			
	Destination of the Maryland A 12.13-0020 permit. Peges 1 and 2 should be filed within 72 hours efter deeth with the Maryland Department of Health and Mentall Hydinea. Department of Health and Mentall Hydinea. Begins 21 and 12 should be the man and injury or other traumatic event, the Medical Example must be notified at once.	al	5243 GARRETT HI	GHWAY	HWAY 215						US.	A		
020		by Funeral Director	11. Marital Status  1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	Armed Force 1 Yes 2] If Yes, Give	1 ☐ Yes 2 K No				Hispanic Origin? (Span, Mexican, Puer Specify:	Specify Yes or Note Rican, etc.)		e - American Inck, White, etc.  WHITE	dian,	
20		ted	15. Decedent's (Specify only highest of	Education	ucation 16a. Dec			sual Occup	petion during most of wo	rtina	16b. Kind of B	usiness/Industry		
121		Completed	Elementary/Secondary (0-12)		College (1-4or 5+)			i use retire	nd)	rking	CENTED	AT TABLE	TNO	
d 2			17. Fether's Neme (First, Middle, La				FARM	LK	10 Mothade Na	no (First Middle	GENER	ING		
lan		To Be										10)		
ary.		F						ess (Street	GRACIE ARLENA HAWK  et end Number or Rurel Route Number, City or Town, Stete, Zip Code)					
			EDNA R. JONES -				-		HIGHWAY	21550	7			
e,			20a. Method of Disposition			Place of D	isposition (i	Veme of		Date	20c. Location -	City or Town, S	itete	
Ë			1 Burial 2 ☐ Cremetion 3 4 ☐ Donation 5 ☐ Other (Spec		(0		SVILLE			2/26/99	LAHMANS	VILLE,	WV	
Balti			24 Signatura   Entered Septima   Septima									BOX 243		
	_		23a. Pert1. Enter the disease, or co shock, or heart failure. List on	w								-	roximate	
ř.	Physician /Medical Examiner	er	Immediate Cause (Final disease or condition resulting in deeth)	a	CEREI	BRAL		LAR A	CCIDENT			Ons	val Between et end Deeth	
oʻ	rifficete be executed ng physician end es the burlei-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	b	e to (or as a consequence of):									
×	5 0 0	Physician/Medical	that inflieted events resulting in death) Lest	of):										
ň	deeth e etten ed for u	clar	Date Office Indiana and							1		bacco use contribute to the cause of death		
J.	het the od by th deteche		DIABETES MELLI		ontributing to death but not resulting In the underlying cause given in Part I.  JS, DEMENTIA						Yes 2Ñ No			
ecords	aw requires is been sign 2 should be	Completed by									s an autopsy ormed?	eveilable	ion of cause	
= '	ate h	Son								10	Yes 2 No	1 ☐ Yes	2□ No	
	certificate	Be	25. Wes case referred to medical examiner?							ath (Check only	one)			
or Vital	0 0	2	1 Yes 2X No				atient 3	DOA			Idence 6 Oth			
lon	Attending Price death.  Sector: After to the funeral by the funeral death.	atlon:	27. Manner of Death  1 Natural 5 Pending 2 Accident Investigati	(Month, I	28a. Date of Injury (Month, Dey Year) 28b. Time of Injury M			28c. Inju	ryat rk? ∣Yes 2 □ No	28d. Describe how Injury occurred		red		
Division	2 4 4 6	Certification:	3 Sulcide 6 Could not determine	28e. Place of building,	etc. (Speci	fy)				28f. Location (Street and Number or Rural Roufe Number, City or Town, State)				
	e Kospital 24 hours e Funeral bietely filled	edical	29a. Certifier  (Check only one)  12 Certifying F  2 Medical Exp	hysician: To the bes miner: On the basis and manner	of examina	owledge, d ation and/d	eath occurr or Investigeti	ed at the ti	me, date and place opinion, death occu	a, and due to the urred at the time,	cause(s) end ma date and place,	anner es stated. end due lo the d	ause(s)	
	vithin 2 To the comple	We	29b. Signeture end title of certifier				T	29c. Licens	se number		29d. Date signe	d (Month, Day,	Year)	
)			Demi	one	Qu	R		H261	54		FEBRUA	RY 24,	1999	
	6		30. Neme and address of person who PAUL DANIEL MIL				pe, Print) ACRE	S DRI	VE OAK	LAND, MI	21550			
	Sta		31. Date filed (Month, Day, Year)		strar's Sign	eture	4	las	11					



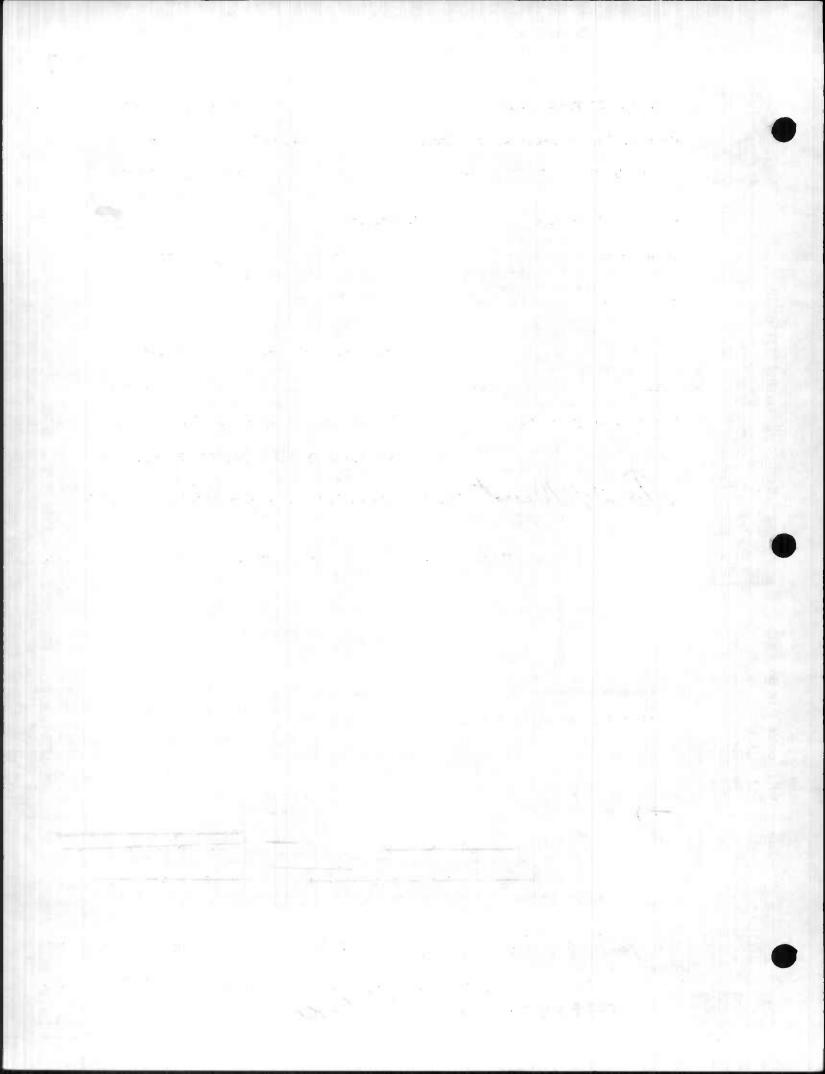
State of Maryland / Department of Health and Mental Hygiene Q

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** 22, 1999 Catherine Virginia Jackson Feb. 12:30 am /Medical 4a Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Cuppett Weeks Nursing Home Oakland
If Under 24 Hrs. | 8 Garrett If Under 1 Year 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthdey) 8. Date of Birth (Month, Dev. Year) Birthplace (State or Foreign Country) Funeral<sup>a</sup> Min 1 □ M 25 F Months Days Hours Yrs. Director 220-74-1067 Usual Residence of Decedent 90 May 6, 1908 West Virginia Pages 1 and 2 should be filed within 72 hours after death with the Maryland neat of Health and Mentel Hygiene. And the first 21st or 28s-f show thit; if them 27 is marked other than "naturel", or items 23st or 28s-f show any or other traumatic event, the Medical Examiner manufactorillised at 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Director Garrett Oakland 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Funeral 92 Monte Vista Road 21550 USA 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian 11. Marital Status Black, White, etc. 1 ☐ Yes 2 No if Yes, Give Year or Dates: 1 Never Married 2 Merried Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White by 3 □ Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) 7 t h College (1-4or 5+) Housewife Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Thomas E. Canan Minnie Alice Bucklew 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) 19e. informant's Name/Relationship (Type, Print) Ada M. Green/Daughter 136 Monte Vista Road, Oakland, Md. 21550 20a. Method of Disposition 20b. Placa of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 ☑ Burlei 2 ☐ Cremetion 3 ☐ Removel from State permit. Page Department o Important: If any injury or 4 ☐ Donation 5 ☐ Other (Specify) Garrett Co. Mem. Gardens 2/25/99 Oakland, Maryland 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Stewart Funeral Home 23a. Part 1. Enter the disease or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) atherosclerotic cardiovascular disease 5 years Examiner Due to (or es e consequenca of): Examiner physicien end the buriei-transit law requires that the death certificete be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as e consequenca of): attending pt signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 ☐ Unknown diabetes mellitus type 2; dementia, P 24b. Were autopsy findings available prior to Completed 24a. Was en autopsy senile onset completion of cause of death? certificate has t 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: 25. Wes case referred to medical examiner? Be 26. Piece of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4X Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 20 No After this funeral 27. Manner of Deeth 28d. Describe how injury occurred Certification: 28e. Dete of injury (Month, Dey Year) 28h Time of 28c. Injury at Work? 5 Pending after death. 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined To the Hospital or Atterwithin 24 hours after dea To the Funeral Director completely filled in by th 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, end due to the cause(s) and manner stated. 29a. Certifier edicai (Check only one) 29c. License number 29d. Date signed (Month, Dey, Year) 29b. Signeture and title of certifier D25759 February 22, 1999 30. Neme end address of person who completed cause of death (item 23e) (Type, Print) 21520 Walter K. Naumann, M.D., PO Box 247, 106 Cemetery Rd, Accident MD 32. Registrar's Signeture State Registrar

	1. Decedent's Nam			SW	Cer	tificate of	Death	2. Date of De	Reg. No.	0	3. Time of Death
Physician /Medical	CHARLIE	RAYMONI	) JUDY				th City Town as	Februa	ry 23,	Year 1999	7:00 AM
Examiner	4a Facility Name		we street and num lemorial		0.1		6b. City, Town, or loakland				
Funeral* Director	5. Social Security 1 232-60-8	Number 6.			last birthday) Yrs.	If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Date of Bir (Month, Da		9. Birthpli Count WV	ace (State or Foreig ry)
2 =	Usual Residence of	10b. County		10c. Ci	ty, Town or Loc	cation				10	d. Inside City Limits
rector	wv	Hampshi	re		Sprin	ngfield					1 ☐ Yes 2 🔀 No
9	10e. Street and Nu	-			OPILI	10f. Zip Code			10g. Citizen of \	What Count	ry?
	Rural -	Rt 28				26763			USA		
Examiner must be notified by Funeral Director	3 ☐ Widowed	ried 25 Married	12. Was Deced Armed Ford 1  Yes 2 If Yes, Give Year or Dat	ces? 2 🔯 No	If	Vas Decedent of H Yes, specify Cuba ☐ Yes 2 ☑ No	lispanic Origin? (S an, Mexican, Puerl Specify:	pecify Yes or No o Rican, etc.)	Blac	e - America ck, White, e	tc.
Completed	(Spe	15. Decedent's E cify only highest g ondary (0-12)		4or 5+)	(Give I	O NOT use retired	during most of wor		16b. Kind of B		ustry
	17. Father's Name	(First, Middle, Las	st)		Idi	arid .	18. Mother's Nar			0	-
To Be		J.	•	dy			Eliza			namp	
j-		lame/Relationship			19b. Mailin	g Address (Street	end Number or Ru	ıral Route Numb			Code)
	Nancy J.	Judy /	Wife		P.O.	Box 155	Spring	field,	WV 267	763	
To Be Comp			□Removal from S	tate	cemetery, crem	sition (Name of latory or other place k Memori		Date 2/26/99	20c. Location -		
eny injury	21. Signature of F	unetal Service Lico	Dens	<b>∠</b> M001		Name and Addre	ss of Facility neral Hom		. Box 24		550
d for use as the burial-transit	Sequentially list or if any, leading to licause. Enter Und Cause (Disease or lhat Initiated event resulting in death)	S	c	Due to (	or es a consequ or as a consequ or as a consequ	uence of):					
Physician/M			· 0.								
yslo	Part II. Other signi	ficant conditions	contributing to dea	th but not res	sulting in the un	derlying ceuse giv	en in Part I.				the cause of death
by	_dement	cia, ser	nile on	set		<u> </u>		24a. Was	Yes XXNo an autopsy ormed?	24b. We	re autopsy findings
Completed									V	of d	leath?
To Be Com	25. Was cese refe	stad to medical					e0 Di	1 🗆		1	Yes 2 No
ToB	examiner?		Hospital:	patient 2	ER/Outpatient	3□ DOA Oth	or	th (Check only	dence 6 □Oth	er (Snecih	()
runeral Ilon: T	27. Manner of Dea 1 Dean 1 Dea	-	28a. Date of (Month) on be 28e. Place of	Injury , Day Year)	28b. Time of Injury  2 Pome, farm, stre	M 28c. Injui Wor 1 □		28d. Describe SUFGIC Left 1	how injury occur	red leeme sthe	nt of
completely filled in by the Medical Certifical	29a. Certifier (Check only one)		hysician: To the barrier: On the barrier	sis of examina							
completely filled in by the Medical Certifical	29b. Signature and	tible of sertifier	and manne	ा शबीखरी.		29c. Licens	e number		29d. Date signe	d (Month, L	Day, Year)
ō	1	Mit	Man		-		759	I	Februar		
	30. Neme end add				n 23a) (Type, F 30x 24		Comotos	D.J. I	Acciden	+ MD	21520
State	31. Date filed (Mor		32. Re	gistrar's Sign		Spar	Cemeter	ry Ra			

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** 12:1000 Patricia Loretta Korcheski 20 1 /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Carroll County General Hospital Westminster Carroll If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year 6. Sex 8. Date of Birth (Month, Day, Yea Birthplace (State or Foreign Country) **Funeral** Days Months 1 M 2 F Hours 214-20-7153 73 Jan 20,1926 Maryland Director Usual Residence of Decedent 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits th and Mantal Hygians.
7 is marked other than "natural", or frams 23s or 28e4 shor traumstic event, to Medical Exercises must be notined. New Windsor 1 ☐ Yes 2√2 No Director Maryland Carroll 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1891 Dennings Road 21776 USA death Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Black, White, etc. 72 hours after 1 ☐ Yes 2♥ No If Yes, Give 1 Never Married 2 Married 21215-0020 1 ☐ Yes 2 ☐ No Specify: White Specify: à 3€ Widowed 4 Divorced Year or Dates Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Own Home 12 Housewife Baitlmore, Maryland 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) . Pages 1 end 2 should be fil ment of Haalth end Mentel H lant: If Nem 27 le marked off jury or other traumatic even Dominiac Moran Lillian Beauchamp 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Michael Korcheski, son 3701 Singer St, Hampstead, Md 21074 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Burial 2 Cremetion 3 Removel from Stete
4 Donation 5 Other (Specify) Department Lake View Memorial Park 2/23 Sykesville, MD 22. Name and Address of Fecility 21. Signature of Funeral Service Licenses Eline Funeral Home 934 South Main St, Hampstead, Md 21074 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** Immediate Cause (Finel disease or condition resulting in death) /Medical muto say c Guarian Examiner Due to (or es e consequence of) Examiner Aute sician and burlai-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es a consequence of) physician s the burla Physicisn/Medical Due to (or es a consequence of): 2 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 Probably 4 Unknown Completed by page 2 should t 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? this certificate has 1 Yes 2 No 1 Yes 2 No 8 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) To Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Beath funaral 28b. Time of Injury Certification: 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 PNatural after death. Director: Aft 1 Yes 2 No 2 Accident 6 ☐ Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) ò Hospital 24 hours 24 hours Funerel 1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner steted. 29a, Certifier Medical (Check only one) To the I within 2 To the I 29b. Signature and title of certify 29c. License number 29d. Date signed (Month, Day, Year) 2/20/99 30. Name and address of person who co

**DHMH 16 Rev 6/95** 

State Registrar

Aue

me frunster ND 21157.

cause of death (Item 23a) (Type, Print)

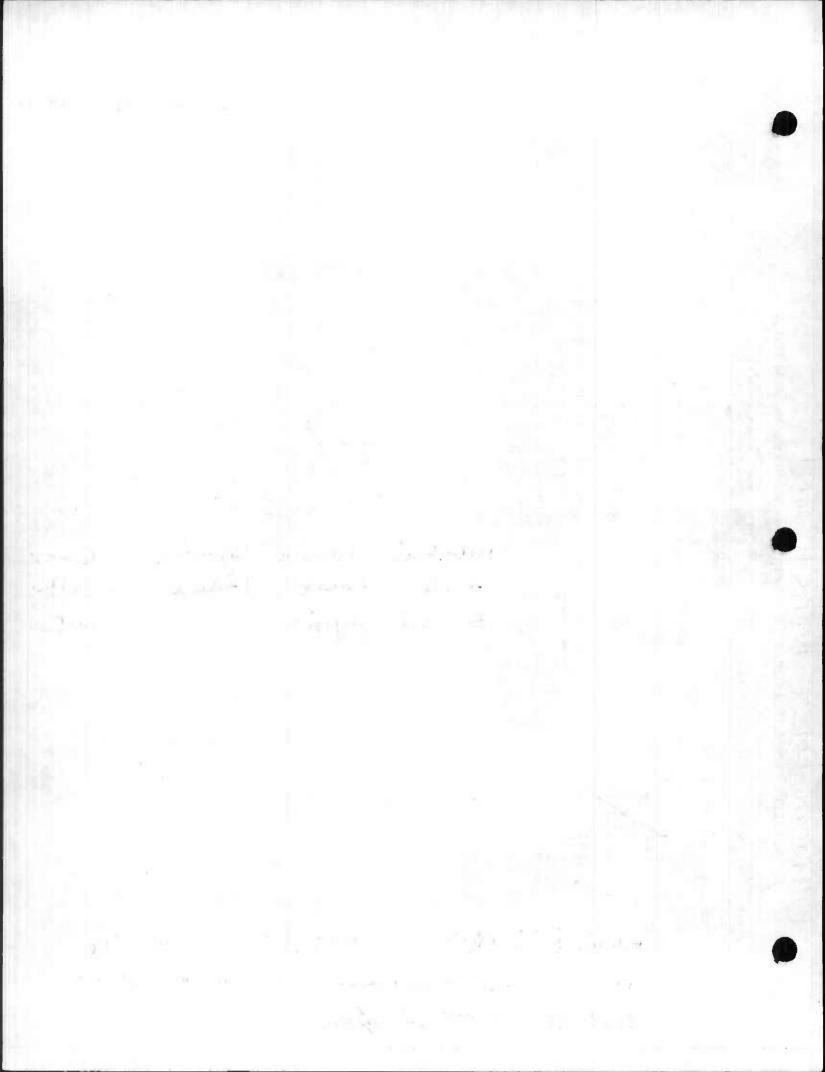
295 Stones

32. Registrar's Signature

FRE 15

FEB 2 3 1999

31. Date filed (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygien Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Tima of Death Month **Physician OMA** LEE KARNES February 24, 1999 03:14 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Union Hospital of Cecil County Elkton If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Sociel Security Number if Under 1 Year 6. Sex 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) **Funeral** Months 1 □ M 2 🖾 F Deys Yrs. Director 75 December 30, 1923 West Virginia 234-46-7120 Usuei Residence of Decedent the Meryland 10e. Stete 10h County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23s or 28s-f show traumstic event, the Moulcal Examiner must be notified at 1 ☐ Yes 2 No Director Maryland Cecil Rising Sun 10e. Street end Number 10f. Zlp Code 10g. Citizen of What Country? 81 Cottonwood Lane 21911 United States deeth Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No 11. Meritel Stetus Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American Indien, Bieck, White, etc. pernit. Pages 1 and 2 should be filed within 72 hours effer to Department of Heelth and Mentel Hygiene. Important: If Item 27 is marked other than "naturel", or ther any injury or other traumatic event. In a Mexican Institution. 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 White 1 ☐ Yes 2 No Specify: If Yes, Give Yeer or Detes: by 3 ☑ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedant's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Explosives Elementary/Secondery (0-12) College (1-4or 5+) 8 Manufacturer Assembly Line Supervisor 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surneme) Be 2 Jesse J. Yates Susan J. Lester 19e. Intorment's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) James L. Karnes / Son 106 Lakeside Drive, North East, MD 20b. Piece of Disposition (Neme of cemetery, cremetory or other piece) Feb. 26 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriai 2 □ Cremetion 3 □ Removel from Stete 4 ☐ Donation / 5 ☐ Other (Specify) North East Methodist Cem. 1999 North East, Maryland 21. Signature of Funeral Service License 22. Name end Address of Fecility Crouch Funeral Home 127 South Main Street, North East, MD 21901 23a. Part1. Entar the disaese, or complications that caused the daeth. Do not entar the mode of dying, such as cardiac or respiretory errest, shock, or heart tailure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical tmmediete Ceuse (Final disease or condition resulting in deeth) Examiner lal Examiner physicien and s the burial-transit Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseesa or injury that initieted evants resulting in deeth) Lest Records, P.O. Box 68760 90 Physician/Medical Due to (or es e consequence of): Pert It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t d be detach 1 Yes 2 No 3 Probably 4 Unknown à cata has been sig., page 2 should b 24b. Were autopsy tindings eveileble prior to completion of cause of death? Completed 24a. Was an autopsy certificata has 1 Yes 20 No 1 □ Yes 2 □ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

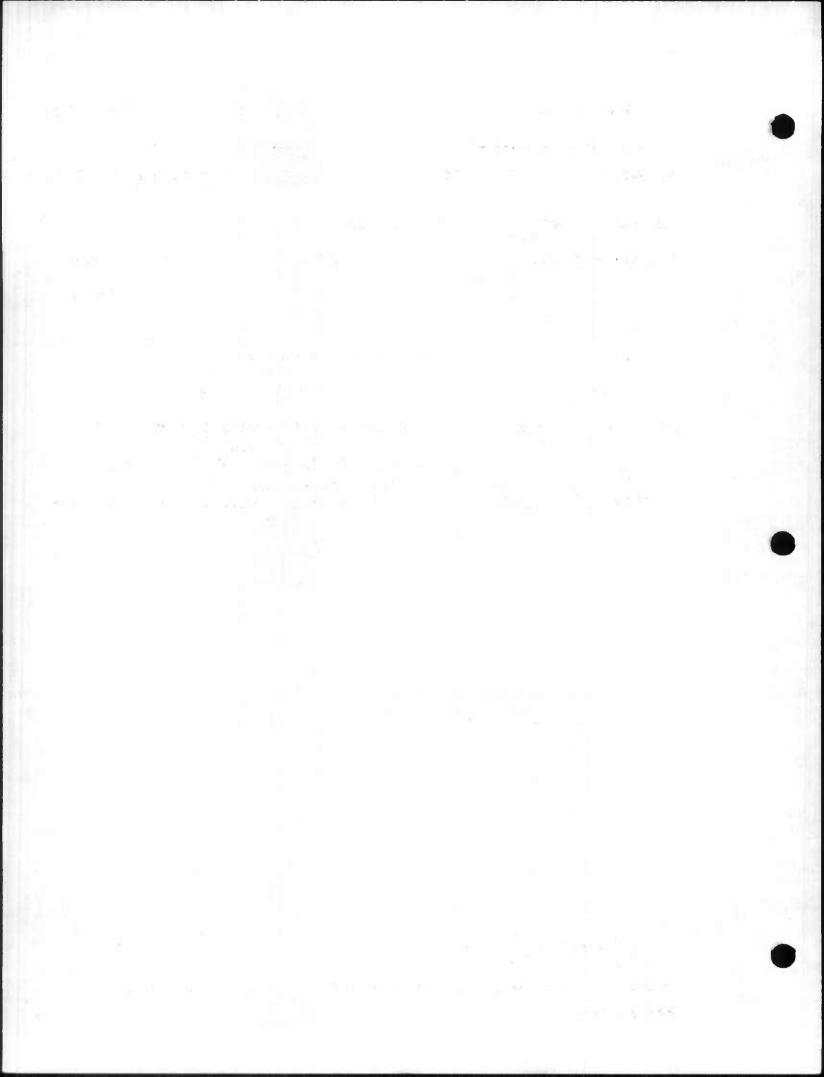
To the Funeral Director: After this certifica completely filled in by the funeral director, Be 25. Wes case referred to medical 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 2 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Deeth 28a. Dete of Injury (Month, Dey Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred Certification: 5 Pending investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident 8 Could not be determined 3 Suicide 28t. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of tnjury - At home, ferm, street, fectory, office building, etc. (Specify) 4 | Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to tha cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred et the time, deta end piece, and due to the cause(s) end menner steted. 29a. Cartifier Medical (Check only one) 29b. Signeture end title of certitier 29c. License number 29d. Date signed (Month, Dey, Year) 2,24,99 eadnes M 044373 6 row 30. Name and eddress of person who completed cause ot deeth (Item 23a) (Type, Print) Joseph K. Weidner, Jr., M.D., 101 Colonial Way, Rising Sun, MD 21911

DHMH 16 Ray 6/95

State Registrar 31. Date tiled (Month, Dey, Year) FEB 2 5 1999

32. Registrer's Signeture



**Physician** /Medical Examiner Examiner

and -tran

physician

attending

å

B signed d be det

養 Age of page 2

certificate

Side.

Attar Attending

death.

after death Director:

To the Hospital o within 24 hours at To the Funeral D

8

Physician/Medical

þ

Completed

8

2

Certification:

Medical

**Physician** 

/Medical

Examiner

Directo

Funeral

þ

Completed

Be

**Funeral** 

Director

the Meryland

Pages 1 and 2 should be filed within 72 hours efter death with the Merylan neat of Health and Mertal Hydiene. Int: If item 27 is marked other than "natural", or items 23s or 28s-f show int: If item 27 is marked other than "natural", or other traumatic event, its Housel Examines man be notified as my or other traumatic event, its Housel.

Iment

Baltimore,

Box 68760

P.O.

Records.

Division of Vital

Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest

1 Tyes 2 No

28d. Describe how Injury occurred

26. Place of Deeth (Check only one)

Elkton

1 Yes 2 100

25. Was case referred to medical 1□ Yes 2□ No 27. Menner of Deeth

28a. Dete of injury (Month, Dey Yeer) 5 Pending investigation

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

6 Could not be determined

28b. Time of

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28c. Injury at Work? 1 ☐ Yes 2 ☐ No

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier

1 Natural

2 Accident

3 Suicide

4 Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and title of certifie

29c. License number

29d. Date signed (Month, Day, Year)

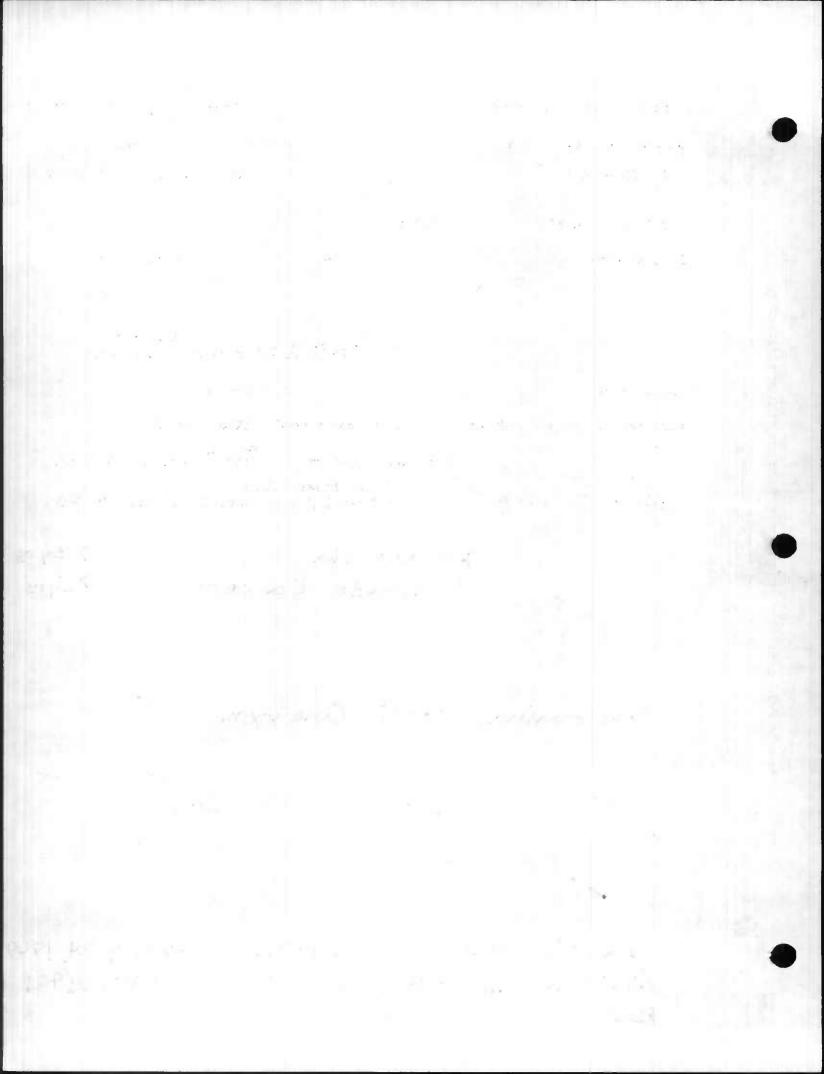
State

Registrar

Jose Ma If Date filed (Month, Day, Year) **FEB 2 4 1999** 

W. High 32. Registrar's Signeture

**DHMH 16 Rev 6/95** 



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 9

						Ce	rtificate of	Death	7		Reg. No.		
			1. Decedant's Nama (First, Midd	la, Last)						2. Data of Da			3. Tima of Death
	Physic		Herman I	Leroy	Kem	phfer				Feb.	19, 19	Yaar 999	10:06 PM
	/Medi Exami		4a. Facility Nama (If not institutio					4b. City, T	own, or L	ocation of Deat		ty of Death	10.00 111
	LAGIIII	ilei	Garrett Cour	ntv Memo	rial	Hospit	al	Oak	lan	d	Garr		
			5. Social Sacurity Number	6. Sex		s. last birthday)			r 24 Hrs.				placa (Stata or Foreign
	Funeral Director			1⊠M 2□ F		Yrs.	Months Days			(Month, Di	ay, Year)	Coui	ntry)
	Director		214-36-6801 Usual Residence of Dacedent		60					Sept.	10,1938	Mar	yland
	pue *		10a. Stata 10b. County	,	10c. C	City, Town or Lo	ocation						10d. Insida City Limits
	ahe ahe	20											1 ☐ Yas 2X No
	The N	Director	WV Pres	ston		Aurora					40 000	140 - 1 0	
	E 9 8	급					10f. Zip Coda	705			10g. Citizen of	What Cour	ntry?
	s i and 2 should be filed within 72 hours efter death with the Maryland if Health and Mentel Hygiene. Item 27 is marked other than "natural", or itema 23s or 28s-f show other traumatic event, its Medical Examiner must be notified at	Funeral	Rt. 1 Box 389					705			USA		
	de la	une	11. Marital Status	Armed F	cedant Evar in orcas?	U,S. 13.	Was Decedant of If Yas, specify Cul	Hispanic O ban, Maxica	rigin? (Sp in, Puarto	ecify Yas or No Rican, atc.)	o- 14. Ra	ce - Amaricack, Whita,	
0	or it	F	1 ☐ Navar Married 2 🗓 Mar	If Yas G	2 XNo		1□Yas 201No				Speci	T T1	ite
21215-0020	ours Fer	l by	3 Widowed 4 Divorced	Yaarori	Datas:		120	оровну			Speci	y. ****	
5-0	72 h netu	Completed	15. Decedar	nt's Education st grada completad	1	16a. Dece	dant's Usual Occu	pation	et of work	don	16b. Kind of E	3usinass/in	dustry
2	Par B	de	Elamantary/Secondary (0-12)	T .	(1-4or 5+)	lifa.	kind of work done DO NOT usa ratir	ed)	St Or WOIT	any .			
7	filed within Hygiene. ther than and, the Mo	0	10th		, ,	Heavy	Equipmen	nt Ope	erato	r	Paving	Cont	racting
ק	2 should be filed withlr end Mentel Hygiene. Is marked other than sumstic evant, the Ma	Be	17. Fathar's Nama (First, Middla,	Last)				18. Moth	ar's Nam	a (First, Middla	, Maidan Suma	ma)	
<u>a</u>	ked o	To B	Hamman Tao Vos	unh for				Mare	· Fot	how I or	rdowni 11		
altimore, Maryland	should nd Men marke	-	Herman Lee Ker  19e. Informant's Name/Relations			19b. Meilii	ng Addrass (Stras				wdermill		Code)
<u> </u>	d 2 th er											, 0,0,0,	
e l	Heal Heal ther		Ruby Kemphfer/I	wile	20b	Place of Dispo	Box 389	9, Au	rora,	Data	20c. Location	- City or T	own State
ŏ	Peges nent of I nt: If its iry or o		1 Daurial 2 Cramation	3 Ramoval from	Stata		osition (Nama of metory or other plant	ace)	1_				Jwii, Jiata
	mer tant:		4 Donation 5 Other (5	Specify)	A	urora (	Cemetery		2	/23/99	Aurora,	, WV	
ā	permit. Peges 1 end 2 Depertment of Health e Important: If item 27 la any Injury or other tras once.		21. Signatura of Funaral Sarvice	Licenson	0		2. Nama and Addr		-				
m	205 2 2		Riphle	N Thos	- L	S	tewart 2 S. Se	Fune	ral	Home	land	MD	21550
			23a. Part1. Entar tha disease of shock, or heart failure.	r complications that	causad tha da							FID	Approximata
١,	Physician		Shock, or haart failura. List	only one cause on	aach lina.							į	Interval Batween Onset and Death
<i>)</i> .	/Medical		Immediete Causa (Final		-11	1 1-						i	
	Examiner		disaasa or condition rasulting in daath)	a	THOD	(aston	na						Months
		6			Dua to	(or as e consac	quance of):						
	ed is	Examiner		b								<u> </u>	
	and and -trar	хап	Sequentially tist conditions,		Dua to	(or as a consac	quance of):						
68760,	sian Sian		Sequantially tist conditions, if any, laading to Immadiata causa. Entar Undarlying Causa (Disaase or Injury										
876	certificete be executed iding physician and ise as the bunel-transit	//Medical	that initiated avants rasulting in daeth) Last	c.	Dua to	(or as a consac	juanca of):					1	
9	5 00	Me	The Source Contact of the Contact of	L									
		200		d								+	
œ.	death ne etter ed for u	Physician	Part II. Other significant condition	ons contributing to d	leath but not re	sulting In the u	ndariving causa g	iven in Part	1.	23b. Did	tobacco usa co	ontribute t	o the cause of death?
Ö	by the de	hy					,,				Yes 2XNo		bably 4 Unknow
S,	es thet igned t be det	by P									45,110	0	July 4 division
ds.	lew requires thet the es been signed by th 2 should be deteche									24a. Was	an autopsy	24b. W	ara autopsy findings
<u></u>	been si should	ete								perf	ormad?	00	veilable prior to empletion of causa
ě	hes hes	ф										of	deeth?
=	Page 1	Completed								1 🗆	Yas 2 No	1[	☐ Yas 2☐ No
of Vital Record	Physicien: The this certificate and director, page	Be	25. Was casa rafarrad to medica axaminar?					26. Plac	a of Dea	th (Check only	ona)		
>	ysic is ce dire	70	1 Yas 2 No	Hospital:	Inpatient 2	SER/Outpatier	nt 3 DOA	ther: 4 D N	lursing Ho	oma 5 □ Ras	Idanca 6 □Ot	har (Speci	fy)
	P P P		27. Mannar of Daath	28a. Deta	of Injury	28b. Tima o					how injury occu		,,
Division	Attending is ar death. ector: After by the funer	tio	Natural 5 Pendir 2 Accident invasti	.9	nth, Day Year)	Injury		onk/ ∐Yas 2.[	]No				
2	or Attendi efter death. Director: A i in by the fo	fice	3 ☐ Suicida 6 ☐ Could		e of Injury - At	homa, farm, str	reat, factory, office			28f. Location	(Straet and Num	ber or Run	al Routa Number,
_	スギー c	Certification:	4 Homicida	build	ling, etc. (Spec	cify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City or To	wn, Stete)		
	To the Hospital or At within 24 hours efter of To the Funeral Direct completely filled in by		29a. Cartifiar 1 Certifyin	- Dhyslalan Tath	a book of much	andadas dasili		dana data a		a a d dua 4 - 4 - 4 - 4			t-to-d
	Fun fely	edicai		ng Phyalcian: To the Examiner: On that	pasis of axamin	iation end/or in	n occurred at tha t vestigetion, in my	opinion, da	nd piaca, eth occur	and dua to the red at the time,	cause(s) and m , dete and piaca	ennar as s	o tha cause(s)
	a de la la la la la la la la la la la la la	Mec			nner stated.		One Hear				00d Data sina	ad (Manth	Onu Vanal
	<b>₽</b> ₹ <b>2</b> 8		29b. Signature and title of cartifie	111)	1114	2		isa number			29d. Data sign	eu (Month,	Day, 1987)
			ma	ut,	Tihll	200	D	3003	7		42	2496	7
	10		30. Nama and address of person	who complated cau	sa of daath (Ita	am 23a) (Type,	Print)			1	R	61 -	
	4		(533 Mamori	ed PRANI	0	ALCA	NO MO	cis (	20	N	1/10	MER	
	Sta	ite	31. Date filed (Month, Day, Year)	i	Registrer's Sign	natura 🎤		L C					
	Registi		FEB 2 :	1999	Deparen	/ B.	Low						

968: 4 ± 834

State of Maryland / Department of Health and Mental Hygiene 9 9

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Time of Death Month **Physician** 22,1999 4:11 pm Patrick Joseph February Lunczynski, Sr. /Medical 4b. City, Town, or Location of Death 4a Facility Nama (If not institution, giva street and number) 4c. County of Death Examiner 218 Newport Drive Severna Park Anne Arundel Hours Min. 8. Data of Birth (Month, Day, Mar 18, If Undar 1 Yaar 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foreign **Funeral** Months Days 1 M 2 □ F 63 213-32-1680 Yrs Maryland Director Usual Rasidance of Dacedant Pages 1 and 2 should be filed within 72 hours effer death with the Maryland ment of Health and Mental hygiene.

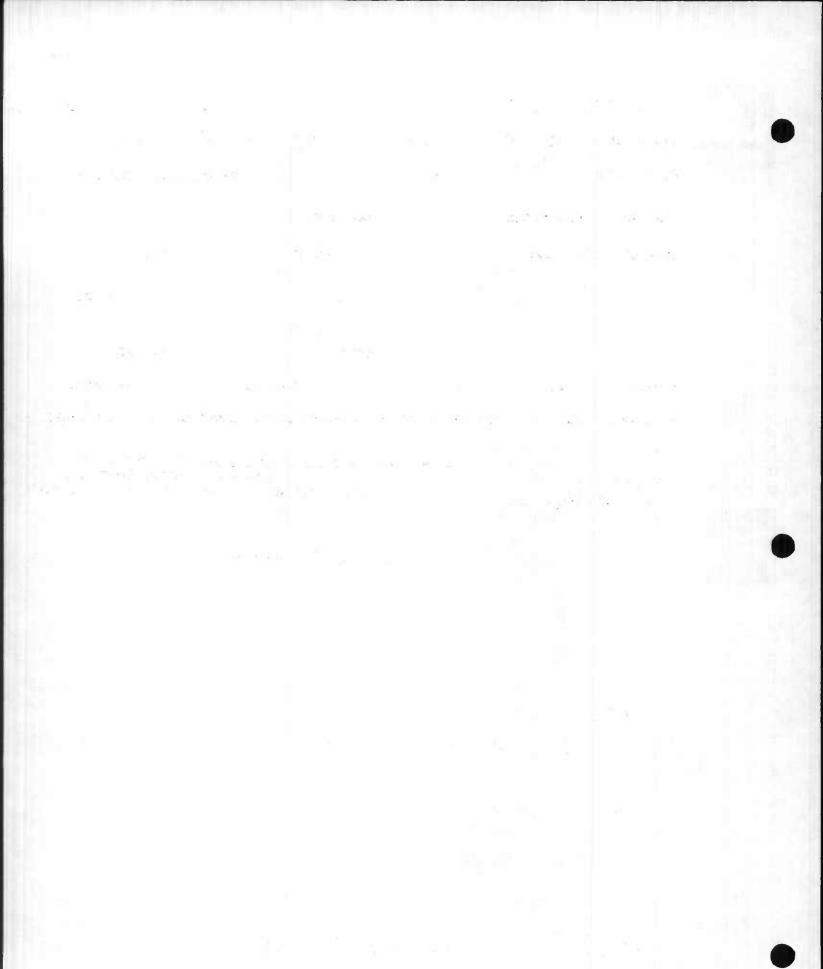
Intil If then 27 is marked other than "natural", or items 23s or 28s-f show my or other than "natural", or items 23s or 28s-f show my or other transmitter cevent, Inst Medical Excitor man be notified at 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits ed other than "natural", or items 23s or 28s-f shows event, the Medical Examiner must be notified at MD Anne Arundel Severna Park 1 Yas 2 No Directo 218 Newport Drive 10f. Zip Coda 10g. Citizan of What Country? 21146 USA Funeral Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Race - Amarican Indian, Black, Whita, atc. 11. Maritat Status 1 ☐ Navar Marriad 2 ☑ Married 1 ☐ Yas 2 No If Yas, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2X No Specify: white þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) Telephone Repairman Telephone 18. Mothar's Nama (First, Middla, Maidan Surnama) 17. Fathar's Nama (First, Middia, Last) Joseph Lunczynski Mary Pietzak 19a. Informant's Name/Ralationship (Type, Print) Sandra Lunczynski /wife 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) 218 Newport Drive, Severna Park, MD 21146 Feb<sup>Data</sup> 26 20b. Placa of Disposition (Nama of camatary, cramatory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition Department of Important: If it any injury or o 1 Burial 2 Cramation 3 Ramoval from Stata Stevensville, MD Stevensville Cemetery 4 ☐ Donation 5 ☐ Othar (Specify) 1999 21. Signature of Funeral Service Live 22. Nama and Addrass of Facility P.A. Severna Park Funeral Home 495 Gov. Ritchie Hwy., Severna Park, MD 21146 Do not antar tha moda of dying, such as cardiac or raspiratory arrast, Physician immediate Cause (Final disease or condition resulting in death) /Medical Dua to (or as a consaquanca of) Exam Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury that Initiated avants rasulting in daath) Last The law requires that the death certificals to same physician s the burla Division of Vital Records, P.O. Box 68760, Physiclan/Medical Dua to (or as a consequence of) 100 USB Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? Completed page 2 s hes 2. No certificate 1 ☐ Yas 2 ☐ No Hospital or Attanding Physician: the funeral director, 25. Was casa rafarred to medical axaminar? Be 26. Placa of Death (Chack only ona) Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 1 Yas 2 No Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA After this 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28d. Dascribe how injury occurred 28b. Tima of 28c. tnjury at Work? 1 Natural 5 Panding after death. 1 ☐ Yas 2 ☐ No invastigation 2 Accidant 6 □ Could not be dataminad 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) filled in by 4 D Homicida 24 hours a 29a. Cartifiar 1 Learnifying Physicien: To tha best of my knowledga, daath occurrad at tha tima, data and placa, and dua to tha causa(s) and mannar as stated. Medical completely (Check only one) 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. within 2 To the 29b. Signatura and file of certifiar 29d. Data signed (Month, Day, Year) 30. Nama and addrass of person who complated causa of death (Itam 23a/(Type, Print) bha DAKWOOD BURNIE. 32 Registrar's Signatura 31. Data filed (Month, Day, Year) State FEB 2 5 1999 Registrar

COLUMN TO SERVE

State of Maryland / Department of Health and Mental Hygiene 9

						Cer	tificate	of	Death			Reg. No.			
			I. Decedent's Name (First, Middle, La	st)		_	_1		.10		2. Dete of De	ath	Vees	3. Time	of Death
	Physician		MARGA	RET	J		L	-1	NS		Month Februa	Day 21	Year 1999	5	:35 /
	/Medical Examiner		e Fecility Neme (If not institution, giv		')			Т	4b. City, Tov	vn, or Lo	ocation of Deet	-	y of Deeth		- 1 - 1
A	Examino	۱	HARBOR HOS	PITAL	CENT	ER			BAL	TI	MORE		N/A		
	Funeral	5	5. Social Security Number 6. S	ex 7. A	ge (In yrs. lest		If Under 1	Year	If Under 2		8. Date of Bir (Month, De	th V Year)	9. Birthp	lace (Stat	e or Foreign
ш	Director		214-24-3306	□M 2⁄QF	70	Yrs.	Wioritais	Joys	110013		FEB.25		MARY		
	Pu .	- 1-	Usual Residenca of Decedent  10a. State 10b. County		10c. City, T	own or 1 o	cation						1,	Od Incide	City Limits
	aho		The second secon	ARUNDEL	Too. Ony, 1	J411 01 CO	LINTH	TC	TIM						es 210 No
	vith the Mar t or 28a-f al be notified	3	10e. Street and Number	AKUNDED			10f. Zip C		OF			10g. Citizen of	What Cour	utau?	
	with with	5		220			101. Zip C		1000					tty t	
	era	0 .	6219 GROVELAND RO	12. Was Deceden	t Ever In I.I.S	13 V	Ves Decede		1090 Hispanic Orio	in? (So	acify Yes or No	U.S	ce - Americ	an Indian	
020	hours efter death with the Maryland tural; or flerns 23a or 28a-f show at Examiner must be notified at ad hy Emparal Director		1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces  1 Yes 20  If Yes, Give Yeer or Dates	? I No		Yes, specif			Puerto	ecity Yes or No Rican, etc.)	Speci	ack, White,		
21215-0020	"natural", edical Exa		15. Decedent's Ed		1	6a. Deced	lent's Usuel	Occu	pation during most	of work	ina	16b. Kind of E	3usiness/Inc	dustry	
21	ed within 72 ho ygiene. her than "natur. it, the Medical.	2	(Specify only highest gre Elementary/Secondary (0-12)	College (1-4or	5+)	life. L	OO NOT use	retire	ed)	OF WORK	ing				
	or thu	5	12			Н	OMEMAK	ER	-				HOME		
pu	wild be filed with Mental Hygiene.  arked other than attic event, the Mental To Be Committed that the Mental To Be Committed the Mental To Be Committed that the Mental To Be Committed the Mental To Be Comm		17. Father's Name (First, Middle, Last,	)					18. Mother	r's Name	B (First, Middle	, Meiden Suma	me)		
yla	2 should be filed within and Mental Hygiene. Is marked other than sumatic event, the Market To Re Comp.	2	ALBERT T.		STRAU	SS			MAR	GARI	ET		BEALE	FELD	
, Maryland	s 1 and 2 should be lifed within 72 ho f Health and Mental Hygiene. Item 27 is marked other then "natur other traumatic event, the Medical		19a. Informant's Name/Relationship ( WILLIAM F. LINS,		SBAND)							CUM, MA			090
ore	of He	2	20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐	Removal from State	ceme	of Dispo- tery, crem	sition (Neme netary or oth	of er ple	эсө)		Date	20c. Location	- City or To	wn, State	
E	Pag ment ant: b		4 Donetion 5 Other (Specif			HAV	EN MEM	OR	IAL PA	RK 3	2/25/99	GLEN B	URNIE	, MD	
Baltimore,	permit. Pagas 1 and Department of Health Important: If Item 27 any Injury or other tr once.	1	21. Signature of Pyringal Service Licer	nsee		22	. Name and	Addr	ess of Fecility	SINC	GLETON	FUNERAL EN BURN	HOME	, P.A	Α.,
п		1	23a. Part1. Enter the disease, or com shook, or heart failure. List only	plications that cause	ed the deeth. [	o not ente	er the mode	of dy	ing, such es	cerdiec	or respiratory a	rrest,		Approxin	nate
	Physician	ı	ander, or now harder. Line or o	0110 04000 011 0401									1	Onset an	
	/Medical		Immediate Causa (Final disease or condition	. A DVA	MICE	7	11111	-	CAA	IC=	R		1	2 ~	waths
	Examiner	1	resulting in death)	a. 71 DV V	Due to (or as			5	C7170				-	5 14	willing
-	P # 5														
	The law requires that the death certificate be executed at hes been signed by the attending physician end page 2 should be deteched for use as the bunial-transit completed by Physician/Medical Examiner		Sequentially list conditions,	D	Due to (or as	a conseq	uence of):								
50,	cian cian ourial		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events	C									1		
68760,	ertificata be ling physicia e as the bu	1	that initieted events resulting in death) Last		Due to (or es	a consequ	uence of):								
×	ding			d									1		
Bo	attend I for us														
0	thet the death c ed by the attend deteched for us	100	Part II. Other significant conditions c				nderlying cau	se g	iven in Part I.			tobacco use c			
0	es that the igned by be detected by Phy		ATRIAL FI	BRILL	ATIC	N					The state of	Yes 2□ No	3 Pro	Dably 4	Unknow
Records,	The law requires that the death crate has been signed by the attence page 2 should be deteched for us.	2						,			24a. Was	an autopsy			sy findings
00	been signatured should been signatured been si	-	LEFT PLE	URAL	ET	FU.	5101	V			perfe	ormed?	co	ailable prio mpletion o deeth?	of cause
Re	s hes											Yes all No			No
Vital			25. Was case referred to medical						OC Dingo	of Dont	h (Check only			7 102 5	La NO
5	Physician: The Lithis certificate he ral director, page:	3	examiner?	Hospitel: 1 Inpat	ient 2DER	Outpatien	t 3 DOA	0	ther:			idenca 6 □O	ther /Snecif	6()	
of	£ 5 8		27. Manner of Death	28e. Date of Inj (Month, D		. Time of		1	ury et ork?	7		how Injury occu		"	
io	Attanding in death.  Sctor: After by the fune lifecation	5	1 ✓ Natural 5 ☐ Pending 2 ☐ Accident Investigation		ey reer)	Injury	M		Yes 2 1	No					
Division	or Attandle ofter death. Director: A d in by the f		3 ☐ Suicide 6 ☐ Could not be determined	286. Placa of Ir	njury - At home	, farm, str	et, factory,	office			28f. Location (	Street and Nurr	ber or Rure	al Route N	lumber,
Ö	tal or Attanding P rs efter death. al Director: After t led in by the funers Certification:	5	- I Tomode	building, e	ito. (Opecity)						o.i, c	, 6.6.6,			
	To the Hospital or Attanding F within 24 hours after death. To the Funeral Director: After completely filled in by the funer Medical Certification:		29a. Certifiar (Check only one)  (Check only one)	ysician: To the besi niner: On the basis and manners	of examinetion	ige, death end/or inv	occurred at restigetion, In	the to	ime, dete and opinion, deet	d place, h occurr	and due to the ed at the time,	cause(s) and n date and placa	enner as s	tated. the ceus	e(s)
	within To the Comp	-	29b. Signature and title of cartifier	)			29c. 1	icen	se number			29d. Date sign	ed (Month,	Dey, Year	r)
			Atten hlasis	RESIDEN	T HOUS	= STA	FF 1	C	1103	1		Februar	1 21	19	90
		3	30. Name end address of person who						1100	-/-		, C 15 1000	1-6-1	1	17
			ATHIR T. ME	ROGI.	HARB	OR	HOSPI	TH	1L 3	00	1 Sout	H HAND	VER	STRE	FET
	State	3	31. Date filed (Month, Dey, Year)	32. Regis	trer's Signeture	_	1								
	Registrar		FEB 2 3 19	399		D.	100	24	60/						

DHMH 16 Rev 6/95

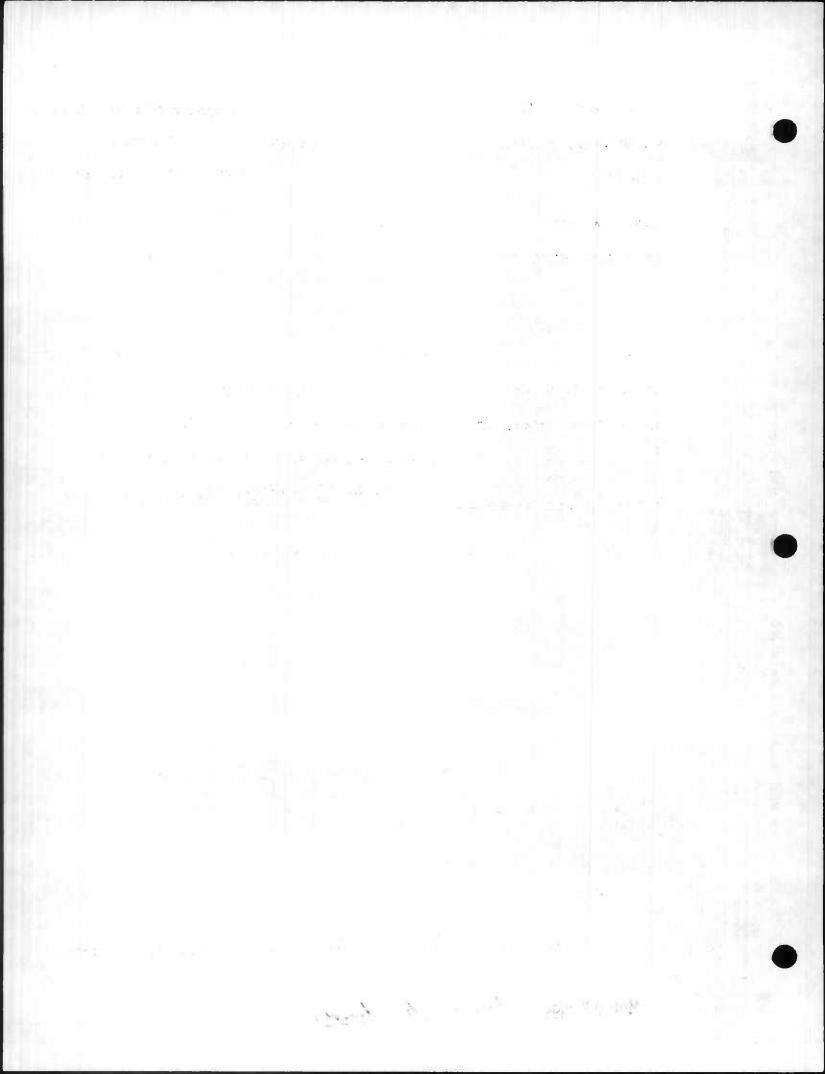


EXPERT OF THE

State of Maryland / Department of Health and Mental Hygiene 9 0 7 7 2 4

			Certificate	e of Death	Reg.		1164
	1. Decedent's Name (First, Middle, La	est)			2. Date of Death Month	Day Year	3. Time of Death
Physician /Medical	ETHEL PIERCE L	EWIS				¥ 25,1999	0215 AM
Examiner	4a Fscility Neme (If not institution, give	e street and number)	-	4b. City, Town, or	Location of Deeth	4c. County of Deeth	
	SACRED HEART H	OSPITAL		CUMBERL	AND	ALLEGANY	
Funeral	5. Social Security Number 6. S	Sex 7. Age (in yrs.	last birthday) If Under Months	1 Year If Under 24 Hr. Days Hours Min		9. Birth	place (State or Foreignintry)
Director	218 12 5925	1□ M 2ਊF 77	Yrs.	Day's Trodis IVIII	MAY 9 19		YLAND
p.	Usual Residence of Decedent						
aryler de how	10a. State 10b. County	10c. Ci	ity, Town or Location				10d. Inside City Limits
Be-f	MARYLAND GARRETT	GRA	NTSVILLE				1√2 Yes 2 □ No
vith the Ma or 28a-f e	10e. Street and Number		10f. Zip	Code	10g	. Citizen ot Whet Cou	intry?
ter death with the Marylen terms 23s or 28s-1 show not must be notified.	891 DORSEY HOT			1536		US	
r thems 230	11. Maritel Status	12. Wes Decedent Ever in L Armed Forces?		ent ot Hispenic Origin? ( ify Cuben, Mexican, Pue	rto Rican, etc.)	14. Race - Amer Black, White	
ors of	1 □ Never Married 2 □ Married 3 □ Widowed 4 □ Divorcad	1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:	1□Yes 2	No Specify:		Specify: WHI	TE
ed within 72 hours ygiene. er than "natural", f, tre mourcal Exi Completed by	15. Decedent's E		16a. Decedent's Usual	Occupation	16	b. Kind ot Business/li	ndustry
	(Specify only highest gra	College (1-4or 5+)	life. DO NOT us	k done during most of wo e retired)	orking		
filed within I Hygiene. other than ent, the Me	12		OWNER/OPER	RATOR	I	FABRIC SHO	PPE
= ± = 5	17. Fether's Name (First, Middle, Last	)		18. Mother's Na	ame (First, Middle, Ma.	iden Sumame)	
Menta Menta arked arked	CLAUDE L. WARI	, SR		ELIZABI	ETH DUCKWOR	RTH	
E B B B	19a. Informent's Name/Relationship (	Type, Print)	19b. Mailing Address	(Street and Number or F	Rural Route Number, C	City or Town, State, Z.	ip Code)
	CINDI MCGREEVY	//DAUGHTER	185 GARDNE	ERS ROAD, WI	HITACRE, VA	22625	
other	20a. Method of Disposition	20b.	Plece of Disposition (Namcemetery, crematory or of	ne of ther placa)	Date 20	c. Location - City or T	Town, State
Pages nent of I int: If its iry or or	1 ☑ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif	JHemoval from State	OSTBURG MEMO		2/27/99 FR	OSTBURG,	MD
Department of Important: If eny Injury or poor.	21. Signature of Funeral Service Lice			d Address of Facility			
permit. P Departme Importan eny Injur	- 1. V		SOWERS	FUNERAL HO	ME, P.A.	DUDG MO	21532
	23a. Pert1. Enter the disease, or com	onlications that caused the dee		T MAIN STRE			Approximete
Physician /Medical Examiner	shock, or heart failure. List only  Immediate Cause (Final disease or condition		ELLAR H	HEMORRH	AGE		Onset and Death    Week .
THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	resulting in death)	Due to (	or as a consequence ot):				•
sit sit		b				l	
icate be executed physician and s the buriel-transit	Sequentially list conditions, if any, leading to Immediate	Due to (	or as a consequenca ot):			t	
death certificate be executed e ettanding physician and ed for use as the bunel-transit sician/Medical Exami	cause. Enter Underlying Ceuse (Disease or injury	С.				i	
flicate be physicials the bur edical	that initieted events resulting in death) Last	Due to (d	or as a consequence of):			1	
M and		d					
the death ce do the death ce do by the ettandii letached for use Physician/I							
that the de detached detached	Pert II. Other stgnificant conditions of	contributing to death but not re-	sulting in the underlying ce	ouse given in Pert I.	23b. Dtd toba	acco use contribute	to the cause of death
ed by detac					1 🗆 Yes	2 No 3 ₽ Pr	obably 4 Unknow
D Ba					240 Mino on 4	autonou 24h V	Vere autopsy tindings
the lew requires sate has been sign pege 2 should be Completed by					24e. Wes an a performe	d? a	veileble prior to
has b						0	t death?
cate ha					1 🗆 Yes	2 № No 1	☐ Yes 2 No
ystcient: The scentificate director, pag	25. Was case reterred to medical exeminer?	Manufal			eeth (Check only one)		
F Sign	1 Yes 2 No		ER/Outpatient 3□ DO		Home 5 Residence		cify)
	27. Manner of Death 1 ØNeturel 5 ☐ Pending	28a. Dete of thiury (Month, Day Year)		Bc. Injury et Work?	28d. Describe how	injury occurred	
	2 Accident investigatio		M	1 ☐ Yes 2 ☐ No			
or Attendent of the Control of the C	3 Suicide 6 Could not be determined		nome, tarm, street, tactory.	, office	28f. Location (Stree City or Town,	et and Number or Ru State)	ral Route Number,
S T T T T T T T T T T T T T T T T T T T							
To the Hospital or Attent within 24 hours effer deet To the Funeral Director: completely filled in by the Medical Certifical	(Check only 2 Madical Exar	nysictan: To the best of my knowning: On the basis of examine					
within 24 To the F complete	one)	end menner stated.					
With Com	29b. Signature and title of certifier	- (4 ) (4 ) (7		License number		. Date signed (Month	
4	X	my MIL		D23371	FE	BRUARY 28	1999
7	30. Name end eddress of person who	completed cause of death (tte	m 23a) (Type, Print)		.,		215
his	Jamar Zaman	M.D. Johnson	Height & Medie	el Bldg. 625	Kent Ave #1	02 Cumbe	edand MD
State	31. Date tiled (Month, Day, Year)	32. Aegistrer's Sign	eture	0			
	MAR 11 /. 100	1 / Marchaeler	- AN				

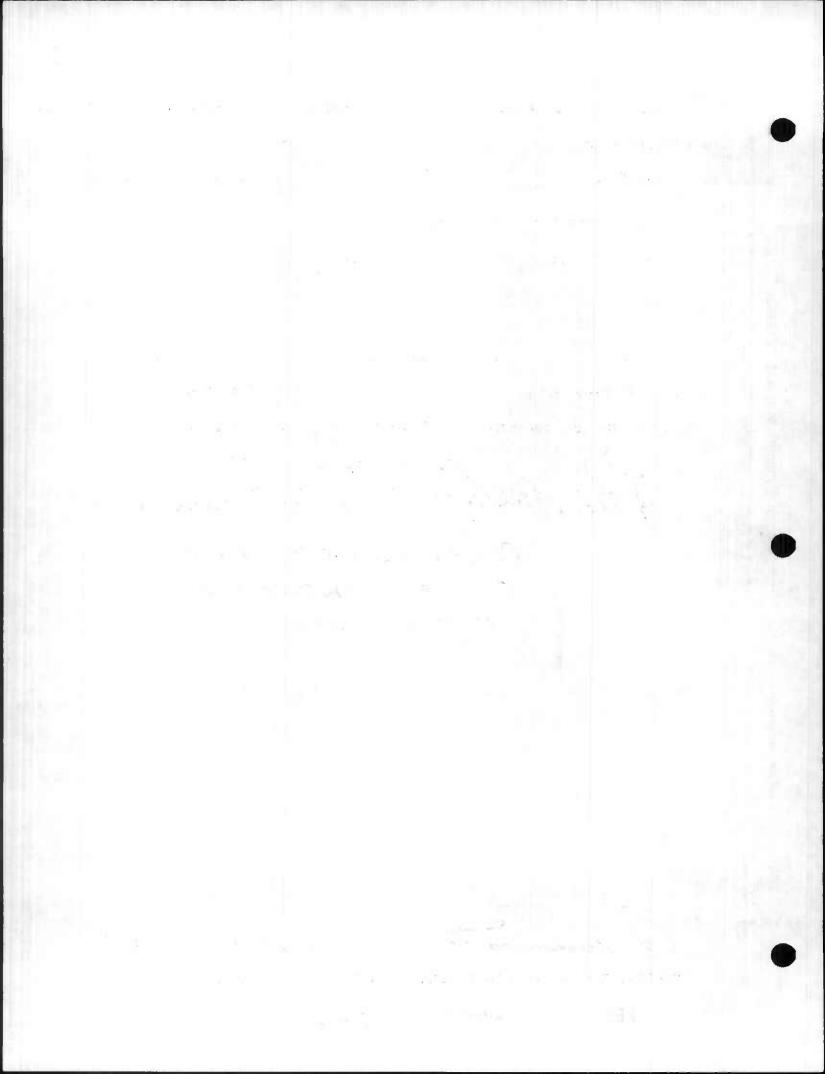
DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene 9 0772

							Timodice	OIL	Death		Reg	. No.			
	1. Dece	dent's Neme	(First, Middle, La	ist)						2.	Dete of Death Month	Davi	Yeer	3. Time o	of Deeth
Physician /Modical	MA	RY	КАТ	HERTNE			L	ANGA	N	F	EBRUARY	18,		5:45	P.M.
/Medical Examiner			not institution, giv		n <i>ber)</i>			-		vn, or Locat	ion of Deeth		y of Death		
LAUITITICI	Bor	lin M	ursing Ho	ome.				1	Berli	n		Worce	ester		
Funeral		1 Security Nu			7. Age (In yr.	s. last birthday	) If Under	1 Year	If Undar 2		Date of Birth (Month, Dey, 1			olace (Stete	or Foreign
Director	177	05-077		1□ M 2€ F		99 Yrs.	Months	Deys	Hours		2/8/189			esota	
		esidenca of [									2/0/103	J	- DITT II D	esota	
MO W	10e. Ste	ete	10b. County		10c. C	City, Town or I	ocation							IOd. Inside (	ity Limits
et, or fleme 23a or 28a-8how Executive must be notified at by Funeral Director	Mary	land	Worceste	er	Be	erlin								1 ☐ Yas	2 No
Director	10e. Str	eet end Num					10f. Zip	Code			10	g. Citizen of	Whet Cou	ntry?	
I Did		-11	DD tile				21	011					TICA		
era era	11 Mar	tal Status	DR. Wes	12. Was Deci	edant Ever in	U.S. 13	. Was Deced	811	spanic Orio	in? (Specifi	/ Yas or No-	14. Ra	USA ce - Ameri	can Indien.	
Funeral	10	MIN - MIN -	d 2 Married	Armed Fo	rces?		If Yes, speci	ify Cuba	n, Mexican,	Puarto Ric	an, etc.)		eck, White,		
by	3 3		Divorced	If Yes, Giv	/e		1 Yes 2	(XNo	Specify:			Speci	ッ: whi	te	
	0.2					160 Dag	edent's Usue	I Cooun	ation		1	6b. Kind of E			
Completed		(Specif	<ol> <li>Decedent's Englishes only highest grade</li> </ol>	ade completed)		(Giv	e kind of wor	k done d	during most	of working		DD. KIND OF E	JQ3111033/11	dustry	
a du	Elame	entery/Secon	idary (0-12)	College (1	-4or 5+)			0.00.00	/		_				
i S	17 Fort	12	First, Middle, Last	2		Homen	aker		18 Mothe	r'e Name /F	irst, Middle, Mi	omest:			
Be		1401110 (1	113t, WIGGIO, Last	/											
5			eph Maher					1			e McCab				
	19e. Inf	orment's Nar	me/Retetlonship (	Type, Print)		19b. Mei	ling Address	(Street	and Numbe	r or Rural R	oute Number,	City or Towr	n, Stete, Zij	o Code)	
2	Mary	K. F	leger / d	daughter		11 Ma	llard	Dr.	. W.,	Berl:	in, MD	21811			
5	20e. Me	thod of Dispo	osition		20b.	Place of Dist	position (Nemerory or of	e of			Dete 2	Oc. Location	- City or T	own, Stete	
2			Cremetion 3 5			1 debug	C	nata		12	/19/99	Calid	h. 1207 #	MD	
any Injury or other traumatic event, the Medical once.  To Be Completed	21. Sig	offition of Fun	eral Service Licer	nsee /	19	lisbur	22. Neme end	Addres	s of Facility			SOTIS	OUL Y P	1.117	
any Injury or once.		1	6 11	16/	1/1/2 -	F	Hollowa	ay F	unera	1 Home	P.A.				
	- 2	NAS.	e disease, or com	The	way	2	01 Sno	H wc	ill R	d., S	alisbur	y, MD	2180	4	
	238 P	art is Enter the	e disease, opcom failure. List only	one cause on e	susegine de ach/line.	Bith Do not e	nter the mode	of dyin	g, such as	cardiac or re	espiretory erres	st, *		Approxima Intervet Be	tween
ian -														Onset and	Deeth
lical iner	disaase	ete Ceuse (F or condition	inet	. Co	NGE	577V	B /	1EX	127	FA	ILUR	E	i		
100		g in deeth)		0.	Due to	(or es e cons	equence of):				ILUR DISEA		1		
e e				. Cl	ROM	VARY	1 F	759	7-12	V 7	DISEA	SE			
a as the burel-transit	Sequer	tielly list con-	ditions.	b	Due to	VARY (or es e cons	equence of):						T i		
Ä	if eny, le	eeding to imr Enter Under	mediate tying		HUP	(or es e cons	1001	NS	us				į		
S	Ceuse (	tilelty list con- eeding to imm Enter Under Disease or In leted events	njury	C	Due to	(or es a conse	equance of):	NC 2					-		
8	resulting	g in deeth) Le			500.0	(0. 00 0 00									
Me		9 45-21, 2	est												
<u>a</u>			est	d											
2 5			L	d											
ysici	Pert II. C		cant conditions of	deontributing to de	eath but not re	esulting in the		euse giv	en in Pert I.		23b. Dld tob				
Physician	Pert II. C		L	d	eath but not re	esulting in the		euse give	en in Pert I.		77	acco use c		to the cause	
3 2	Pert II. C		L	deontributing to de	eath but not re	esulting in the		euse giv	en in Pert I.		1 □ Ye	2 □ No	3 □ Pro	bably 4[	Unknow
Ď.	Pert II. C		L	d	eath but not re	esulting in the		euse give	en in Pert I.		77	2 □ No	3 Pro	Vera eutopsy vailable prior	Unknown
by	Pert II. C		L	d	eath but not re	esulting in the		euse giv	en in Pert I.		1 ☐ Ye	2 □ No	3 Pro	bably 4[	Unknown
by	Pert II. C		L	d	eath but not re	esulting in the		euse giv	en in Pert I.		1 ☐ Ye	2 □ No autopsy ed?	3 Pro	Vera eutopsy vailable prior completion of deeth?	Unknown findings to causa
Completed by	Pert II. C	Other signific	cant conditions of	d	eath but not re	esulting in the		euse giv			1 ☐ Ye	autopsy ed?	3 Pro	Vera eutopsy vailable prior completion of deeth?	Unknown
Be Completed by	Pert II. C	Other signific	cant conditions of	Hospitelt			underlying co	Oth	28. Plece	of Deeth (C	1 Ye  24e. Was an perform  1 Yas	autopsy ed?  s 2 No	3 Pro	Vera eutopsy vailable prior of deeth?	Unknown findings to causa
To Be Completed by	Pert II. C	s case referred interest of the second intere	cant conditions of	Hospitet:	Inpatient 2	□ ER/Outpeti	underlying co	A Oth	28. Plece	of Deeth (C	1   Ye  24e. Was an perform  1   Yas  Check only one	autopsy ed?  s 2 No No	3 Pro	Vera eutopsy vailable prior of deeth?	Unknown findings to causa
To Be Completed by	Pert II. C	s case referred interest 2 X No. 10 Neturel	cant conditions of	Hospitet: 1 - 28a. Dete	Inpatient 2		underlying co	A Oth-	28. Plece er: 4 Nu	of Deeth (Crsing Home	1 Ye  24e. Was an perform  1 Yas	autopsy ed?  s 2 No No	3 Pro	Vera eutopsy vailable prior of deeth?	Unknown findings to causa
al director, page 2 should be To Be Completed by	Pert II. C	s case referreminer? Yes 2 Notes to Deeth Neturel Accident	eat conditions of the conditio	Hospitet: 1 28a. Dete	Inpatient 2 of tnjury th, Day Year)	□ ER/Outpeti 28b. Time Injury	underlying co	A Oth-	28. Plece	of Deeth (Corrsing Home 280	1 Yes  24e. Was an perform  1 Yas  Check only one 5 Resider  1. Describe how	autopsy ed?  s 2 No No  nca 6 □ Oto w injury occur	3 Pro	Vera eutopsy vailable prior propertion of deeth?  Yes 2(	Unknown findings to causa
: To Be Completed by	Pert II. C	s case referred interest 2 X No. 10 Neturel	cant conditions of	Hospitet: 1 28a. Dete (Mon	Inpatient 2 of tnjury th, Day Year)	ER/Outpeti 28b. Time Injury	underlying co	A Oth-	28. Plece er: 4 Nu	of Deeth (Corrsing Home 280	1   Ye  24e. Was an perform  1   Yas  Check only one	autopsy ed?  s 2 10 No  onca 6 00  or injury occurrence and Num	3 Pro	Vera eutopsy vailable prior propertion of deeth?  Yes 2(	Unknown findings to causa
To Be Completed by	Pert II. C	s case referred interest of Deeth Neturel Accident Suicide	est cant conditions of the con	Hospitet: 1 28a. Dete (Mon	Inpatient 2 of thjury th, Day Year)	ER/Outpeti 28b. Time Injury	underlying co	A Oth-	28. Plece er: 4 Nu	of Deeth (Corrsing Home 280	1 Ye  24e. Was an perform  1 Yas:  Check only one 5 Resider  5 Describe how	autopsy ed?  s 2 10 No  onca 6 00  or injury occurrence and Num	3 Pro	Vera eutopsy vailable prior propertion of deeth?  Yes 2(	Unknown findings to causa
al director, page 2 should be To Be Completed by	25. Was exer 1 27. Men 1 2 3 3 4	s case referred interest of Deeth Neturel Accident Suicide Homicide	est cant conditions of the con	Hospitet: 1 28a. Dete (Monno) 28e. Plece buildi	inpatient 2 of tnjury th, Day Year) of Injury - At ng, etc. (Spec	ER/Outpeti 28b. Time Injury home, farm, s	ent 3 DO of 2t M ettreet, factory	A Oth Bc. trijun Word 1 1 , offica	28. Plece er: A Nu ∕et k? Yes 2 ☐ h	of Deeth (4 rsing Homes 286 No 28f	1 Yes  24e. Was an perform  1 Yes  Check only one 5 Resider  1. Describe how  Location (Str. City or Town,	autopsy ed?  s 2 No  nca 6 On  w injury occur  eet end Num  State)	3 Production of	Jera eutopsy vailable prior ompletion of i deeth?  Yes 2(ify)	Unknown  findings to causa  No
ral director, page 2 should be To Be Completed by	25. Was exer 1 27. Men 1 2 3 3 4 0 2 9a. Ce	s case referred interest of Deeth Neturel Accident Suicide Homicide	eat conditions of the conditio	Hospitet: 1 28a. Dete (Mon  28a. Plece buildi  28e. Plece buildi  nysician: To the builder: On the buildi	inpatient 2 of tnjury th, Day Year) of Injury - At ng, etc. (Spec	ER/Outpeti 28b. Time Injury home, farm, s	ent 3 DO of 2t M ettreet, factory	A Oth Bc. trijun Word 1 1 , offica	28. Plece er: A Nu ∕et k? Yes 2 ☐ h	of Deeth (4 rsing Homes 286 No 28f	1 Yes  24e. Was an perform  1 Yes  Check only one 5 Resider  1. Describe how  Location (Str. City or Town,	autopsy ed?  s 2 No  nca 6 On  w injury occur  eet end Num  State)	3 Production of	Jera eutopsy vailable prior ompletion of i deeth?  Yes 2(ify)	Unknown  findings to causa  No
: To Be Completed by	25. Was exer 1 27. Men 1 1 2 1 3 4 1 2 2 2 3 4 1	s case referreminer? Yes 2 Note the Neturel Accident Suicide Homicide	est cant conditions of the con	Hospitet: 1 28a. Dete (Mon  28a. Plece buildi  28e. Plece buildi  nysician: To the builder: On the buildi	Inpatient 2 of tnjury th, Day Year) of Injury - At ng, etc. (Spec	ER/Outpeti 28b. Time Injury home, farm, s	ent 3 DO of 2 M etreet, factory	A Other	28. Plece er: A Nu ∕et k? Yes 2 ☐ h	of Deeth (4 rsing Homes 286 No 28f	1 Ye  24e. Was an perform  1 Yae  Check only one  5 Resider  1. Describe how  Location (Str. City or Town,	autopsy ed?  s 2 No  nca 6 On  w injury occur  eet end Num  State)	3 Production of	Jera eutopsy vailable prior propertion of deeth?  Yes 2(ify)  Tal Route Nutrice Steted. In the cause	Unknown  findings to causa  No
edical Certification: To Be Completed by	25. Was exer 1 27. Men 1 1 2 1 3 4 1 2 2 2 3 4 1	s case referreminer? Yes 2 Note the Neturel Accident Suicide Homicide	ed to medical  So Pending investigation of Could not be determined.	Hospitet: 1 28a. Dete (Mon 28e. Plece buildi  1 28e. Plece buildi  1 28e. Plece buildi  1 28e. Plece buildi	Inpatient 2 of tnjury th, Day Year) of Injury - At ng, etc. (Spec	ER/Outpeti 28b. Time Injury home, farm, s	ent 3 DO of 2 M etreet, factory	A Other Sc. tnjun World 1 , offica et the tim in my of	28. Plece er: 4 Nu y et x? Yes 2 1 he, dete encontrolon, deet a number	of Deeth (6 rsing Home 286 No 28f d place, ench h occurred	1 Yes  24e. Was an perform  1 Yas  Check only one  5 Resider  1. Describe how  1. Location (Str. City or Town,	autopsy ed?  s 2 No No  nca 6 00  w injury occu eet end Num State)	3 Production of	Jera eutopsy vailable prior propertion of deeth?  Yes 2(ify)  Tal Route Nutrice Steted. In the cause	Unknown  findings to causa  No
edical Certification: To Be Completed by	25. Was exer 1 27. Men 1 1 2 1 3 4 1 2 2 2 3 . Cec	s case referreminer? Yes 2 Note that the control of Deeth Neturel Accident Suicide Homicide	ed to medical No  5   Pending investigation of Could not be determined.  1 Certifying Ph. Certif	Hospitet: 1 28a. Dete (Mon  28a. Plece buildi  28e. Plece buildi  aysician: To the building man	Inpatient 2 of thjury th, Dey Year) of Injury - At ng, etc. (Spec best of my kn asis of examinar stated.	ER/Outpeti 28b. Time Injury home, farm, s cify) nowledge, dee	ent 3 DO of 2 intreet, factory oth occurred a nvestigation,	A Other Sc. tnjun World 1 , offica et the tim in my of	28. Plece er: 41 Nu y et x? Yes 2 1 he, dete encontrolon, deet a number	of Deeth (4 rsing Homes 286 No 28f	1 Yes  24e. Was an perform  1 Yas  Check only one  5 Resider  1. Describe how  1. Location (Str. City or Town,	autopsy ed?  s 2 No No  nca 6 00  w injury occu eet end Num State)	3 Production of	Jera eutopsy vailable prior propertion of deeth?  Yes 2(ify)  Tal Route Nutrice Steted. In the cause	Unknown  findings to causa  No
al director, page 2 should be detached:  To Be Completed by Physi	25. Was exer 1 27. Men 1 2 3 4 2 29a. Ce (C)	s case referreminer? Yes 2 X Noner of Deeth Neturel Accident Suicide Homicide	ed to medical  So Pending investigation of Could not be determined.	Hospitet: 1 28a. Dete (Mon  28a. Plece buildi  28e. Plece buildi  aysician: To the niner: On the buildi  completed cause	Inpatient 2 of tnjury th, Day Year) of Injury - At ng, etc. (Special best of my kinds of examinar stated.	ER/Outpeti 28b. Time Injury home, farm, s cify) nowledge, dee	ent 3 DO of 2 M street, factory eth occurred anvestigation, 29c	A Oth- Bc. tnjung World 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	28. Plece er: X Nu / et // ex / yes 2 1	of Deeth (6 rsing Home 286 No 28f d place, ench h occurred	1 Ye  24e. Was an perform  1 Yes  Check only one  5 Resider  1. Describe how  Location (Str. City or Town, due to the care of the time, da	autopsy ed?  s 2 No No  nca 6 00  w injury occu eet end Num State)	3 Production of	Jera eutopsy vailable prior propertion of deeth?  Yes 2(ify)  Tal Route Nutrice Steted. In the cause	Unknown  findings to causa  No
pletaly filled in by the funeral director, page 2 should be dedical Certification: To Be Completed by	25. Wase 11 27. Men 1 22 3 4 4 29a. Ce (Ci Ci Ci Ci Ci Ci Ci Ci Ci Ci Ci Ci Ci C	s case referrence? Yes 2 N Neturel Accident Suicide Homicide artifler heck only IN CAS	ed to medical  So  Pending investigation of Could not be determined.  Table of certifying Properties of Could not be determined.  Table of certifier of Canal State of Cana	Hospitet: 1 28a. Dete (Mon 28e. Pleca buildi  aysician: To the miner: On the band man  completed caus MD 971  32. F	Inpatient 2 of tnjury th, Day Year) of Injury - At ng, etc. (Special best of my kinds of examinar stated.	ER/Outpeti 28b. Time Injury home, farm, s city) nowledge, deenetion end/or i	ent 3 DO of 2 M street, factory eth occurred anvestigation, 29c	A Othorse A Otho	28. Place er: 41 Nu / et / v? Yes 2 1 he, dete end totnion, deet a number	of Deeth (0 rsing Home 286 No 28f d place, ench occurred	1 Ye  24e. Was an perform  1 Yes  Check only one  5 Resider  1. Describe how  Location (Str. City or Town, due to the care of the time, da	autopsy ed?  s 2 No  nca 6 On  v injury occur  eet end Num  State)  use(s) end n  te end pleca	3 Production of	Jera eutopsy vailable prior propertion of deeth?  Yes 2(ify)  Tal Route Nutrice Steted. In the cause	Unknown  findings to causa  No

DHMH 16 Rev 6/95



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 🖣 🖣 Certificate of Death Decedent's Neme (First, Middle, Last) 2. Date of Deeth 4e. Fecility Neme (If not institution, give street and number, 4b. City. Town, or Location of Deeth 4c. County of Deeth HILL DRIVE WESTMINSTER
If Under 24 Hrs. 8. Date of Birth CARROLL ARRIAGE If Under 1 Yeer 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Country) Deys 1 M 2 Yrs Usual Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits DM 1 Yes 2 No 10e. Street end Numbe 10g. Citizen of Whet Country? 1509 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ NO 11. Marital Stetus Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indien, Bleck, White, etc. 1 Never Merried 2 ☐ Married WhitE 1 Yes 2 No If Yes, Give Yeer or Detes Specify 3 ₩idowed 4 Divorced 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elementary/Secondary (0-12) College (1-4or 5+) CLERK 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame 5 19a, Informent's Neme/Reletionship (Type, Pndt) DAUGHTER 20b. Plece of Cometery. 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Dauriel 2 Cremetion 3 Removal from State 25/99 MARRIOHSVILLE, MD 4 Donation 5 Other (Specify 21. Signature of Funeral Service Lig 22. Name and Address of Facility PRIHS FUNERAL HOME CHAPEL 412 WASHINGTON ROAD
WEST TO THE MODEL OF THE MILE OF THE SHADY OF THE STATE OF THE SHADY OF THE 23a. Part 1 Enter the discole, or complications that caused the shock, or head allow. List only one cause on each line. Approximete Intervel Between Onset and Deeth Immediate Cause (Final disease or condition resulting in death) Due to (or es e consequence of) Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Couse (Disease or Injury that Initiated events resulting in death) Lest Due to (or es e consequence of) Due to (or es e consequence of) Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Dfd tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings evaileble prior to completion of cause of deeth? 24e. Wes en eutopsy 1 ☐ Yes 2 LINO 1 ☐ Yes 2 26. Place of Deeth (Check only one) Other: 4□ Nursing Home 5 Desidence 6 □Other (Specify) 1 Inpatient 2 ER/Outpetient 3 DOA 28b. Time of 28c. fnjury at Work? 28d. Describe how Injury occurred 5 Pending investigation

**Examiner** ettending physician end for use es the burief-transit be executed P.O. Box 68760. for use es signed by the et Division of Vital Records. page 2 should b certificate has filled in by the funeral director, this After t To the Hospital or Attending I within 24 hours effer death. To the Funeral Director: After

Physician /Medical

Examiner

**Physician** /Medical

Examiner

Director

Funeral

ð

Completed

**Funeral** 

Director

permit. Peges 1 and 2 should be filed within 72 hours efter deeth with the Maryland Department of Heelth and Mental Hygiene. Important: If fem 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event. The Maritima

altimore, Maryland 21215-0020

þ Completed Be 2 Certification:

Medical

State Registrar

Physician/Medical

25. Wes case referred to medical 1 Yes 2

2 Accident 3 Sulcide

6 Could not be determined

28e. Place of fnjury - At home, ferm, street, factory, office building, etc. (Specify)

1 Yes

28f. Location (Street and Number or Rurel Route Number, City or Town, Stete)

Certifying Physicien: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) and manner es stated.

Medical Examiner: On the best of examination and/or investigation, in my opinion, deeth occurred et the time, date and place, end due to the cause(s) end menner stated. 29b. Signeture d litle of certifier

4 Homicide

29a. Certifier

29c. License number

29d. Date signed (Month, Dey, Year)

30. Neme end eted cause of deeth (Item 23e) (Type, Print)

31. Dete filed (Month, Dey, Year)

FEB 2 5 1999

32. Registrer's Signature

May 20 1111 May Selection 1517 The waster but Period 14. 45. 60. 1427 Va. 3. 2. 3. 3. Mr. C. 1. 55 KE CHARLE LEAR FRA 15 M. LELINES W. L. L. . . 1 LI TE TO WOLF 1 1 -11 -1 -1 -11 -11 -1 hand the series that the series is the series of the serie and the same and grade same with the same New part of the second 100

and the table

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 12. Data of Death

							C	ertifica	ate of	Death		R	eg. No.			
			1. Decedent's Name	e (First, Middle, L	ast)							ata of Dea		Vees	3. Tima c	of Death
	Physicia		Mary	Louis	e Mari	ble					Fe	Aonth E.	2a, 1	PPP	9:	50 AM
4	/Medic Examin		4a Facility Name (I		-				-	4b. City, Tov	wn, or Location			y of Death		
			Marine	r Health	of Bel	Air.				Bel	Air		Han	rford		
	Funeral		5. Social Securify N		Sex	7. Age (In yr	s. last birthd	lay) If Un Monti	der 1 Yaar hs Days	If Under 2	and the same of th	ata of Birth Month, Dey	Vanci	9. Birthp	place (Stete	or Foreign
	Director		334-12-41 Usual Residence of		1□M 25XF	88	3 Yrs	s. Monti	lis Days	Hours	Api	r. 11	, 1910	Illii	nois	
	/land		10a. Stata	10b. County		10c. 0	City, Town o	r Location						1	Od. Insida C	City Limits
	Man	tor	Maryland	Harfor	ā.		Aberd	een							1 ☐ Yas	8 20 No
	r 28s	rec	10e. Street and Nur	mber	<b>.</b>		130010		Zip Code			1	0g. Citizen of	What Cour	ntry?	
	h wit	Funeral Director	69 Smith	n Ave.					21	.001				USA		
	deat	ner	11. Marital Sfatus		12. Was De	cedenf Ever in	U,S. 1	13. Was De	ecedent of H	Ilspanic Orig	gln? (Specify ) , Puerto Ricar	Yes or No-		ce - Americ		
	21215-0020  d within 72 hours effer death with the Maryland giene.  r than "natural", or items 23s or 28s-f show it han "natural", or items 23s or 28s-f show items and the notified at		1 ☐ Never Marri 3 🙀 Widowed	ied 2☐ Married 4 ☐ Divorced		2XNo			s 2 No	Specify:	, i dotto i nodi	, 410.7	Speci	fine.	ite	
	aryland 21215-002 should be filed within 72 hours d Mental Hygiene. marked other than "natural; medic event, the Mostral Early	Completed by	10	15. Decedent's	Education		16a. De	ecedent's U	Isual Occup	ation	and some defining		16b. Kind of E	Business/In	dustry	
	21215-0 1 within 72 ho piene.	ple	Elementary/Seco	ify only highest g		(1-4or 5+)	- (G	e. DO NO	T use retired	during most d)	or working					
	CV =	Com	4				Но	memak	er					n Home	3	
	be filed tal Hygid d other	Be	17. Father's Nama	(First, Middle, Las	st)					18. Mothe	r's Name (Firs	st, Middle, i	Malden Suma	me)		
1997	Maryland d 2 should be file th and Mental Hy traumatic event	2	John	(nmn)	Romb	out				Clem	entina	(n	mn)	Finde	ebird	
	Lar and and is m		19a. Informant's Na	ame/Relationship	(Type, Print)						er or Rural Rou	ute Numbe	r, City or Town	n, Stete, Zip	Code)	
	1 and 1 Health Health other tr	J.		udill/ D	aughter				Ave.		erdeen				_	
	Ore of H		20a. Method of Disp	oosition  Cremation 3	□Removal from	20b.	Piaca of Di cametery,	cremetory	or other plea	ca)	2-2	6-99	20c. Location	- City or To	wn, State	
	limor Pages ment of I			5 Other (Spec			Bel A	ir Me	moria	al Gar	dens		Bel Ai	r, Ma	ryland	i
	Baltimore, Maryland ; permit. Pages 1 and 2 should be filed. Department of Health and Mental thy Important: If item 27 is marked other any injury or other traumatic event, page.		21. Signature of Fu	neral Service Lic	ansee /			22. Name	and Addre	ss of Facilit	omas I	TT Fu	neral 1	Home.	P.A.	
	405 60		AHUU	4 ( 1	1110	nas		131	17 Cok	esbur	y Road	, Abi	ngdon,			
			23a. Part 1. Enter to shock, or hea	disease, or co	mplications that	caused tha da	ath. Do not	enter the n	mode of dyir	ng, such as	cardiac or res	piratory arr	est,		Approxima Interval Be Onset and	tte
	Physician /Medical Examiner	er	Immediate Cause ( disease or condition resulting in death)	(Final	Çon	noi	y as a cor	release	uy on	-d	line	au	e	5	14	ean
	nsit ted	E L			b									-		
	O. Box 68760, le death certificate be executed the attending physician end hed for use as the burial-transit	Examiner	Sequentially list confidence if any, leading to limit cause. Enter Under Cause (Disease or	nditions, nmadiata		Due to	(or as a con	isequence	OIJ.					. 1		
	68760, tificate be exago physician eas the bunial	edicai	that initiated events		c	Due to	(or as a con	sequence (	offi					-		
	68 ifficat g phy as th	Pe	rasulting in daafh) I	Last		-	,	-								
0	OX ondin	M/u			d											
1	death death ad for a	sicia	Part II. Other signif	cant conditions	Ontributing to	death but not	esulting in th	ne underlyin	ng cause giv	ven in Part I		23b. Dld to	obacco use c	ontributa t	o the ceuse	of death?
1	P.O. BOX that the death cer ed by the attendir detached for use	Physician	de	SALAS	1 00	ento						1 🗆 Y	'es 2□No	3 □ Pro	bably A	Unknown
5	w = 58	by F	0,			7000								,		
marble, Han	Vital Records, P.O Iclan: The law requires that the certificate has been signed by the rector, page 2 should be detach	Completed										24a. Was a perfor	an autopsy med?	av	fere autopsy valiable prior ompletion of death?	r to
3	Vital Rec	E C										1 🗆 Y	es 2 No		□Yas 2	ELMA .
1	T. T. Hillington, pe		25. Was case refer	red to medical	1					26 Place	of Death (Ch		CA		7	O .
8	of Vita Physician: this cartific	o Be	examiner?		Hospital:	Inpatienf 2	☐ ER/Outpa	ationt 3	DOA Oth		rsing Home			thar /Sneci	(h)	
10	Of Phys r this	7: To	27. Manner of Deat		1	of Injury onth, Dey Year)		ne of	28c. Injur				ow injury occi		"	-
7	On Oliver History	tlor	1 Natural 2 Accident	5 Pending Investigati		nth, Dey Year)	Inju	lry M		rk? ]Yes 2	No					
3	Division or Attending after death. Director: After Jin by the fune	Certification:	3 Suicide	6 Could not determine	be 28e. Plac	ce of Injury - At ding, atc. (Spe-	home, farm	, straet, fac	ctory, office		28f. L	Location (S	treet and Nun	ber or Aur	al Route Nu	m <i>ber</i> ,
2	Div affe	ert	4  Homicide		buile	ding, atc. (Spe	city)					City or Tow	n, Stere)			
>	9 6 6 5	al	29a. Certifier		Physician: To th											
	Division of Vital Remains the Hospital or Attending Physician: The inwithing A hours after death.  To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edical	(Check only one)	2☐ Medical Ex	ininar: On the	pasis of examination	nation and/o	or investigat	tion, in my o	opinion, dea	th occurred at	the time, o	date and place	i, and due t	o the cause	(s)
	To the Ho within 24 I To the Fu	Σ	29b. Signature and	title of partifier	0/	111	()		29c. Licens	se number	1	10	9d Date sign	ed (Month,	Dey, Year)	
				Non	1	M	X	0	283	30	7 -	Jex.	man	173	190	19
	b		30. Name and addr	ess of person wh	o complimed cal	use of death (It	tem 23a) (Ty	pe, Print)		1.1	-		01	10		
m-			6	+1 On)	tus	ruct	+ (	01	5	M	reel	pr	WC !	sec	un 4	10.1
	Sta	te	31. Date filed (Mon	th, Dey, Year)	32.	Registrar's Slo	nafure	9	book			144				

DHMH 16 Rav 6/95

Please Type or Print in Black indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygien ( Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Dsy **Physician** Gregory Alfred Mascio February 24 1999 4:45AM /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Daath 4c. County of Death **Examiner** VA Maryland Health Care System Perry Point Cecil 8. Date of Birth (Month, Day, Year) NOV 15, 194 If Under 1 Yeer | If Under 24 Hrs. 5. Socisi Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Days 100 M 2□F Months Hours Min Yrs. Yeadon, 49 Director 190-40-7710 Usual Residence of Decedent the Maryland r 28a-f show 10a State 10b. County 10c. City, Town or Location 10d. inslda Cltv Limits 1 X Yes 2 No MD Harford Directo Havre DeGrace 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code 77 is marked other than "naturel", or items 23s or traumstic event, the Modical Examiner must be 804 Lafayette Street, Apt. 1 21078 U.S.A. Funeral death . 12. Wes Decedent Ever in U,S. Armed Forces? 1 X Yes 2 □ No If Yes, Give Year or Dates: 14. Rece - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status Pages 1 and 2 should be filed within 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) Cotlege (1-4or 5+) Contractor Construction 17. Fsthar's Name (First, Middla, Last) 18. Mother's Nama (First, Middle, Msiden Sumame) Be Alfred Mascio Edna Norris 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Rhonda L. Mascio - Wife 804 Lafayette St., Apt. 1, Havre De Grace, MD 21078 27 20b. Place of Disposition (Name of cametery, crematory or other placa) 20e. Method of Disposition Date 20c. Location - City or Town, State Important: if It any injury or o pncs. 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State R. A. Ferris Crematory 4 □ Donation 5 □ Other (Specify) West Chester, PA 3/1/99 21. Signeture of Funeral Service Licensee 22. Name and Address of Facility Cremation Service of Delaware alaxla 519 Philadelphia Pike, Wilmington, DE 19809 23s. Part. Entry the utilitiese, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory shock, or man failure. List only one cause on each line. Approximate interval Batween Onset end Deeth **Physician** immediste Cause (Finat disease or condition resulting in desth) /Medical Mycardial Infarction unknown **Examiner** Due to (or as a consequence of): Physician/Medical Examiner tha death certificata be executed attending physician and for use as the bunal-trans Sequentially list conditions, if any, taading to immadiata cause. Enter Underlying Cause (Dises se or Injury Due to (or as a consequence of): Box 68760 that initiated events resulting in death) Last Due to (or as a consequence of): P.O. ed by the a 23b. Did tobacco use contribute to the cause of death? Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. signed by 1 Tee 2 No 3 Probably 4 Unknown Division of Vital Records, by 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24a. Was an autopsy performed' page 2 1 Yes 2 No 1 ☐ Yes 2 ☐ No al or Attending Physician: The saftar death.

I Director: After this certificated in by the funeral director, pages. 25. Was case referred to medical Be 26. Placa of Death (Check only ona) axaminar? Hospital: 1 X Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 XNo Other: 4 Nursing Home 5 Residence 6 Other (Specify) To 28a. Data of Injury (Month, Day Year) Manner of Desth 28c. Injury at Work? 28b. Tima of 28d. Describe how injury occurred Certification: Naturat 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 6 Could not be determined 3 Suicide Placa of injury - At home, farm, street, factory, office building, atc. (Spacify) 4 Homicida Hospital 24 hours 1 Certifying Phyeicisn: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner set stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a. Certifier To the Hosp within 24 hor To the Fune completaty fi edical 29b. Signature and title obtantition 29d. Date signed (Month, Day, Year) 29c. License number D32395 2/24/99

3+1VA

State

Registrar

NAME KNOWN TO PHYSICIAN: Mascio, Gregor

30. Nama and addrass of parson who completed cause of death (Item 23a) (Type, Print)

Thomas Finucan, M.D. VA Maryland Health Care System, Perry Point, MD

31. Date filed (Month, Day, Yaar)

MAR 0 1 1999 Sen

32. Registrar's Signatura

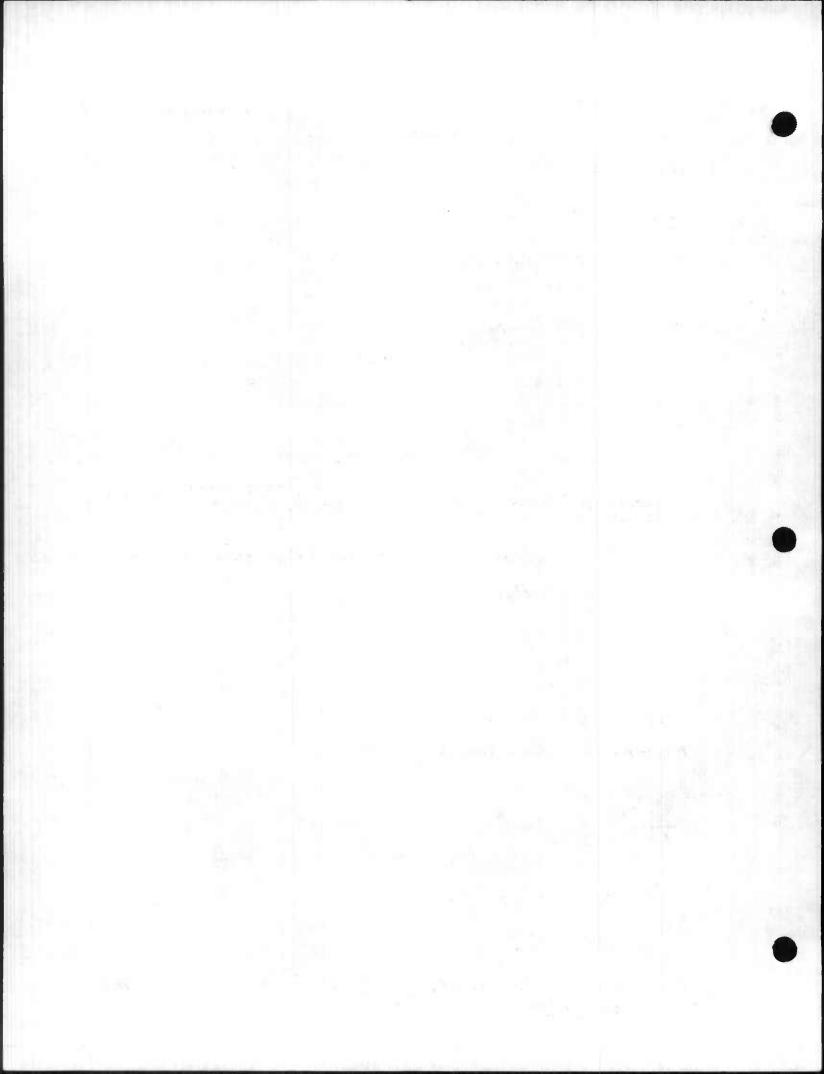
G. Space

THE MAN TO SAMPLE WITH

# Piease Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Physician	1. Decedent's Neme (	First Middle Look				te of L		2. Dete of Dea	leg. No.		Time of Death
	O DOGGANICES III.							Month	Dey	Year	
/Medical	4a Facility Name (If no		MARSHALI	1			h City Town or	FEBRUA.	4c. County		50 AM
kaminer	SEVENTH			IOCDT III	т						
eral	5. Social Security Num			(In yrs. last birt		er 1 Year	ILVER S			9. Birtholace /	State or Foreign
rai	577-82-79 Usuel Residence of De	96 🛣	M 2□F		rs. Months	Deys	Hours Min	8. Date of Birth (Month, Day MAY 15	1953	SOUTH AMERIC	Stete or Foreign
		Ob. County		10c. City, Town	or Location					10d. In	side City Limits
to	D.C.	NONE		WASHI	NGTON					11	Yes 2□No
Director	10e. Street and Number	er	l		10f. Z	ip Code			l0g. Citizen of V	What Country?	
	AAO MANO	D DIACE	AT LT			200	10			US	
Funeral	449 MANO 11. Meritel Stetus		12. Was Decedent E	var in U,S.	13. Wes Dec	200 edent of Hi		Specify Yes or No- to Rican, etc.)	14. Rec	e - American Inc	dian,
Dy Fu	1 Never Merried 3 Widowed 4	11.5	Armed Forces?  1 Yes 2 N  If Yes, Give Yeer or Detes:	0	1000	2 No		to Hican, etc.)	Specify	ck, Whita, etc.	K
	. 15	5. Decedent's Edu	cation	16a.	Decedent's Us	uel Occupa	ation		16b. Kind of Bu	usiness/Industry	
Completed	(Specify Elementery/Seconds	only highast gred	a completed) College (1-4or 5-	r)	(Give kind of w life. DO NOT	rork done d use retired	during most of wo )	rking			
E	12+		0		NTER/	DECO	PATOP		ACCI EN	N GARD	ENC
Be C	17. Father's Name (Fin			A. A.A.	IVI DICT	01300	18. Mother's Ne	me (First, Middle,	Meiden Sumen	ne)	LIND
To	JAME	S MARSH	ALL				LOU:	ISA DAN:	IELS		
3	19e. Informent's Nem				Meiling Addre	ss (Street	and Number or R	ural Route Numbe	r, City or Town,	Stete, Zip Code	)
	Patrick	Marshall	l, Brother	192	8 Foxf	ire R	load, Mol	oile, Ala	bama 36	618	
	20a. Mathod of Dispos			20b. Plece of	Disposition (No. cremetory or	eme of		Dete	20c. Location -	City or Town, S	tete
	4 Donetion 5		lemoval from Stata	ANNAPO	LIS M	EM.	GARDEN	5 2/22/9	9 ANN	APOLIS	, MD.
	21. Signeture of Fune	rel Service Licans	90		22. Neme	end Addres	ss of Fecility				•
	1	M D						IS MORT			
	23a. Pert1. Entar the	disease, or compli	cetions thet caused ne ceuse on each lin	the deeth. Do n	ot enter the me	WEST ode of dyin	g, such es cardia	INAPOLIS c or respiratory er	MD.	21401	oximate vel Between
Medical Examiner	Sequentially list condi- if any, leeding to Immicause. Enter Underly, Cause (Disease or Inji- thet initiated events resulting in deeth) Las	itions, ediete ing ury	b	Due to (or es a co	onsequenca of	ı): 					
Physician/M			1							1	
/sic	Pert It. Other significa	nt conditions con	tributing to death bu	t not resulting in	the underlying	cause give	en in Pert I.	23b. Did t	obacco use co	ntributs to the	causs of death?
1	UPPER	GI	BIEED					101	2 2 PNo	3 Probably	4 Unknown
1			$\sim$					24a. Wes	an autopsy	24b. Were eu	topsy tindings
	11	(	/								ion of cause
	ASPIRAT	TON S	NEUMO	NIA				perfor		of deeth	
	ASPIRAT	10N 9	NEUMO	N/A				perfor	med?	of deeth	
completed by	ASPIRAT	To medical	NEUMO	NIA			26. Place of De	perfor	med?		
o Be Completed by	axaminer?	H	lospitel: 1 VInpatia	nt 2 ER/Out	patient 3 (	DOA Oth	or.	performance of the performance o	med?	of deeth	
to be completed by	axaminer? 1 Yas 2 No 27. Menner of Death	, +	28e. Dete of Injur	/. 28b. T	ime of	JOA	er: 4 Nursing	perfor	med? / les 2 □ No ne) ence 6 □ Oth	of deeth	
in possible of or	axaminer? 1 Yas 2 No 27. Menner of Death	H	1 X Inpatiar	/. 28b. T	Carl III	28c. Injun Worl	er: 4 Nursing	performent (Check only on the control of the contro	med? / les 2 □ No ne) ence 6 □ Oth	of deeth	
To Be Completed by	axaminer? 1 Yas 2 No 27. Menner of Death 1 Neturel 2 Accident	5 Pending	28e. Dete of Injur	Year) 28b. T	ime of jury M	28c. Injun Work	er: 4 Nursing	performent (Check only on the control of the contro	red?  Ses 2 No  No  Ne)  ence 6 Oth ow injury occur	of deeth  1 Yes  er (Specify)  red	2□ No
Certification: To Be Completed by	axaminer?  1 Yas 2 No  27. Menner of Death  1 Neturel  2 Accident  3 Suicide  4 Homlcide	5 Pending investigation 6 Could not be determined	28e. Plece of Injun (Month, Day) 28e. Plece of Injun building, etc.	y Year) 28b. T Ir  ry - At home, tar  (Specify)  my knowledge, saminetion end	me of jury M	28c. Injun Word 1 Dry, office	er: 4 Nursing	performe 5 Residence 28d. Describe in City or Towne, and due to the central performance.	es 2 No  ence 6 Oth ow injury occur  itreet and Numb n, Stete)	of deeth  Yes  er (Specify)  red  per or Rurel Rou  anner as stated.	2□ No
To Be Completed by	axaminer?  1 Yas 2 No  27. Menner of Death  1 Neturel  2 Accident  3 Suicide  4 Homloide	5 Pending investigation 6 Could not be determined  Certifying Physical Examination (Certifying Physical Examination)	28e. Plece of Injur (Month, Dey 28e. Plece of Injur building, etc.	y Year) 28b. T Ir  ry - At home, tar  (Specify)  my knowledge, saminetion end	me of jury M m, street, fector deeth occurre	28c. Injun Word 1 Dry, office	er: 4 Nursing y at x? Yas 2 No	performance to the course of the time, of	es 2 No  ne)  ence 6 Oth ow injury occur  tirret and Numb n, Stete)  cause(s) end me late and pleca,	of deeth  Yes  er (Specify)  red  per or Rurel Rou  anner as stated.	2 No
edical Certification: To Be Completed by	axaminer?  1 Yas 2 No  27. Menner of Death  1 Neturel  2 Accident  3 Suicide  4 Homlcide  29e. Certifler (Check only one)	5 Pending investigation 6 Could not be determined  Certifying Physical Examination (Certifying Physical Examination)	28e. Plece of Injun (Month, Day) 28e. Plece of Injun building, etc.	y Year) 28b. T Ir  ry - At home, tar  (Specify)  my knowledge, saminetion end	me of jury M m, street, fector deeth occurre	28c. Injun Word 1 D ory, office d et the tim on, in my of	er: 4 Nursing y at x? Yas 2 No	performance to the course of the time, of	es 2 No  ne)  ence 6 Oth ow injury occur  tirret and Numb n, Stete)  cause(s) end me late and pleca,	of deeth  Yes  er (Specify)  red  per or Rurel Rou  anner as stated. and due to the co	2 No
edical Certification: To Be Completed by	axaminer?  1 Yas 2 No  27. Menner of Death  1 Neturel  2 Accident  3 Suicide  4 Homicide  29e. Certifler (Check only one)  29b. Signeture end title	5 Pending investigation 6 Could not be determined Certifying Physics Medical Examir	28e. Dete of Injun (Month, Dey  28e. Plece of Injun building, etc.  28e. Plece of Injun building, etc.  28e. Plece of Injun building, etc.  28e. Plece of Injun building, etc.	Year) 28b. T Ir  Iry - At home, tar  (Specify)  Imy knowledge, examinetion ended.	me of jury M m, street, fector deeth occurre /or investigatio	28c. Injung World 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	er: 4 Nursing  y at  Yas 2 No  ne, date end plec plnion, deeth occ e number	performent of the control of the con	es 2 No  ne)  ence 6 Oth ow injury occur  itreet and Numb n, Stete)  cause(s) end m date and pleca,	of deeth  1 X Yes  er (Specify)  red  per or Rurel Rou  anner as stated, and due to the co  d (Month, Dey,	2 No le Number, cause(s)
edical Certification: To Be Completed by	axaminer?  1 Yas 2 No  27. Menner of Death  1 Neturel  2 Accident  3 Suicide  4 Homlcide  29e. Certifler (Check only one)	5 Pending investigation 6 Could not be determined Certifying Physics Medical Examir	28e. Plece of Injun (Month, Day) 28e. Plece of Injun building, etc.	Year) 28b. T Ir  Iry - At home, tar  (Specify)  Imy knowledge, examinetion ended.	me of jury M m, street, fector deeth occurre /or investigatio	28c. Injung World 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	er: 4 Nursing  y at  Yas 2 No  ne, date end plec plnion, deeth occ e number	performance to the course of the time, of	es 2 No  ne)  ence 6 Oth ow injury occur  itreet and Numb n, Stete)  cause(s) end m date and pleca,	of deeth  1 X Yes  er (Specify)  red  per or Rurel Rou  anner as stated, and due to the co  d (Month, Dey,	2 No le Number, cause(s)

DHMH 16 Rev 6/95

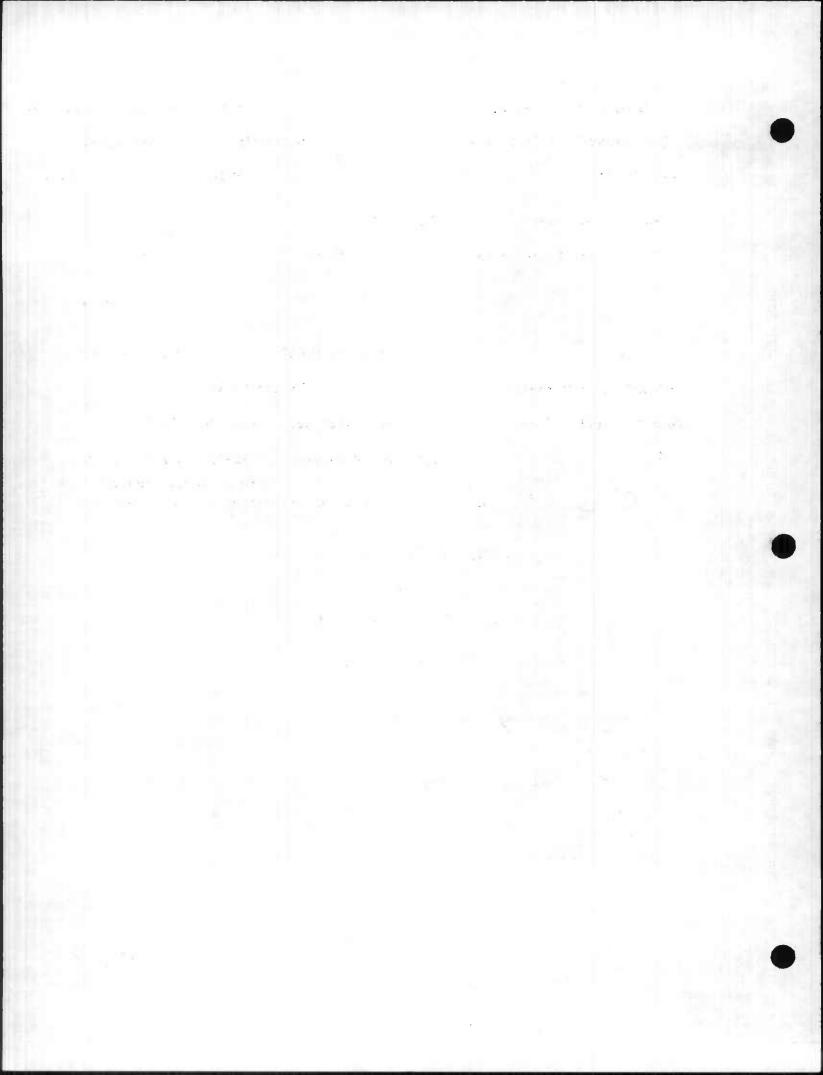


State of Maryland / Department of Health and Mental Hygien® Q

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death Day Month Physician Edward Ott Moeller Feb. 19 1999 11:05 PM /Medical 4b. City, Town, or Location of Deeth 4a Facility Nama (If not institution, giva street and number) 4c. County of Death Examiner Anne Arundel Medical Center Annapolis Anne Arundel If Undar 1 Year If Undar 24 Hrs. 8. Data of Birth
Month, Day, Year) 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplece (Stata or Foraign Country) **Funeral** 1 □XM 2 □ F Yrs. 577-36-6496 89 Director 26,1909 Wash., D.C. Usuel Rasidanca of Decedant with the Maryland 10c. City, Town or Location 10a Stata must be notified at 10b. County 10d. Inside City Limits 1 Yes 2 No Director Montgomery Silver Spring 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 3701 International Drive 20906 USA Funeral death permit. Pages 1 and 2 should be filed within 72 hours efter deat Department of Health and Mentel hygiene. Important: if item 27 is marked other than any injury or other trausment. 14. Rece - American Indian, Black, Whita, etc. tem 27 is marked other than "natural", or items other traumatic event, the Madical Examiner m 12. Was Decedent Evar In U,S. Armed Forcas? Wes Dacedent of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puerto Rican, atc.) 1 Yas 2 No If Yas, Giva Yaar or Datas: 1 Navar Marriad 2 Married 1□Yas 2□No Specify: Specify: by 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Dacedant's Usual Occupation (Give kind of work dona during most of working iffa. DO NOT usa ratired) 15. Dacadant's Education (Specify only highast grada complated) 16h Kind of Business/Industry Elamantary/Secondary (0-12) College (1-4or 5+) Assistant Chief D.C. Fire Dept. 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middla, Maidan Sumeme) Edward Rudolph Moeller Treasa Louise Ott 19a. Informent's Name/Relationship (Type, Print) 19b. Malling Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) John F. Moeller / son 410 Berkshire Dr. Riva, Md. 20b. Place of Disposition (Nama of cemetery, cremetory or other place) 20e. Mathod of Disposition Data 20c. Location - City or Town, Stete ty☐ Burial 2 ☐ Cremetion 3 ☐ Ramoval from Stala
4 ☐ Donation 5 ☐ Other (Specify) Hillcrest Cemetery 2-22-99 Annapolis, Md. 22. Name end Address of Fecility John M. Taylor Funeral Home, Inc. 21. Signature of Funarel Sarvice License 147 Duke of Gloucester St. Annapolis, Md. 21401 Approximete 23a. Pert1. Entar tha disaasa, or complications thet caused the death. Do not anlar the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Onsat and Deeth **Physician** Immediata Causa (Final disaasa or condition rasulting in deeth) /Medical multilobar **Examiner** Examiner by alws certificate be executed hysician end the burial-trans Sequantially list conditions, if any, laading to immadiate causa. Entar Underlying Causa (Disaasa or Injury that initiated avents rasulting in daalh) Last ltin fact attending physician Physician/Medicai Dua to (or es e consequence of): 88 USB USB Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Records, q 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed certificate has 1 Yas 28 No 1 ☐ Yas 2 ☐ No of Vital 25. Wes case rafarred to medical exeminar? Be 26. Place of Death (Check only one) Hospital: 1 Inpatiant 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) To 1 Yas 2 No After this 28a. Date of Injury (Month, Day Year) 27. Mennar of Death 28d. Dascribe how injury occurred Certification: i or Attanding P after death. Director: After I Division 1 A Natural 5 Pending invastigation 1 ☐ Yas 2 ☐ No 2 Accident 28f. Location (Streat and Number or Rurel Route Number, City or Town, State) 6 Could not be datarmined 3 ☐ Suicida 28a. Place of Injury - At home, farm, street, factory, office building, atc. (Specify) 4 Homicida To the Hospital within 24 hours a To the Funerel C 29a. Cartifier 1 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and mannar es stated.

2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and mannar stated. Medical (Check only one) 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signeture end title of certifier 10051437 30. Name and address of person who completed causa of death (Itam 23e) (Type, Print) ANNE ARUNDEL MED. DARCY OKEDWD IBITOYE 31. Data filad (Month, Day, Year) 32. Ragistrar's Signatura State

Registrar



# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

The Control of Committee of Com				State of Maryla		tificate of			Reg. No.	07731
Forward Product Forward State		Dhuaisian	Decedant'a Nama (First, Middla, Las	st)						
## Findly Hard Anna Anna Anna Anna Anna Anna Anna Ann			Frederick L. Mille	er						
Sold Searth, Name of Decision Search (1992)    Control	45		4a Facility Nama (If not institution, give	a street and number)			4b. City, Town, or	Location of Deat	4c. County o	f Death
22 - 4-0.2 - 5-6.38   Disc 20   P   22 Vr.   Worth   Days   Hours   Min.   (Anna Paris   Line   Li	44		537 Beach Drive				Annapo 1	is	Anne	Arundel
214-03-56.38   92 mm   Detable 16,1906 Maryland   100 metable 10		Funeral			rs. last birthday)			8. Data of Bir	th Yearl	9. Birthplaca (Stata or Foraig
The between farman factors from floated and floated			214-03-3638	ØM 2□F 9:	Yrs.	Months Days	S Hours Mill.	October	16,1906	Maryland
Emercial processing   Supervisor   Supervi	erylend	show		10c.	City, Town or Lo	cation				
Emercial processing   Supervisor   Supervi	Σ	oto oto		undel	Annapol					
Emercial processing   Supervisor   Supervi	#	or 2	10e. Street and Number			10f. Zip Coda			10g. Citizan of Wi	nat Country?
Elementary/Georetary (19-12)   College (1-4or 5+)   Supervisor   Sup	*	23.8	537 Beach Drive			21403			United S	tates
Emercial processing   Supervisor   Supervi	)20 irs after dea	f, or items	1 Navar Married 2 Married	Armed Forcas? 1 ☐ Yas 2 📉 No If Yas, Giva		f Yas, specify Cu	ban, Maxican, Puan	specify Yas or No to Rican, atc.)	Black Specify:	, Whita, atc.
Elementary/Georetary (19-12)   College (1-4or 5+)   Supervisor   Sup	o i	Para Pa		lucation	16a Deced	tent's Lisual Occi	unation			
20. Magnod of Disposition 1 Double 2 Chrismation 3 Disposition 1 Double 2 Chrismation 3 Disposition 1 Double 2 Chrismation 3 Disposition 1 Double 2 Chrismation 3 Disposition 1 Double 2 Chrismation 3 Disposition 1 Double 2 Chrismation 3 Disposition 1 Double 2 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 4 Disposition 1	15	iet pet	(Specify only highast gra	da completed)	(Giva	kind of work don	a during most of wo	rking		,
20. Magnod of Disposition 1 Double 2 Chrismation 3 Disposition 1 Double 2 Chrismation 3 Disposition 1 Double 2 Chrismation 3 Disposition 1 Double 2 Chrismation 3 Disposition 1 Double 2 Chrismation 3 Disposition 1 Double 2 Chrismation 3 Disposition 1 Double 2 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 4 Disposition 1	1 1 N	then.		•						ant annimment
20. Magnod of Disposition 1 Double 2 Chrismation 3 Disposition 1 Double 2 Chrismation 3 Disposition 1 Double 2 Chrismation 3 Disposition 1 Double 2 Chrismation 3 Disposition 1 Double 2 Chrismation 3 Disposition 1 Double 2 Chrismation 3 Disposition 1 Double 2 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 4 Disposition 1	D =	Property O			super	VISOI	18 Mother's Na	ma (First Middla		
20. Magnod of Disposition 1 Double 2 Chrismation 3 Disposition 1 Double 2 Chrismation 3 Disposition 1 Double 2 Chrismation 3 Disposition 1 Double 2 Chrismation 3 Disposition 1 Double 2 Chrismation 3 Disposition 1 Double 2 Chrismation 3 Disposition 1 Double 2 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 4 Disposition 1	2	TO A M								
20. Magnod of Disposition 1 Double 2 Chrismation 3 Disposition 1 Double 2 Chrismation 3 Disposition 1 Double 2 Chrismation 3 Disposition 1 Double 2 Chrismation 3 Disposition 1 Double 2 Chrismation 3 Disposition 1 Double 2 Chrismation 3 Disposition 1 Double 2 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 3 Chrismation 3 Disposition 1 Double 4 Disposition 1	Sould	I Merko								
20. Magnod of Disposition 1 Chairs 2 Characteristics 3 Characteris	Aal 2 sh	0 9 6								
Commands   Commands		n 27					ive, Ann			
23a Part   Enter ha disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, indirarial Between Physician (Indirarial Between Physician Examiner)   23a Part   Enter ha disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, indirarial Between Physician   Lat city for a cause on each line.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indiration   Approximate indiration   Approximate indiration   Approximate indiration   Approximate indiration   Approximate indira	S	250			o. Place of Dispo camatary, crar	sition (Nama of natory or othar pi	(aca)	Data	20c. Location - C	lity or Town, Stata
23a Part   Enter ha disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, indirarial Between Physician (Indirarial Between Physician Examiner)   23a Part   Enter ha disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, indirarial Between Physician   Lat city for a cause on each line.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indirarial Between Physician   Lat city for a cause of machine.   Approximate indiration   Approximate indiration   Approximate indiration   Approximate indiration   Approximate indiration   Approximate indira	P 29	int: in			len Have	n Cemete	ery	2/24/99	Glen Bu	rnie, Marylan
Physician Macdical Examiner    Part II. Other significant conditions contributing to death but not resulting in the underlying course given in Part I.	Ball permit.	Depent Import any inj ance.	1 C. Bra	Voul	14	7 Duke o	of Glouce:	ster St.	, Annap	olis, MD 214
Due to (or as a consequence of):    Due to (or as a consequence of):   Due to (or as a						,			/	Intarval Batwaan
Dus to (or as a consequence of):    Dust to (or as a consequence of):			disaasa or condition	ENGS	RO VAC	Jour	W AS	cion		MINUTE
Cause (Disease or influry hat influided evants abiling in death) Last  a group of the source of the source of flury hat hat he cause of death?  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part III. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part III. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceus			rasulting in daarn)	Dua to	o (or as a consag	uance of):	-			
Cause (Disease or influry hat influided evants abiling in death) Last  a group of the source of the source of flury hat hat he cause of death?  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part III. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part III. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceus	P	in a	_	ANTEN,	ofel	FRON	6/5			
Cause (Disease or influry hat influided evants abiling in death) Last  a group of the source of the source of flury hat hat he cause of death?  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part III. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part III. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying ceus	cute	nd trans	Sequentially list conditions,	Due to	o (or as a consec	uance of):				
Description of the cause of death?    Analysis   Control of the cause of death   Control of the cause of death   Control of dea	Ď Š	an a	if any, leading to immadiata cause. Enter Underlying							
Description of the cause of death?    Analysis   Control of the cause of death   Control of the cause of death   Control of dea	ie b	ysic le bi	that initiated evants	C. Dua to	(or as a conseq	uance of):				
Part II. Other algnificant conditions contributing to death but not resulting in the undertying ceuse given in Part I.    28b. Did tobecco use contribute to the cause of death?   1   yes 2   No 3   Probably 4   1   Unknown   24a. Was an autopsy performed?   24b. Was a autopsy performed?   24b. Was a autopsy performed?   1   yes 2   No of death?	0 8 D	radding in daari) Lad								
Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.    Yee 2   No 3   Probably 4	XO S	use Z		d						
24a. Was an autopsy performed?  24b. Wars an autopsy performed?  24c. Was an autopsy performed?  24d. Was an autopsy performed?  25d. Default in a performed?  25d. Location (Street and Number or Rural Route Number, City or Town, State)  25d. Location (Street and Number or Rural Route Number, City or Town, State)  25d	מַּ	of for	Part II Other planificant and dition of	entribution to death but not	regultier le the u	nderhving cause o	niven in Red I	23h Did	tohacco use con	tribute to the cause of death
24a. Was an autopsy performed?  24b. Wars an autopsy performed?  24c. Was an autopsy performed?  24d. Was an autopsy performed?  25d. Default in a performed?  25d. Location (Street and Number or Rural Route Number, City or Town, State)  25d. Location (Street and Number or Rural Route Number, City or Town, State)  25d	) §	y the	Tat ii. Other significant conditions of	onthoung to data! but not	iasoluly iii tila ol	idaityiig cousa ş	givair ii i i ait i.			1
State   Stat	J E	deta deta						'''	700 2LINO	5 Flobably 4 Dankilon
State   Stat	SCORDS	s been sign 2 should be pieted by						24a. Was	an autopsy ormed?	availabla prior to complation of cause
State   Stat	T e	e he						1□	Yas 2 HNO	1 ☐ Yas 2 ☐ No
State   Stat	<u> </u>	ficat O. p	25 Was case referred to medical		· · · · · · · · · · · · · · · · · · ·		00 Diagrad D			
State   Stat	N	rect rect	examiner?	Hospital:			Mh an			
State   Stat	O A					I 3LI DOA	4 Li Nursing I	1		
29a. Certifiar (Check only one) 29b. Signature and titla of certifiar 29b. Signature and datased of person who completed causa of daath (Itam 23a) (Type, Print)  Donald Roane, M.D. 1616 Forest Drive Annapolis, Md. 21403  31. Data filled (Month, Day, Year)  32. Ragistrar's Signature  32. Certifiar (Check only one) 29d. Data signed (Month, Day, Year)  29d. Data signed (Month, Day, Year)  29d. Data signed (Month, Day, Year)  29d. Data signed (Month, Day, Year)  29d. Data signed (Month, Day, Year)  31. Data filled (Month, Day, Year)  32. Ragistrar's Signature		une une	1 BNaturat 5 ☐ Pending	(Month, Day Year				20g. Dascribs	now injury occurre	
29a. Certifiar (Check only one) 29b. Signature and titla of certifiar 29b. Signature and datased of person who completed causa of daath (Itam 23a) (Type, Print)  Donald Roane, M.D. 1616 Forest Drive Annapolis, Md. 21403  31. Data filled (Month, Day, Year)  32. Ragistrar's Signature  32. Certifiar (Check only one) 29d. Data signed (Month, Day, Year)  29d. Data signed (Month, Day, Year)  29d. Data signed (Month, Day, Year)  29d. Data signed (Month, Day, Year)  29d. Data signed (Month, Day, Year)  31. Data filled (Month, Day, Year)  32. Ragistrar's Signature	Sic Pre	for: /	Z LI Accordant					201 1 11		
29a. Certifiar (Check only one) 29b. Signature and titla of certifiar 29b. Signature and datased of person who completed causa of daath (Itam 23a) (Type, Print)  Donald Roane, M.D. 1616 Forest Drive Annapolis, Md. 21403  31. Data filled (Month, Day, Year)  32. Ragistrar's Signature  32. Certifiar (Check only one) 29d. Data signed (Month, Day, Year)  29d. Data signed (Month, Day, Year)  29d. Data signed (Month, Day, Year)  29d. Data signed (Month, Day, Year)  29d. Data signed (Month, Day, Year)  31. Data filled (Month, Day, Year)  32. Ragistrar's Signature	≥ ₹	irect Irect In by	dataminad	286. Place of injury - A		aet, factory, offic	0	City or To	wn, State)	or or Hural Houte Number,
30. Nama and addrass of person who completed causa of daath (Itam 23a) (Type, Print)  Donald Roane, M.D. 1616 Forest Drive Annapolis, Md. 21403  State  31. Data filed (Month, Day, Year)  32. Ragistrar's Signatura	פֿ ב	Sed in								
30. Nama and addrass of person who completed causa of daath (Itam 23a) (Type, Print)  Donald Roane, M.D. 1616 Forest Drive Annapolis, Md. 21403  State  31. Data filed (Month, Day, Year)  32. Ragistrar's Signatura	- Hosp	e Fune eletely fil	(Check only 2 Medical Exam	iner: On the basis of axam						
30. Nama and addrass of person who completed causa of daath (Itam 23a) (Type, Print)  Donald Roane, M.D. 1616 Forest Drive Annapolis, Md. 21403  State  31. Data filed (Month, Day, Year)  32. Ragistrar's Signatura	oth	Ne th	29b. Signature and titla of certifiar	Pare un	1	39c. Lica	nsa number		29d. Data signed	(Month, Day, Year)
Donald Roane, M.D. 1616 Forest Drive Annapolis, Md. 21403  State 31. Data filed (Month, Day, Year) 32 Registrar's Signatura	-	> 1- 0	Donald C.	1 miles	1	0/08	17		2/	LL/()
Donald Roane, M.D. 1616 Forest Drive Annapolis, Md. 21403  State 31. Data filed (Month, Day, Year) 32 Registrar's Signatura										/ /
State 31. Data filed (Month, Day, Year) 32 Ragistrar's Signatura										
TED 0.9 1000   At						rive	Annapo	lis, Md.	21403	
			31. Data filed (Month, Day, Year)	32 Ragistrar's Si	gnatura					

DHMH 16 Rev 6/95

I then a suppose the second of 

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth Month Thelma Mills February 25 1999 0320 4e. Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Cambridge Dorchester General Hospital Dorchester If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth (Month, Day, 5. Sociel Security Number 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) 10M 200 215-26-5012 88 Yrs Feb. 02 1911 Delaware Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits MD Dorchester 1 Yes ZONO Cambridge 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 4840 Maple Dam Rd. 21613 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes: Wes Decadent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 Never Married 2 Married 1□ Yes 2 No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced white 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 11 teachers aide public school system 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Thomas Cordrev Minnie Mills 19a. informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) W. Lake Mills - husband 4840 Maple Dam Rd., Cambridge MD 21613 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete Burlei 2 Cremetion 3 Removel from State Dorchester Memorial Park 2-27-99 4 ☐ Donetion 5 ☐ Other (Specify) Cambridge, Maryland 21. Signature of Funeral Servica Licansee 22. Neme end Address of Fecility Thomas Funeral Home PA 23e. Pert1. Enter the disease, or complications that caused shock, or heart failure. List only one cause on each limit 700 Locust St. Cambridge MD 21613 deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximate ervei Between Onset end Deeth immediete Ceuse (Finel diseese or condition resulting in deeth) Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No. 3 Probably 4 Unknown 24b. Were autopsy findings evailable prior to completion of cause of death? 24e. Wes en eutopsy performed?

**Physician** /Medical Examiner or Attending Physician: The law requires that the death certificate be executed

**Physician** 

/Medical

**Examiner** 

**Funeral Director** 

Completed by

Be

Funeral

Director

ŏ

Hygiene. other than

.

rportant: If item 27

Physician/Medical ρ Completed Be 2 Medical Certification: Director: /

Division of Vital Records, P.O. Box 68760.

Pert il. Other significant conditione contributing to death but not resulting in the underlying cause given in Pert i.

		1 Yes 2 No 1 Yes 2 No
25. Wes case referred to medical exeminer?	26	. Piece of Deeth (Check only one)
1 Yes 2 do	Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA Other:	4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify)
27. Menner of Deeth  1 Natural 5 Pendin 2 Accident Investig	ation M 1 Yes	28d. Describe how injury occurred 2 □ No
3 Suicide 6 Could r 4 Homicide determ		28f. Location (Street end Number or Rural Route Number, City or Town, Stete)
29a. Certifler	Physician: To the best of my knowledge, deeth occurred at the time, d	ete end plece, end due to the ceuse(s) end menner es steted.

end menner stated. 29b. Signeture and title of o 29c. License number

un he partipleted cause of deeth (item 23a) (Type, Print)

D 0050987

105 Avora sheef Cambrody no21613

29d. Dete signed (Month, Dey, Yeer)

State Registrar 31. Dete filed (Month, Day, Year)

FEB 2 6 1999

Nann3 32. Registrer's Signeture

within 24 hours at To the Funeral Di completely filled in Hospital

the

1.0 m = 0.0 m | 1.0 m

State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death Day Month **Physician** FREDERICK R. METZNER FEBRUARY 28, 1999 1710 /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SACRED HEART HOSPITAL CUMBERLAND ALLEGANY 7. Aga (In yrs. last birthday) | H Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) | 9. Birthplece (State or Fo. Country) | Months | Days | Hours | Min. | March | 21,1938 | Maryland 5. Sociel Security Number 9. Birthplece (State or Foreign **Funeral** 1MM 2DF 216-38-1528 Director Usual Residence of Decedent the Marylenc 10b. County 10c. City. Town or Location 10d. Inside City Limits r 28a-f show 1 Yes 2 No Directo MARYLAND ALLEGANY CUMBERLAND 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? r than "natural", or itema 23a or the Medical Examiner must be a 21502 15600 BARNES DRIVE USA death Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ∑ No if Yes, Give Year or Datas: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian. 11. Maritel Status Black, White, etc. filed within 72 hours efter 1 Never Married 200 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: P WHITE 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highast greda complated) 16e. Decedent's Usuel Occupation 16h Kind of Business/Industry (Giva kind of work done during most of working lifa. DO NOT usa retired) Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) FOOD SERVICE EDUCATION 12 permit. Peges 1 and 2 should be file.
Department of Heelth and Mental Hyg.
Important: If Nem 27 is marked other 18. Mothar's Name (First, Middle, Meiden Sumeme) 17. Fether's Neme (First, Middla, Last) Be MARGARET METZNER NACE BUCKLEW 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Stata, Zip Coda) 15600 BARNES DRIVE, CUMBERLAND, MD 21502 MYRNA METZNER/WIFE 20b. Placa of Disposition (Neme of cametery, cremetory or other placa) 20a. Method of Disposition 20c. Location - City or Town, Stata MARCH 1 DeBuriel 2 Cremation 3 Removal from Stata JOHNSON CEMETERY 4 ☐ Donation 5 ☐ Other (Specify) 3,1999 FINZEL, MD 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility HAFER CHAPEL OF THE HILLS MORTUARY las 1302 NATIONAL HWY, LAVALE, MD 21502 23a. Part1. Entar tha disease, or complications that drused the deeth. Do not enter the mode of dying, such es cardiec or respiratory arrest, shock, or haert failure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** Immadiata Causa (Final disaasa or condition rasulting in death) metastatic cancer of But Ling /Medical Examiner Due to (or es a consequenca of): Examiner ician and burial-trans Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disaese or Injury that initiated evants resulting in death) Lest Due to (or as a consequence of): physician ficete be Physician/Medical the Dua to (or as a consequenca of): 98 USB P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 6 1 Yes 2 No 3 Probably 4 Unknown Dely drat in Division of Vital Records, À 8 24b. Ware autopsy findings available prior to completion of cause of death? Chronic Asstrutive Lung Disease 24a. Wes en eutopsy performed? Completed has New meet 2- setes 1 ☐ Yes 2 ☐ No 1 ☐ Yas 2 ☐ No certificate 25. Was case referred to medical examiner? 26. Placa of Death (Check only ona) Be Hospital: 1 Impatient 2 ER/Outpatient 3 DOA 1 Yes 2 No Othar: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 10 this 28a. Date of Injury (Month, Day Year) funeral 27. Manner of Deeth 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred Certification: After 1. Natural 5 Panding Investigation after death. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be datarmined 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 3 ☐ Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homleide 5 Mospital of 24 hours at Funeral D 29a. Cartifiar Lactifying Physician: To the best of my knowledga, death occurred et the time, date and plece, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, daeth occurred at the time, date and place, and due to the cause(s) and menner stated. edicai (Check only one) Within 2 To the 29d. Dete signed (Month, Day, Year) 29b. Signature and title of certifier 29c. Licanse number MARCH / , 1999 D21244 30. Name and addrass of person who completed cause of death (Item 23a) (Type, Print) esus Tan, M.D. trostburg MO 21532 Plaza Frostburg

32. Registrer's Signatura

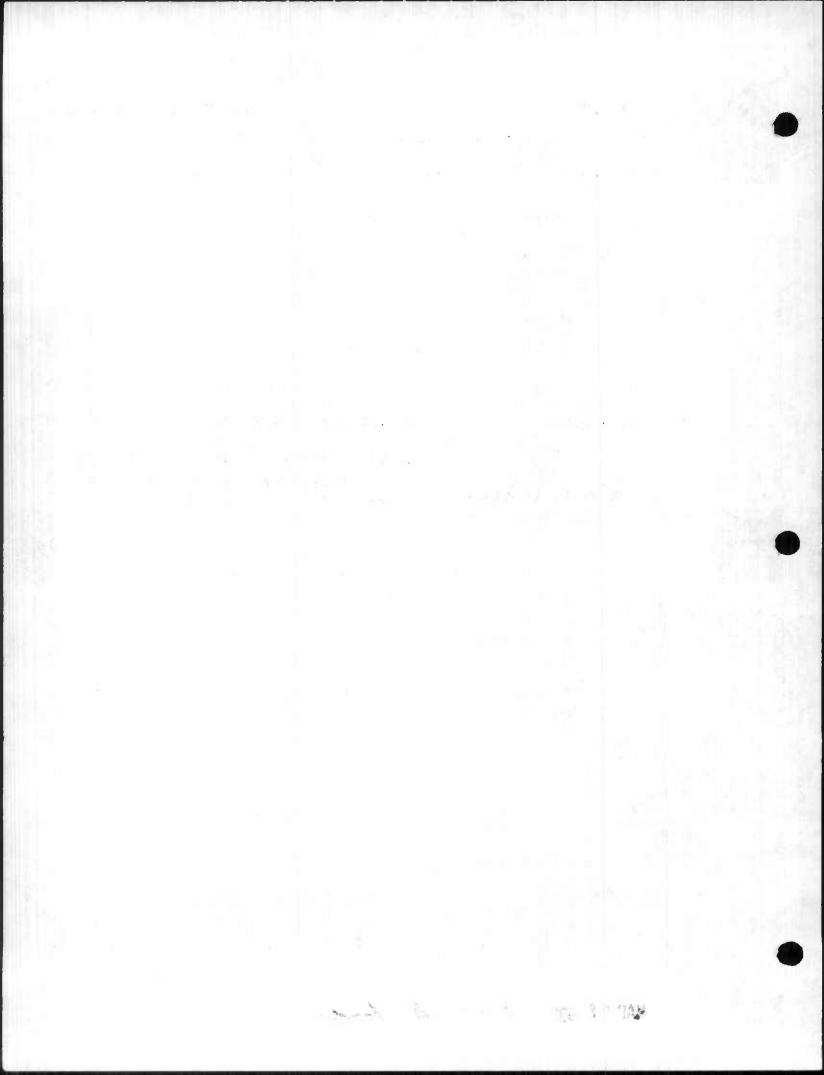
Dey, Year)

1999

State Registrar

State of Maryland / Department of Health and Mental Hygiene

	_				Cen	ificate c	of Death		Reg. No.	9 07	134
Physiclan	n	Decedant's Nama (First, Middla, Li	ast)					2. Data of De Month	Day	Yaar	Tima of Death
/Medical	1	YETTA MATZ					11	FEBRUA			:35 PM
Examiner	r	4a. Facility Nama (If not institution, git FROSTBURG VILL			номе		FROSTE	Location of Daat		of Daath EGANY	
	4					If Undar 1 Ya					
Funeral Director		The state of the s	Sax 7. A	ga (In yrs. Ia 9		Months Da		B. Data of Bir (Month, Da JULY	th ly, Yaar) 4,1902	9. Birthplaca Country) RUSSI	(Stata or Fora
show adat	-	10a. Stata 10b. County		10c. City,	Town or Loc	ation	-			10d. I	nsida City Limi
28a-f sh notified	Ö	MARYLAND ALLEG	ANY	FR	OSTBU	RG				1	☐ Yes 2 🕏
be notified	<u>e</u>	10e. Street and Numbar		1		10f. Zip Cod	a		10g. Citizen of 1	What Country?	
ms 23a or 28a-f show	2	ONE KAYLOR CI	RCLE			215	3 2		USA		
of, or its	2	11. Marital Status 1 □ Navar Marriad 2 □ Married 3 □ Widowed 4 □ Divorcad	12. Was Dacedant Armed Forcas' 1  Yas 2  If Yas, Giva Yaar or Datas:	,	lf.		of Hispanic Origin? ( uban, Maxican, Pua lo Spacify:	Specify Yas or No rto Ricen, atc.)	14. Rad Blac Specify	ca - Amarican Inck, Whita, atc.	
hygiena. ner than "naturel", nt, the Medical Exal Completed by	9	15. Decedant's E	ducation		16a. Decede	nt's Usual Oc	cupation		16b. Kind of B	usinass/Industr	у
	2	(Spacify only highast gra Elementery/Secondary (0-12)	ada com <i>platad)</i> College (1-4or	5+)	life. Do	nd of work do O NOT usa rei	na during most of wo ired)	orking			
the state of	5	12	2	,	HOUS	EWIFE			OWN	HOME	
d oth	0	17. Fathar's Name (First, Middla, Last	1)				18. Mothar's Na	ame (First, Middla,	Meidan Sumen	ne)	
Ment arked atic a	2	SOLOMON MOTZ					MINNE	SELTZE	R		
and Mentai I Is marked of eumatic eve		19a. Informant's Name/Ralationship (	(Type, Print)		19b. Mailing	Addrass (Stra	aet and Number or F	Rural Route Numbe	er, City or Town,	Stata, Zip Cod	(e)
n 27		FRANCES JABLON	/DAUGHTE	R	245	TALCO	TT AVE.,	FROSTB	URG, MD	21532	
i ite		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☒	Domessel from Chate	20b. Pla	nce of Disposi matary, creme	tion (Nama of	olace)	M A R C H	20c. Location -	City or Town,	Stata
unt: H		4 □ Donation 5 □ Othar (Special						3,1999	FLUSH	ING. N	Y
Department of Health and Mental Hygiene Important: If item 27 Is marked other than any follury or other treumatic event, the Meance.  To Be Compl		21 Signature of Funeral Sarvice Lice	nsaa		22.	Nama and Add	drass of Facility HAPEL OF				
Bepa Impol any k	1	Dougkas !	Haler	)							
	+	23a. Part1. Entar tha disaasa, or com	polications that cause	d the death.			TIONAL H				roximata
ysician	Н	23a. Part1. Entar tha disaasa, or com shock, or haart fallura. List only	ona causa on aach I	na.			,			Inta	rval Batwaan at and Death
Medical		Immadiata Causa (Final	1 0		11		, T 1	1		100	4, ,,
aminer		disaasa or condition rasulting in death)	a. Acu	16	MYOCA	JR DIA	L Ing	arction	<i></i>	140	eg. Hen
a la	5			Due to (or	as a consequ	ance of):					
n and ial-transit Examiner			b			, .					
al-tra		Sequantially list conditions, f any, laading to immadiata		Dua to (or a	as a consaque	ance of):				i i	
		Gequantially list conditions, fany, laading to immadiata ceusa. Enter Undarlying Cause (Diseasa or Injury thet initiated avents	c	Due to for		lila and					
ing physicie e as the bu		asulting in daeth) Last		Dua to (or a	is a consequa	inca of):				ř	
use a			d								
of tor use										1	
ed by the attendir detached for use		art II. Other significant conditions of					givan in Part I.		lobacco usa coi		
igned by be detac by Ph		ARTERIOSCLEI	rotic He	art I	21 seas	E		101	Yes 2 No	3 Probably	4 Unkno
		ARTERIOS CLEI Jermanen	+ Pace	male	es.			24a. Was	an eutopsy	24b. Were au	utopsy findings
page 2 should	-							репо	med?	complat of death	a prior to tion of causa
has ge 2								101	as 2 No	1 🗆 Yas	
9 6 0		5. Wes casa refarred to medicel					00 81			I L Yas	2  NO
or, page	1 5	axaminar?	Hospital:		7/0 1 -11-1	all 2001	Wher:	eth (Check only o			
rector rector					R/Outpatient 8b. Tima of	3□ DOA 28c. In		Homa 5 ☐ Rasid	now Injury occur		
his certific al director To Be		1 ☐ Yas 2 ☐ YNo	28a. Dete of Inju	Vear)	Injury	28c. In W	ork? □Yas 2□No	Lou. Dosonbe i	iow injury occur	00	
ther this certification in and director on: To Be		1 ☐ Yas 2 ☐ No  7. Menner of Deeth 1 ☐ Natural 5 ☐ Panding	28a. Dete of Inju (Month, De	, , , ,							
ther this certification in and director on: To Be		1 Yas 2 No 7. Menner of Deeth 1 Natural 5 Panding 2 Accident investigation 3 Suicida 6 Could not be	9 000 Plans (1-1)		a farm stree			28f. Location /5	Streat and Numb	er or Rum/ Rou	ita Number
ther this certification in and director on: To Be		1  Yas 2  YNo  7. Menner of Deeth 1	9 000 Plans (1-1)	ury - At hom	a, farm, stree			28f. Location (S City or Tox	Straat and Numb vn, Stata)	er or Rural Rou	ita Number,
ther this certification in and director on: To Be	2	1 Yas 2 No 7. Menner of Deeth 1 Watural 2 Accident 3 Suicida 4 Homlolde  19a. Cartifiar (Check only 1 Voo	28a. Place of Inj building, et	ury - At home. (Specify)  of my knowle axaminatio	adga, death o	t, fectory, offic	e time data and place	City or Tox	vn, Stata)	nnar as etated	
ther this certification in and director on: To Be	2	1 Yas 2 No  7. Menner of Deeth 1 Whatural 2 Accident 3 Suicida 4 Homlolde  1 Cartiflar (Check only one)  1 Voo	28a. Place of Inj building, et	ury - At home. (Specify)  of my knowle axaminatio	adga, death o	t, fectory, office ccurred at the stigetion, in my	time, data and place	City or Tow e, end due to the curred at the time,	on, Stata)  causa(s) and madata and place, a	nnar es steted. and dua to the o	cause(s)
rs after death.  al Director: After this certification by the funeral director  Certification: To Be	2	1 Yas 2 No 7. Menner of Deeth 1 Watural 2 Accident 3 Suicida 4 Homlolde  19a. Cartifiar (Check only 1 Voo	28a. Place of Inj building, et	ury - At home. (Specify)  of my knowle axaminatio	adga, death o	ccurrad at the	time, data and place opinion, deeth occurs a number	City or Tow a, end dua to tha c urred at the tima,	causa(s) and madata and place, a	annar es steted. and dua to the d	cause(s) Year)
ther this certification in and director on: To Be	2	1 Yas 2 No  7. Menner of Deeth 1 Whatural 2 Accident 3 Suicida 4 Homlolde  1 Cartiflar (Check only one)  1 Voo	28a. Place of Inj building, et	ury - At home. (Specify)  of my knowle axaminatio	adga, death o	ccurrad at the	time, data and place opinion, deeth occurs a number	City or Tow a, end dua to tha c urred at the tima,	causa(s) and madata and place, a	annar es steted. and dua to the d	cause(s) Year)
within 24 hours after death.  To the Funeral Director. After this certific completely filled in by the funeral director.  Medical Certification: To Be	2	1 Yas 2 No  7. Menner of Deeth 1 Whatural 5 Panding investigation 3 Suicida 6 Could not be datarmined  19a. Cartifiar (Check only one)  9b. Signatura and titla of certifiar  0. Name end address of person who	28a. Place of Injudiding, etc.  yalclan: To the best of and manner steepers.	ury - At hom c. (Specify) of my knowle axaminatio ated.	adga, death o n and/or Inva	ccurred at the stigetion, in my	time, data and place opinion, deeth occurs number	e, end dua to tha curred at the tima,	causa(s) and madata and place, in 29d. Data signed February	annar es steted. and dua to the o	cause(s) Year)
ther this certification in and director on: To Be	2	1 Yas 2 No  7. Menner of Deeth 1 Whatural 5 Panding investigation 3 Suicida 6 Could not be datarmined  19a. Cartifiar (Check only one)  9b. Signatura and titla of certifiar	28a. Place of Injudiding, etc.  yalclan: To the best of and manner steepers.	ury - At hom c. (Specify) of my knowle axaminatio ated.	adga, death o n and/or Inva	ccurred at the stigetion, in my	time, data and place opinion, deeth occurs a number	e, end dua to tha curred at the tima,	causa(s) and madata and place, in 29d. Data signed February	annar es steted. and dua to the o	cause(s) Year)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Marple Certificate of Death Barnard Reg. No: Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month MARY HENRIETTA 9:10 pm 26 February /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** LIONS MANOR NURSING HOME CUMBERLAND
r If Under 24 Hrs.
s Hours Min. ALLEGANY If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) 6. Sex **Funeral**  Birthplace (State or Foreign Country) Months Days 1□M 200 F 212-38-5733 92 Director Yrs. FEB 26 1907 MARYLAND Usual Residence of Decedent Pages 1 and 2 should be filed within 72 hours after deeth with the Maryland near of health and Mental Hygiena. In the file marked other than "naturel", or items 23a or 28a-f show int: If item 27 is marked other than "naturel", or ferms 23a or 28a-f show into other traumatic avent, in skedical Experiment has notified at 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits "naturel", or items 23a or 28a-f ehow suital Examiner must be northed at Yes 2□No Director MARYLAND ALLEGANY CUMBERLAND 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 410 PULASKI STREET 21502 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ 2≦ No If Yes, Give Year or Dates: Was Decedent of Hispanic Orlgin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) Race - American Indian, Black, White, etc. 11. Maritai Status 1 Never Married 2 Married 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: WHITE 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) 12 +ALLEGANY CO. SCHOOL TEACHER TEACHER Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be WILLIAM BARNARD EMMA GABLER 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) DORIS CRABTREE NIECE 1025 CHERRYWOOD AVE CUMBERLAND MARYLAND 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 X Buriai 2 ☐ Cremation 3 ☐ Removal from State permit. Page Department of Important: If any injury or 4 ☐ Donation 5 ☐ Other (Specify) ROSE HILL CEMETERY MARCH 1, 1999 CUMBERLAND MARYLAND Signature of Funeral Service 22. Name and Address of Facility
MERRITT-ADAMS FUNERAL HOME enill 404 DECATUR STREET CUMBERLAND MARYLAND 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death **Physician** /Medical Immediate Cause (Finai disease or condition resulting in death) Examiner Due to (or as a consequence of): Completed by Physician/Medical Examiner or Attending Physicien: The lew requires that the deeth certificete be executed for use as the buriel-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, physician Due to (or as a consequence of) Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. datached 23b. Did tobacco use contributs to the cause of death? signed by 1 Yss 2 No 3 Probably 4 Unknown 24a. Wes an autopsy 24b. Were autopsy findings available prior to completion of cause of death? certificate hes 2 00 No 1 Yes 1 ☐ Yes 2 ☐ No Be 25. Was cese referred to medicel examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Menner of Death Date of injury (Month, Day Year) 28b. Time of Injury 28c. Injury at Work? 28d. Describe how Injury occurred Affart 1 Naturai 2 Accident 5 Pending investigation death. To the Hospital or Attendity within 24 hours after death.
To the Funeral Director: A complataly filled in by tha fi 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 D Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Medical 10 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piace, and due to the cause(s) and manner es stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and piace, and due to the cause(s) and manner stated. 29a. Certifier (Check only one)

29c. License number

V.A. Ranjithan M.D. Lions Manor Nursing Home, Seton Drive Extended, Cumberland, MD, 31. Date filed MARDA 2017, 1999 32 Recenture Strongers.

29d. Date signed (Month, Day, Year)

State Registrar

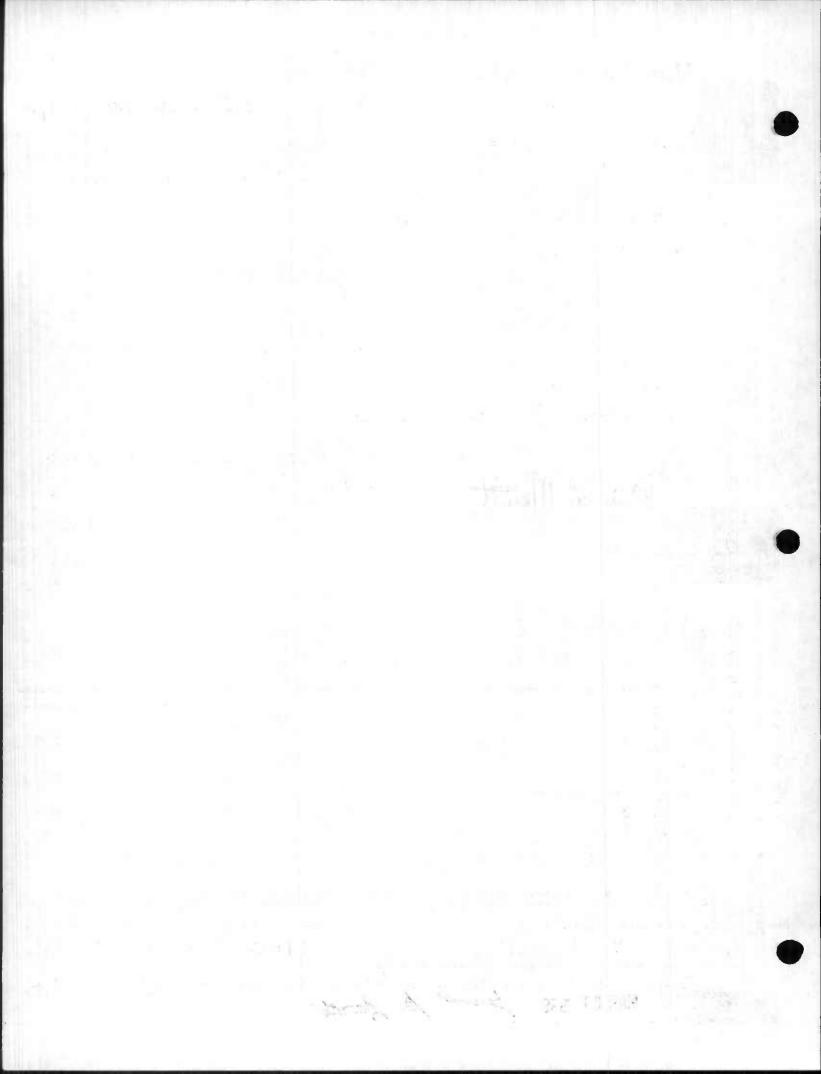
10

nus

29b. Signature and title of certifi

31. Date filed MAR

30. Name and address of person who completed cause of death (item 23a) (Type, Print)



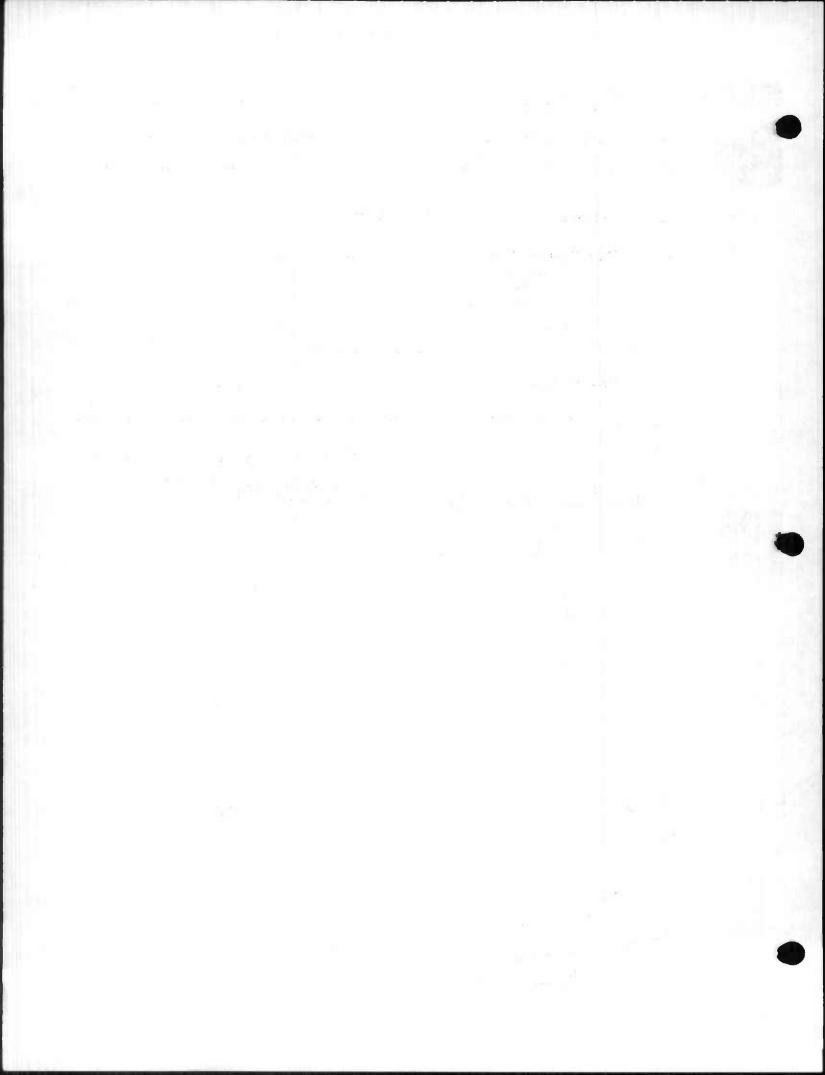
### Please Type or Print in Black indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death **Physician** PEB 23, P1999 1:10 p.m. Clarence A. Meyers /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 12610 Longs Hollow RD SE Cumberland Allegany 5. Social Sacurity Number 6. Sex 1₽ M 2□ F If Undar 1 Year If Under 24 Hrs. Date of Birth (Mooth Day, Year)919 7. Age (In yrs. last birthday) 9. Birthplaca (State or Foreign **Funeral** Days Hours 79 214-07-6852 Yrs. Director Usual Residence of Decedent filed within 72 hours efter death with the Meryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits or 28a-f show traumatic event, the Medical Examiner must be notified at 1 Yes 2 No Allegany Cumberland MD Completed by Funeral Director 10f. Zip Coda 10e. Street and Number 10g. Citizen of What Country? 12610 Longs Hollow RD SE 21502 USA items 23a 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yaar or Dates: WWII Was Dacedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No 5 3 Widowed 4 □ Divorced Specify: white "natural", 15. Decedent's Education (Specify only highast grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 end 2 should be filed within 7:
Department of Haalth end Mental Hygiena.
Important: If Item 27 is marked other than "na any injury or other traumatic event, the Medic once. Elamantary/Secondary (0-12) College (1-4or 5+) Retired Engineer Chessie System Railroad 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maidan Surname) Be Jacob Grover Meyers Ruth (Miller) OL 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 12610 Longs Hollow RD SE Cumberland MD 21502 Billie R. Meyers-sister 20a. Method of Disposition 20b. Place of Disposition (Name of cametery, cramatory or other place) 20c. Location - City or Town, Stata Data 1 Burial 2 Cremation 3 Removal from State Davis Memorial Cemetery Cumberland MD 02/26 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 22. Nasand Address of Funeral Home, P.A. Cumberland MD 21502 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failura. List only one causa on each line. Approximate Intarval Batw Onsat and Death **Physician** /Medical Immediate Cause (Final diseasa or condition resulting in death) Examiner Examiner The law requires that the death certificete be executed the buriel-trensit Sequentially list conditions, if any, laading to immediata causa. Enter Underlying Cause (Disease or injury that initiated avants resulting in death) Last and Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, ate has been signed by the attanding physician paga 2 should be datached for use as the burie Physician/Medical Due to (or as a consequence of): Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? Yee Yee 2□ No 3 Probably 4 Unknown Completed by 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? After this certificate has 1 ☐ Yes No 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral infector, s 25. Was case raferred to medical examinar? Be 26. Place of Death (Check only ona) 1 ☐ Yes No Othar: 4 Nursing Home 2 1 Inpatient 2 ER/Outpatient 3 DOA Shasidence 6 □Other (Specify) 27. Magner of Death 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Certifying Physician: To the best of my knowledge, daath occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Exemplar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the Medical 29a. Cartifiar alnar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) 20h 5 sature and title of contilled 29c. License number 29d. Date signed (Month, Day, Year) D12779 30. Nama and addrass of pe use of Stant Stepp 23a) (Type, Print) 500 Memorial Avenue Cumberland MD 21502 Guy Fiscus. 31. Date filed (Month 2) a 6 Registrar's Signature State Registrar



# Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legibie.

State of Maryland /	Department of Health and	Mental Hygiene	0 0
	Certificate of Death	Pag No	9 0

	Decedent's Name (First, Middle, L.)	aetl .	Cei	tificate of	Death	R. 2. Date of Deat	eg. No.	UI	3. Tima of Death	
Physician		MAE		Mont			Dev	Yeer 1.000		
/Medical	Ethel  4a Facility Name (If not institution, g			Messi	4b. City, Town, or L	February	7 19, 4c. County	1999	4:25 PM	
Examiner	Salisbury Center:		derCare		Salisbury		Wicom			
Funeral			(In yrs. last birthday)	If Under 1 Year	If Under 24 Hrs.		late of Birth Month, Day, Year)  9. Birthplace (State or Foreign Country)			
Director	219-60-1529 Usual Residence of Decedent	1 DM 200 E	85 Yrs.	Months Days	Hours Min.	JULY25,		Countr MARYLA		
lanyland ahow ed.st	10a. State 10b. County		10c. City, Town or Lo	cation	6 63			10	d. Inside City Limits 1 ☐ Yes 2 X No	
vith the Ma or 28s-f s be not set	MARYLAND WICOMICO	)	SALISBURY	10f. Zip Code		1	0g. Citizen of V	After County	-	
with po o							og. Citizen or i	rvnat Countr	•	
na 23a	6879 ZION CHURCH	RD. 12. Was Decedent E	ver in U.S. 13 V	21804	Hispanic Origin? (S)	necify Yes or No-	U.S.A	a - America	n Indien.	
72 hours after death with the Manyland natural; or items 23s or 28s-f show deal Examine must be notified at steed by Funeral Director	1 Never Married 2 Married	Armed Forces?  1 Yes 2 N  If Yes, Give  Yeer or Dates:	0	Yes, specify Cub I ☐ Yes 2 ☐ No	Specify:	Rican, etc.)	can, etc.)  Black, White, etc.  Specify: WHITE			
ed within 72 hours sysiene. For then "natural", A, the Wedcal Eas. Completed by	15. Decedent's I	Education	(Give	lent's Usual Occup	during most of wor	king	16b. Kind of Bu	usiness/Indu	istry	
withir and the month of the mon	Elementary/Secondary (0-12)	College (1-4or 5-	F)	OO NOT use retire	(d)		OLDY HO	ME		
EIDE O	17. Father's Neme (First, Middle, Las	it)	HOFIE	MAKEK	18. Mother's Nen	ne (First, Middle, I	OWN HO			
Sep W	CHARTER	NOCK			CLARA	PARK	ER	70.7		
E E	19a. Informant's Name/Relationship	(Type, Print)	19b. Mailin	g Address (Street	and Number or Ru			State, Zip C	Code)	
DENE	ETHEL M. TAWES	- DAUGHTER	6877	ZION CHI	URCH RD.	SALISBU	DV MD	21904		
of Heel	20a. Method of Disposition		20b. Plece of Dispo				20c. Location -	City or Tow	m, State	
	1 Buriai 2 □ Cremation 3 4 □ Donation 5 □ Other (Spec				GARDENS	2-23-99	HEBRON	MARY	T AND	
in a dark	21. Signature of Funeral Service Lic	ensee A	A	. Name and Addre		1/1	05 E. M			
Ded den grand	1 Kost	Lugar	INESP.	OUMING TH	JNERAL HO				T. 21804 , MARYLANI	
Physician /Medical Examiner	23a. Part1. Enter the diseese, or conshock, or heart failure. List only immediate Cause (Finel diseese or condition resulting in death)	a. Acu	Le My o	earp					Interval Between Onset and Death	
ficate be executed physician and is the bural-transit	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury									
phy street	that initiated events resulting In death) Last	D d	ue to (or as a conseq	uence of):						
at the death certification of the strength of	Part II. Other significant conditions	contributing to death but	t not resulting in the ur	nderlying cause gir	ven in Pert I.	23b. Did to	bacco use co	ntribute to	the cause of death?	
that the de led by the detached y Physic	PASO STO	John, S	Cergre	Dis	saler	1 🗆 Y	2 No	3 Probe	ably 4 ☐ Unknown	
The lew requires that sate has been signed to page 2 should be det.	Dinbetes	2 7500	osl Bi	Sulhos	ren	24a. Was e perform		avai	re autopsy findings ilable prior to apletion of cause eath?	
ate has page 2	CHE 5	Rense A	Filen			1 🗆 Y	s 2 No		Yes 2 No	
certificate rector, pag	25. Was case referred to medical				26. Place of Dea	ith (Check only on	(		,	
D 0 0	examiner?	Hospital:	t 2 ER/Outpatien	t 3 DOA	her: 42 Nursing H	ome 5 🗆 Reside	ence 8 🗆 Oth	er (Specify)	)	
E E 8	27. Menner of Death  1 Natural 5 Panding 2 Accident investigation	28a. Date of Injury (Month, Day	(Year) 28b. Time of Injury	28c. Inju Wo M 1	ry at rk? Yes 2 □ No	28d. Describe ho	ow injury occur	red		
tal or Attanding P rs after death.  al Director: After t led in by the funera Certification:	3 Suicide 6 Could not determined	28e. Plece of Injurbuilding, etc.	ry - At home, farm, stre (Specify)	eet, factory, office	0 /	28f. Location (SI City or Town	reet and Numb n, State)	ber or Rural	Route Number,	
To the Hospital or Attanding R within 24 hours after death to the Funeral Director: After completely filled in by the funer Medical Certification:	29a. Cartifier 1 Certifying P (Check only one) 1 Medical Exa	hysician: To the best of miner: On the basis of and manner stat	exemination and/or inv	occurred at the ti restigation, in my o	me, date and place opinion, death occu	, and due to the corred at the time, d	ause(s) and ma ate and place,	anner as sta and due to t	ited. the cause(s)	
Vithin To the compl	29b. Signature and title of certifier			29c. Licens	se number	2	9d. Date signe	d (Month, D	Pay, Year)	
	16/14/1	Inn		0	2981	7 .	2/2	2/9	9	
<b>-</b>	30. Name and address of person who	completed cause of de	eth (Item 23a) (Type,	Print)	my /	Duno	me	2 M	26834	
State	31. Dete filed (Month, Day, Year)	32. Registrar	r's Signature		0	, o - ca	30000			
Registrar	FEB 2 2 19	199 Sen	wa g	Som 4	1,					

DHMH 16 Rev 6/95

. 4. 2. 1187

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. -1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Yee **Physician** JOSEPH McKENNEY FEBRUARY 20,1999 0800 /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 124 TRUITT ST. SALISBURY WICOMICO 5. Social Security Number 7. Age (In yrs. last birthday) 55 Yrs. If Under 1 Year If Under 24 Hrs. 6 Sex Birthplece (State or Foreign Country) 8. Date of Birth (Month, Day, Year) **Funeral** Months Deys Hours 1 X M 2 □ F 220-74-0468 Director MAR. 9,1943 NEW JERSEY Usual Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits 28a-f show the Medical Examiner must be notified MARYLAND WICOMICO 1X Yes 2 □ No Director SALISBURY 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 9 124 TRUITT ST. Items 23a 21804 U.S.A. death Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 11. Maritel Status permit. Pagas 1 and 2 should be filed within 72 hours after to Department of Haalth and Mentel Hygiene. Important: If item 27 is marked other than "natural", or itan any Injury or other traument. 1 ☐ Yes 2 🔯 No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specity: þ 3 Widowed 4 Divorcad WHITE Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) 0 NEVER WORKED NONE 17. Fether's Name (First Middle Last) 18. Mother's Name (First, Middle, Maiden Surname) WILLIAM HENRY McKENNEY MILDRED ROSE CALMAN 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) JEANNE R. COLLINS - SISTER LOUISVILLE, KY 1625 DUNBARTON WYNDE 20b. Piece of Disposition (Name of cemetery, crematory or other placa) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Buriai 2 ☐ Cremation 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 2-24-99 BROCKTON, MASS. CALVARY CEMETERY 21. Sign of Funeral Service Licens 22. Name end Address of Fecility 705 E. MAIN ST. BOUNDS FUNERAL HOME, INC. 23a. Perl 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. SALISBURY, MD 21804 Approximete Interval Between Onset and Deeth **Physician** /Medical Immediete Ceuse (Finel disease or condition resulting in death) MENTAL RETARDATION Examiner Due to (or es e consequenca of): Examiner The law requires that the death cartificeta be executed and -tran Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in death) Lest Due to (or es e consequence of): ettending physicien for use es the burie Box 68760 Physician/Medical Due to (or es e consequence of): ed by the e Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No signed b SEIZURES; DEMENTIA by been signated 24b. Were eutopsy findings aveileble prior to Be Completed 24a. Was an autopsy completion of cause of deeth? ceta hes t 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificeta 25. Wes case referred to medical 26. Piace of Deeth (Check only one) exeminer? Other: 4 Nursing Home 5 XI Residence 6 Other (Specify) 10 1 Yes 2 □ No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 28a. Date of Injury (Month, Day Year) Certification: 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending investigation injury 1 Neturei 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide

P.O. Records, Division of Vital Hospital or Attanding Physician: within 24 hours after death.

To the Funeral Director: After this complately filled in by the funeral \$

> 30. Name and address of person who completed cause of death (item 23e) (Type, Print) BULKELEY M.D., 108 PINE BLUFF ROAD, SALISBURY, MD 21801 FEB 2 2 31. Dete filed (Month. 1999

32. Registrer's Signeture

Sparks

1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred et the time, dete end place, and due to the ceuse(s) end menner stated.

29c. License number

D0003599

29d. Date signed (Month, Day, Year)

02 - 22 - 99

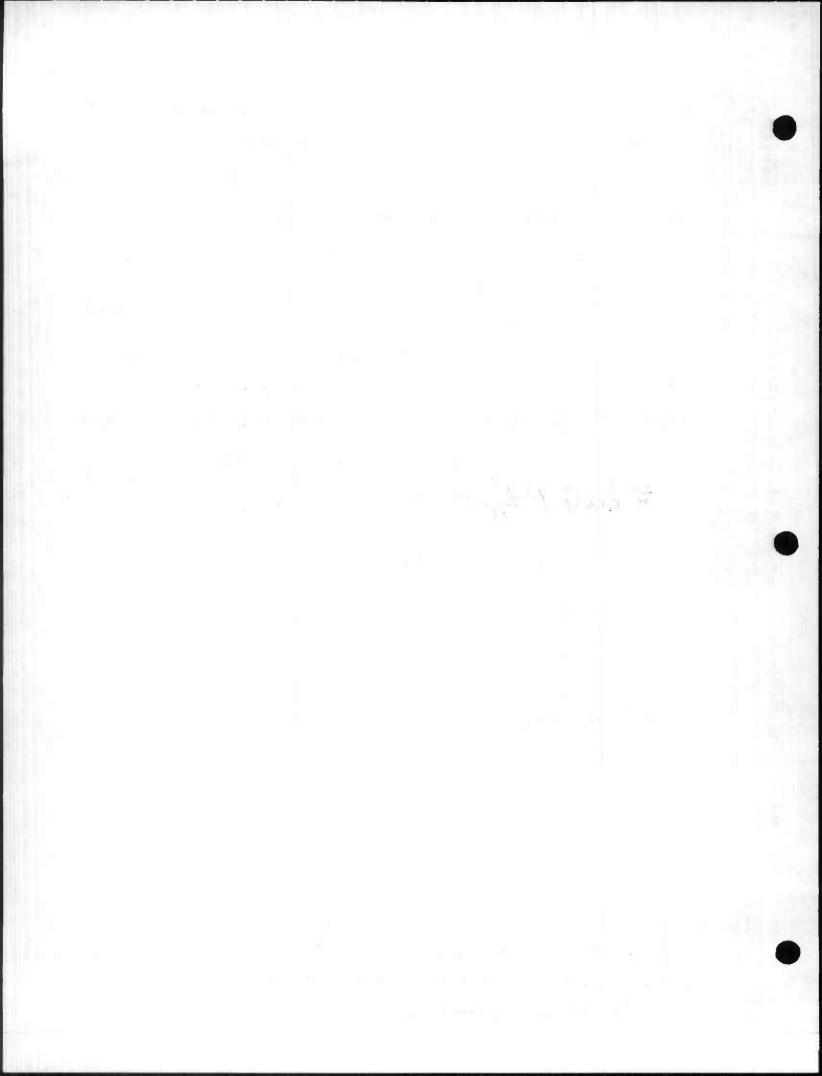
Medical

State

Registrar

29e. Certifier (Check only onel

29b. Signature and title of certifier



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Month Mears Blanche Watson FEBRUARY 21 1999 1823 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO 5. Social Security Number 6. Sex 1 □ M 2 K F 7. Age (In yrs. lest birthday) 9. Birthplace (State or Foreign Country)
Virginia 225-76-5980 Usual Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 □ No Accomack Virginia (hinco teague 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 6313 (Leveland Street U. S. A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 M No if Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Biack, White, etc. 1 Never Married 2 Married Specify: White 1 ☐ Yes 2 No Specify: 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Sell 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) grover Arah Jones 19a. Informant's Name/Relationship (Type, Print)
Robert H. Mears Husband 19b. Meiling Address (Street and Number or Rurel Boute Number, City or Town, State, Zip Code)
63/3 (Leveland Street, (hinco teague, Virginia 23336 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, State 1 KBuriel 2 ☐ Cremetion 3 ☐ Removei from State 4 ☐ Donetion 5 ☐ Other (Specify) Downing Cemetery 2-24-99 Oak Hall, Virginia 21. Signature of Funeral Service Licenses Salver Funeral Home Constance Solven Constant (hinco teague, regiment of the standard of dying, such as cerdiec or respiratory errest, Chincoteague, Virginia 23336 23e. Pert1. Enter the disease, or complications that caused the death shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Ceuse (Final disease or condition resulting in death) Due to (or as a consequence of): miceria Sequentially list conditions, if eny, leading to Immediate ceuse. Enter Underlying Ceuse (Diseese or injury that Initiated events resulting in death) Lest Due to (or es e consequence of): Due to (or es a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Las dismy walny 1 Yes 2 No 3 Probably 4 Minknown 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Wes en eutopsy performed? 1 ☐ Yes ediNo 1 ☐ Yes 2 ☐ No 25. Was cese referred to medicei examiner? 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ■Inpatient 2 □ ER/Outpetient 3 □ DOA 27. Manner of Deeth

1 Delaturei
2 Accident 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred 5 Pending Investigation 1 Yes 2 No 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stete)

Examiner The law requires that the death certificate be executed Division of Vital Records, P.O. Box 68760. And Hospital or Ath.

24 hours after death.

-rai Director: After th.

-in by the funeral dir

**Physician** 

/Medicai

Funeral Director

Completed by

Be

20

Physician/Medical Examiner

Certification: To Be Completed

Medical

Examiner

**Funeral** 

Director

permit. Pages 1 and 2 should be filled within 72 hours effer death with the Maryland Department of Health end Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at another.

**Physician** 

/Medical

signed by the e

is certificate hes b director, pege 2 s

21215-0020

Baltimore, Maryland

5980

-76

225

BIANCHE

State Registrar

E. Steven 31. Date filed (Month, Dey, Year) FEB 2 3 1999

29b. Signeture end title of certifier

4 T Homicide

29a. Certifier

Hearre, mo

30. Name end eddress of person who completed ceuse of death (Item 23e) (Type, Print)

32. Registrer's Signature

\*\*Decrifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, and due to the ceuse(s) end manner as atated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end place, end due to the cause(s) end manner steted.

29c. License number

CUD BUS

29d. Dete signed (Month, Dey, Year)

within 24 hours a
To the Funeral C

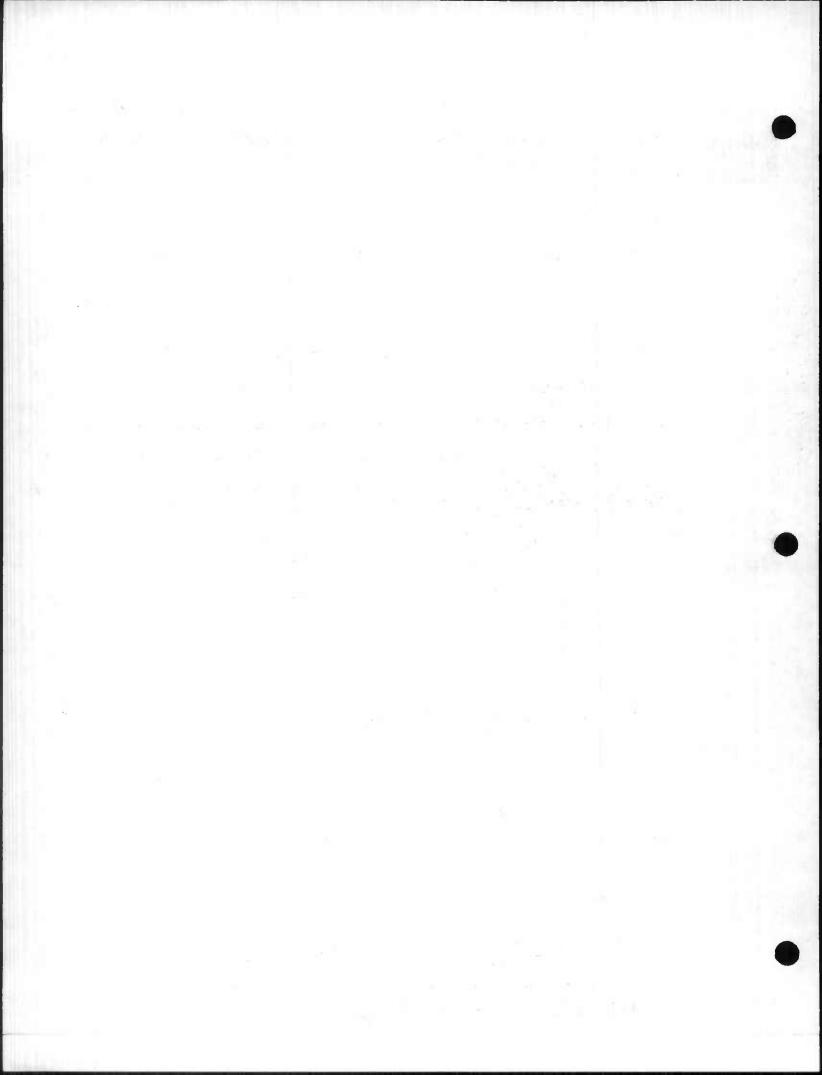
\$

A COLOR DE COLOR ----Massi Sain Digital Report (FE) 2. "A file a long of the control of the TOTAL TOTAL TOTAL CONTRACT TOTAL

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

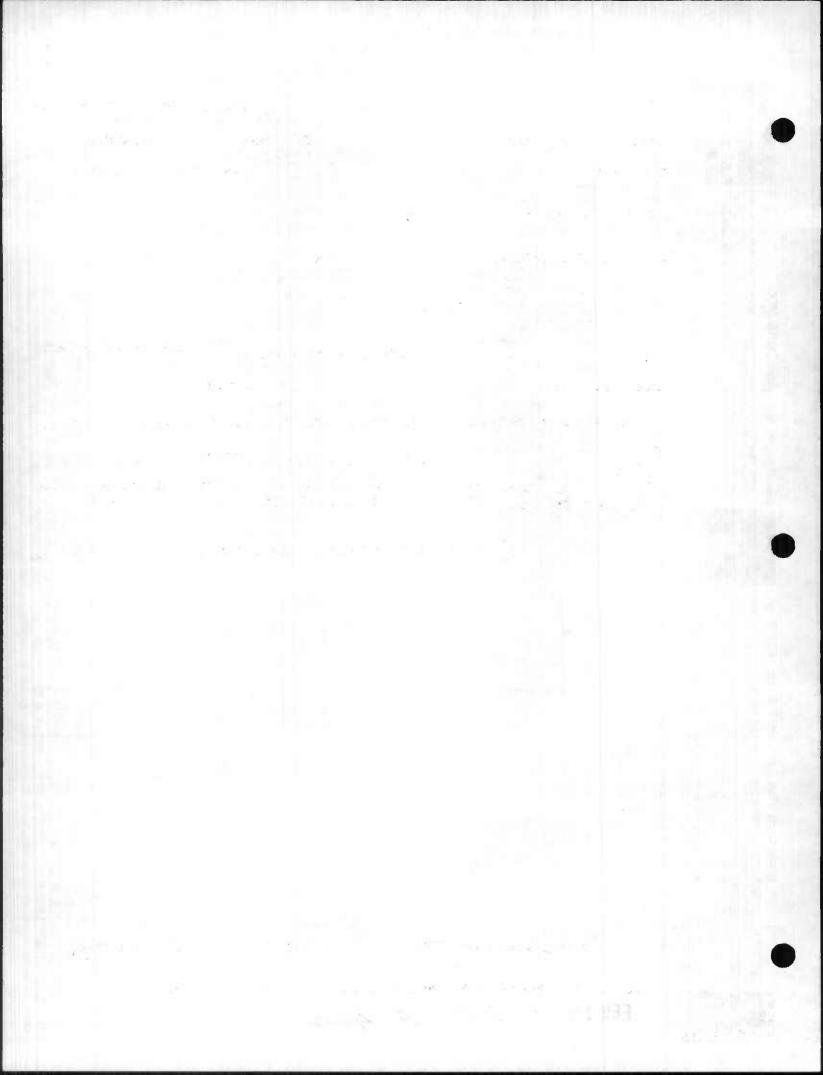
State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** 16/7 MANGER /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO If Under 1 Year If Under 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Days Hours 1 □ M 2 1 F 138-07-6058 Yes Director July 24, 1916 New Jersey Usual Residence of Decedent the Maryland 10a, State 10h County 10c. City, Town or Location important: If item 27 is marked other than "natural; or items 23a or 28a-f show any injury or other traumatic event, the Medical Exacuter right be nullified at once. 10d. Inside City Limits Director Maryland Wicomico 1 ☐ Yes 2 ☑ No Salisbury 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 506 Regency Drive 21804 Funeral USA 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Reca - American Indien, Biack, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 ☐ Yes 2 ☒ No by Specify. 3 Widowed 4 □ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) and Mental Hygiena. Health Care Hospital Administrator 12 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Peges 1 and 2 should be Wilbur Barlow Bogert Rose Kenny 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Health a Elaine I. Manger/Daughter 418 Pennsylvania Ave., Salisbury, MD 21801
of Disposition (Name of Date 20c. Location - City or Town, State Baltimore, 20b. Place of Disposition (Name of cemetery, crematory or other place)
St. Mary's Cemetery 20e. Method of Disposition 5 1X Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) **Department** 2/25/99 Berkeley Heights, NJ 21. Signature of Funeral Service Licent 22. Name and Address of Facility Holloway Funeral Home Professional Association 501 Snow Hill Rd., Salisbury, MD 21804 1. Enter the disease, or complications that reused ock, or heart failure. List only one cause on each lin Approximate Interval Between Onset and Death **Physician** /Medical Immediate Ceuse (Final 1237/12720c disease or condition resulting in death) Examiner Due to (or as a consequence of): Physician/Medical Examiner Ulcer The lew requires that the deeth certificate be axecuted the bunal-transit Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Last Due to (or as a consequence of): P.O. Box 68760. Due to (or as a consequence of) as 188 Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? Renal Insuttician 1 ☐ Yes 2 ☐ No 3 ☐ Probably (4 ☐ Unknown Records. þ sign be page 2 should Completed 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? 2000 certificate 1 ☐ Yes 2 ☐ No of Vital or Attanding Physician: Be director 25. Was case referred to medicel 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To this 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Aftar t Division 1. Natural 5 Pending investigation To the Hospital or Attandli within 24 hours after death. To the Funeral Director: A 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide in by 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. Medical completely (Check only one) 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) 12 403 QuiNcy STREET SALS bury, Md HEARNE 3 2 3 1999 32. Registrer's Signature State

Registrar



ian					001	lilleate	of Death		1	Reg. No.			
	1. Decedent's Name	(First, Middle, L.	ast)						2. Dete of Dea			3. Time of Death	
	CHARLES		L.		MES	SICK		,	Month Februar	Day	1999	8:10 am	
ical	4a Facility Neme (If n	not institution ai		nher)			4b. City. Toy		aflon of Death	-		0.10 am	
iner				.50.7							11-1		
	Wicomico					Milleday 4 Va	Salis				comi		
	5. Social Security Nur		Sex 152 M 2□ F	7. Age (In yrs. I		If Under 1 Ye		Min.	8. Dafe of Birt (Month, Da)	n y, Year)	9. Birthp	place (State or Forei	
	218–16–8	100	Z z	76	Yrs.				April 24	4,1922	Mary	rland	
-	Usuel Residence of D			400 014	, Town or Lo	antina						od foolds Obs. Limit	
		10b. County									,	10d. fnslde Clty Limi	
Director	Maryland	Wicom	ilco	Sa	alisbu	ry						1 □ Yes 2 🔀 N	
i e	10e. Sfreet and Number 10f. Zip Code									10g. Citizen of What Country?			
	156 Share	en Dr	Ant F			218	104			USA			
runeral	11. Marital Status	J. D ,	12. Wes Dece	dent Ever in U.	S. 13.		of Hispenic Orlg Juban, Mexican,	in? (Spe	cify Yes or No		ca - Americ		
	1 Never Married	d 25 Married	Armed For 1 Types If Yes, Giv					Puerto F	lican, etc.)	Bla	ck, White,		
1	3 ☐ Widowed 4		If Yes, Giv Year or Da	e ates: WW T		1 ☐ Yes 21X !	No Specify:			Specif	y: Wh	nite	
1	1	5. Decedent's E	ducation	AAAA T		dent's Usual Oc	cupation			16b. Kind of B	lusiness/în	dustry	
1	(Specify	only highest gr	rade completed)		(Give	kind of work do DO NOT use re	ne duning most	of workin	g				
	Elementary/Second	dery (0-12)	College (1	-4or 5+)				on		U.S. P	ostal	Service	
1	17. Father's Name (F	irst Middle I se	<i>t</i> )		cust	WHEL SE	ervice R	-	(First, Middle	Maiden Sumar	me)		
											,		
	Linwood 5								rmore				
	19a. Informant's Nam					-	eet end Numbe						
	Frances 1	Maddox N	Messick/		-		Dr., Ap	t. E					
1	20a. Method of Dispo		70	C6	leca of Dispo	osition (Neme or matory or other	placa)		Dete	20c. Location	- City or To	own, State	
	1 ☑ Burial 2 ☐ 4 ☐ Donation 5			State			ial Par	k 12	/27/99	Salis	burv	. MD	
-	21. Signature of Flund				22	2. Name and Ad	dress of Facility	/					
	1	1001	10	MOIDS		-						sociation	
4	No	wed 94.	Chomp	C00	5	01 Snow	Hill F	d.,_	Salisb	ury, MD	2180		
	23a. Part . En er the shock, or heart	disease, or con failure. List only	nplications that co y one ceuse on e	aused the death ech line.	. Do not ent	ter the mode of	dying, such as	ardiac o	r respiretory as	rrest,		Approximate Interval Between	
				1 .	,	1			1 4 .		i	Onsef and Death	
	Immediate Cause (Fi	inal	( >	1,0	b/0	ston	ne d	1 U	121	6R		ne_	
	resulting in deeth)		a		es a consec				/				
				,									
	Sequentla by list con-	ditions	b	Due to (or	as a consec	quenca of:							
1	Sequentially list conditions, leading to immoduse. Enter Underly Cause (Disease or in	nediate		- >= .= (=:		,							
1	that initiated events		C	Dua to for	00 0 000000	mence ce.							
	resulting in deeth) La	st		Due to (or	es e conseq	(uerica 01):							
			d										
	Part II. Other signiffor	ant conditions	contributing to de	ath but not resu	ilting in the u	nderlying cause	given in Pert f.		23b. Dld 1	tobacco use co	ontribute t	o the cause of deal	
	Part II. Other signiffc.	ant conditions	contributing to de	ath but not resu	ilting in the u	nderlying cause	given in Pert f.					o the cause of dea	
	Part II. Other signific	ant conditions	contributing to de	ath but not resu	ilting in the u	nderlying cause	given in Pert f.						
	Part II. Other eigniffc	ant conditions	contributing to de	ath but not resu	ilting in the u	nderlying cause	given in Pert f.		1 🗆	Yes 2□ No an autopsy	3 Pro	bably	
	Part II. Other eignific	ant conditions	contributing to de	ath but not resu	itting in the u	nderlying cause	given in Pert f.		1 🗆	Yes 2□No	3 ☐ Pro	Vere autopsy finding veileble prior to omplefion of cause	
	Part II. Other eignific	ant conditions	contributing to de	eth but not resu	itting in the u	nderlying cause	given in Pert f.		1 24a. Was	Yes 2□ No an autopsy med?	3 Pro	Vere autopsy finding veileble prior to mplefion of cause death?	
	Part II. Other eignific	ant conditions	contributing to de	eth but not resu	ilting in the u	nderlying cause	given in Pert f.		1 🗆	Yes 2□ No an autopsy med?	3 Pro	Vere autopsy finding veileble prior to omplefion of cause	
	25. Was case referre			eth but not resu	ilting in the u	nderlying cause	26. Plece		1 24a. Was	Yes 2□No an autopsy rmed?  Yes 2□No	3 Pro	Vere autopsy finding veileble prior to ause death?	
		d to medical	Hospital:		etting in the u		26. Piece	of Deeth	24a. Was perfo	Yes 2□No an autopsy rmed?  Yes 2□No	3 Pro	Vere autopsy finding veileble prior to omplefion of cause death?	
1	25. Was case referre examiner? 1 ☐ Yes 2 ☒ N. 27. Menner of Death	d to medical	Hospital: 1 ☐ II	npatient 2□I	ER/Outpatier 28b. Time o	nf 3 DOA	26. Plece Other: 4 □ Nu	of Deeth	24a. Was perfo	Yes 2□No an autopsy med?  Yes 2□No one)	3 Pro	Vere autopsy finding veileble prior to omplefion of cause death?	
	25. Was case referre examiner? 1 ☐ Yes 2 ☑ N	d to medical	Hospital: 1 🗆 II	npatient 2□I	ER/Outpaties	nf 3 DOA 28c. I	26. Piece	of Deeth	24a. Was perfo	Yes 2 No an autopsy rmed?  Yes 2 No one) dence 6 Ott	3 Pro	Jere autopsy finding reliable prior to impletion of cause death?	
	25. Was case referre examiner?  1 Yes 2 No. 27. Menner of Death 1 Natural 2 Accident 3 Sulcide	d to medical o	Hospital: 1 1 28a. Date of (Monte	npatient 2 □ I of tnjury h, Day Year)	ER/Outpatier 28b. Time o Injury	nf 3 DOA	26. Plece Other: 4DXNui njury at Work? 1 □ Yes 2 □ N	of Deeth	24a. Was perfo	Yes 2 No an autopsy med?  Yes 2 No one) dence 6 Oth how injury occu	3 Pro  24b. W av cc of 1 (	Vere autopsy finding veileble prior to omplefion of cause death?	
to be completed by	25. Was case referre examiner?  1 Yes 2 No.  27. Menner of Death  1 Natural  2 Accident	d to medical  o  5 □ Pending Investigatic	Hospital: 1 1 28a. Date of (Monte	npatient 2□I	ER/Outpatier 28b. Time o Injury	nf 3 DOA	26. Plece Other: 4DXNui njury at Work? 1 □ Yes 2 □ N	of Deeth	24a. Was perfo	Yes 2 No an autopsy med?  Yes 2 No one) dence 6 Oth how injury occu	3 Pro  24b. W av cc of 1 (	Vere autopsy finding reliable prior to omplefion of cause death?	
	25. Was case referre examiner?  1 Yes 2 N N  27. Menner of Death  1 N Natural  2 Accident  3 Sulcide  4 Homlcide	d to medical o 5 Pending Investigatio 6 Could not l determined	Hospital: 1 □ II 28a. Date c (Monte) on be 28e. Placa buildir	npatient 2 □ I of tnjury h, Day Year) of Injury - At ho ng, etc. (Specify	ER/Outpatier 28b. Time o Injury me, farm, str	of 3 DOA 28c. I	26. Piece Other: 4□M\u00fc njury at Work? 1 □ Yes 2 □ N	of Deeth	24a. Was perfo	Yes 2 No an autopsy med?  Yes 2 No one) dence 6 Oth how injury occu  Street and Num. vn, State)	3 Pro  24b. Way cc of 1 [ her (Special rred	Vere autopsy finding reliable prior to omplefion of cause death?  Yes 2 No	
	25. Was case referre examiner?  1 Yes 2 N N  27. Menner of Death  1 Natural  2 Accident  3 Sulcide  4 Homlcide	d to medical  o  5 Pending Investigatic 6 Could not I determined	Hospital: 1 I I II 28a. Date of (Month be 28e. Placa buildin hystofan: To the milner: On the be	npatient 2 1 I of tnjury h, Day Year) of Injury - At ho ng, etc. (Specify) best of my knov	ER/Outpatier 28b. Time o Injury me, farm, str	nf 3 DOA f 28c. I M reet, factory, off	26. Plece Other: 4 Number njury at Work? 1 Yes 2 1	of Deeth rsing Hon 2 No 2 d plece, e	24a. Was perfo	Yes 2 No an autopsy rmed?  Yes 2 No one) dence 6 Ott how injury occu  Street and Num. vn, State) cause(s) and m	3 Pro  24b. Way occ of 1 (I  ther (Special rred	depending the following the fo	
	25. Was case referre examiner?  1 Yes 2 N N  27. Menner of Death  1 Natural  2 Accident  3 Sulcide  4 Homlcide  29a. Certifier (Check only one)	d to medical  5 Pending Investigation 6 Could not I determined	Hospital: 1 1 28a. Date of (Monto) Do Do Do Do Do Do Do Do Do Do Do Do Do D	npatient 2 1 I of tnjury h, Day Year) of Injury - At ho ng, etc. (Specify) best of my knov	ER/Outpatier 28b. Time o Injury me, farm, str	of 3 DOA 28c. I	26. Plece Other: 4□XNui njury at Work? 1□ Yes 2□ N ice e time, dete enc ny opinion, deet	of Deeth rsing Hon 2 No 2 d plece, e	24a. Was perfo	Yes 2 No an autopsy imed?  Yes 2 No one) dence 6 Ott how injury occu  Street end Num en, Stete)  cause(s) and m dete end plece,	3 Pro  24b. Way cc of  1[  ther (Special rred  ber or Run  anner es s , end due t	Jobably	
	25. Was case referre examiner?  1 Yes 2 N N  27. Menner of Death  1 Natural  2 Accident  3 Sulcide  4 Homlcide	d to medical  5 Pending Investigation 6 Could not I determined	Hospital: 1 I I II 28a. Date of (Month be 28e. Placa buildin hystofan: To the milner: On the be	npatient 2 1 I of tnjury h, Day Year) of Injury - At ho ng, etc. (Specify) best of my knov	ER/Outpatier 28b. Time o Injury me, farm, str	of 3 DOA 28c. I	26. Plece Other: 4 Num njury at Work? 1 Yes 2 N ice e time, dete enc ny opinion, deet	of Deeth rsing Hon 2 No 2 d plece, e	24a. Was perfo	Yes 2 No an autopsy rmed?  Yes 2 No one) dence 6 Ott how injury occu  Street and Num vn, State)  cause(s) and m dete end plece, 29d. Date signe	3 Pro  24b. Way occ of  1 (I  ther (Special rred  anner es s, end due to ed (Month,	depending the following the file of the fi	
	25. Was case referre examiner?  1 Yes 2 N N  27. Menner of Death  1 Natural  2 Accident  3 Sulcide  4 Homlcide  29a. Certifier (Check only one)	d to medical  5 Pending Investigation 6 Could not I determined	Hospital: 1 I I II 28a. Date of (Month be 28e. Placa buildin hystofan: To the milner: On the be	npatient 2 1 I of tnjury h, Day Year) of Injury - At ho ng, etc. (Specify) best of my knov	ER/Outpatier 28b. Time o Injury me, farm, str	of 3 DOA 28c. I	26. Plece Other: 4□XNui njury at Work? 1□ Yes 2□ N ice e time, dete enc ny opinion, deet	of Deeth rsing Hon 2 No 2 d plece, e	24a. Was perfo	Yes 2 No an autopsy rmed?  Yes 2 No one) dence 6 Ott how injury occu  Street and Num vn, State)  cause(s) and m dete end plece, 29d. Date signe	3 Pro  24b. Way cc of  1[  ther (Special rred  ber or Run  anner es s , end due t	depending the following the file of the fi	
	25. Was case referre examiner?  1 Yes 2 N N  27. Menner of Death  1 Natural  2 Accident  3 Sulcide  4 Homlcide  29a. Certifier (Check only one)	d to medical  o  5 Pending Investigation 6 Could not I determined  7 Certifying P Medicat Exa	Hospital: 1	npatient 2 1 In Injury, h, Day Year) of Injury - At hong, etc. (Specify) best of my knowsis of exeminetier stated.	ER/Outpatier 28b. Time o Injury me, farm, str ) wledge, deetl ion and/or in	of 3 DOA 28c. I	26. Plece Other: 4 Num njury at Work? 1 Yes 2 N ice e time, dete enc ny opinion, deet	of Deeth rsing Hon 2 No 2 d plece, e	24a. Was perfo	Yes 2 No an autopsy rmed?  Yes 2 No one) dence 6 Ott how injury occu  Street and Num vn, State)  cause(s) and m dete end plece, 29d. Date signe	3 Pro  24b. Way occ of  1 (I  ther (Special rred  anner es s, end due to ed (Month,	depending the following the file of the fi	
	25. Was case referre examiner?  1 Yes 2 N Nenner of Death  1 Natural  2 Accident  3 Sulcide  4 Homicide  29a. Certifier (Check only one)  29b. Signature end tit	d to medical  5 Pending Investigation of Could not I determined  Certifying P Medicat Example of certifier	Hospital: 1 1 28a. Date of (Monto) 28a. Date of (Monto) 28a. Placa buildir hystofan: To the miner: On the be and manno	npatient 2 In in in in in in in in in in in in in in	EF/Outpatier 28b. Time o Injury me, farm, str ) wledge, deetl ion and/or in	nf 3 DOA f 28c. I M reet, factory, off h occurred at the vestigation, in in 29c. Lice	26. Plece Other: 4 Num njury at Work? 1 Yes 2 N ice e time, dete enc ny opinion, deet ense number DO20	of Deeth	24a. Was perfo	Yes 2 No an autopsy rmed?  Yes 2 No one) dence 6 Ott how injury occu  Street end Num vn, Stete)  cause(s) and m dete end plece, 29d. Date signe	3 Pro  24b. Way occ of  1 (I  ther (Special rred  anner es s, end due to ed (Month,	depending the following the file of the fi	
Medical Certification: To Be Completed by Physician	25. Was case referre examiner?  1 Yes 2 N Nenner of Death  1 Natural  2 Accident  3 Sulcide  4 Homicide  29a. Certifier (Check only one)  29b. Signature end tit	d to medical  5 Pending investigation of determined determined determined determined to the determined determined to the determined	Hospital: 1 1 28a. Date of (Month) 28a. Date of (Month) 28a. Placa buildir hystofan: To the miner: On the be and mann a completed caus:	npatient 2 In in in in in in in in in in in in in in	ER/Outpatier 28b. Time o Injury me, farm, str ) wledge, deet ion and/or in 23e) (Type,	of 3 DOA 28c. I	26. Plece Other: 4 \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(	of Deeth	24a. Was perfo	Yes 2 No an autopsy rmed?  Yes 2 No one) dence 6 Ott how injury occu  Street end Num vn, Stete)  cause(s) and m dete end plece, 29d. Date signe	3 Pro  24b. Way occ of  1 (I  ther (Special rred  anner es s, end due to ed (Month,	depending the following the file of the fi	

DHMH 16 Rev 6/95



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 99 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month February 20, 1999 Russell Jesse Metcalfe, Jr 10:04 AM 4a Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death 212 Vine Street Westernport
If Undar 24 Hrs. 8. Date
Hours Min. (Mo Allegany If Undar 1 Yaar Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) 1 M 2□ F Days Months 232-60-7910 June 3, 1937 West Virginia Usual Residence of Decedent 10c. City. Town or Location 10a. State 10b. County 10d. Inside City Limits 1 →Yes 2 No Allegany Westernport 10e. Street and Number 10f. Zip Code 10g. Citizen of Whaf Country? 212 Vine Street 21562 United States 14. Raca - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highast grada completed) Elementary/Secondary (0-12) College (1-4or 5+) Machine Operator

18. Mother's Neme (First, Middle, Maiden Surname) 12 Westvaco 17. Father's Name (First, Middle, Last) Russell Jesse Metcalfe, Sr Elizabeth Riley 19e. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Margaret Metcalfe / Wife 212 Vine St. Westernport, MD 21562 20a. Method of Disposition 20b. Place of Disposition (Name of cometery, crematory or other place) 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) St. Peter's Cemetery 2/23/99 Westernport, MD 21. Signature of Funeral Service Licensee 22. Name and Address of Facility 111 Church Street age e Boal Funeral Home Westernport, MD 21562 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. immediate Cause (Final C'AREINUM OF ESOMABOUS About 2 years disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last Due to (or as a consequenca of): Dua to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Resembly ander Accident 24b. Were autopsy findings available prior to complation of cause of deeth? 24e. Was en autopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 ☐ Inpetient Other: 4 ☐ Nursing Home 5 Residence 6 ☐ Other (Specify) 1 Yas 2 No 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 5 Pending Investigation 1 Netural 2 Accident 1 Yes 2 No 6 ☐ Could nof be determined 3 Suicida 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier

thet the death certificate be executed Division of Vital Records, P.O. Box 68760, Hospital or Attending Physician: **Physician** 

/Medical

Examiner

Director

Funeral

þ

Completed

Be

**Funeral** 

Director

permit. Peges 1 and 2 should be filled within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "naturel", or Items 23s or 28s-f show any injury or other treumstic event, the Medical Examination must be notified.

**Physician** /Medical

Examiner

physician and s the buriel-transit

Se use

signed by the a d be deteched f

certificate hes t

funeral director,

After this

efter deet Director:

24 hours efter de • Funeral Directo sletely filled in by th

Examiner

Physician/Medical

þ

Completed

Be

Certification: To

Medical

(Check only one)

29b. Signature and title of cartifier

Baltimore, Maryland 21215-0020

within 24 ho To the Fune completely f State

Registrar

30. Nama and address of person who completed cause of death (Item 23a) (Type, Print) Harjit S. Sidhu 925 Bishop Walsh Rd. Cumberland, MD 21502

Heren

FEB 2 4 1999

32. Registrar's Signature

29c. Licensa number

D 26907

29d. Date signed (Month, Day, Year)

Feb. 20, 1999

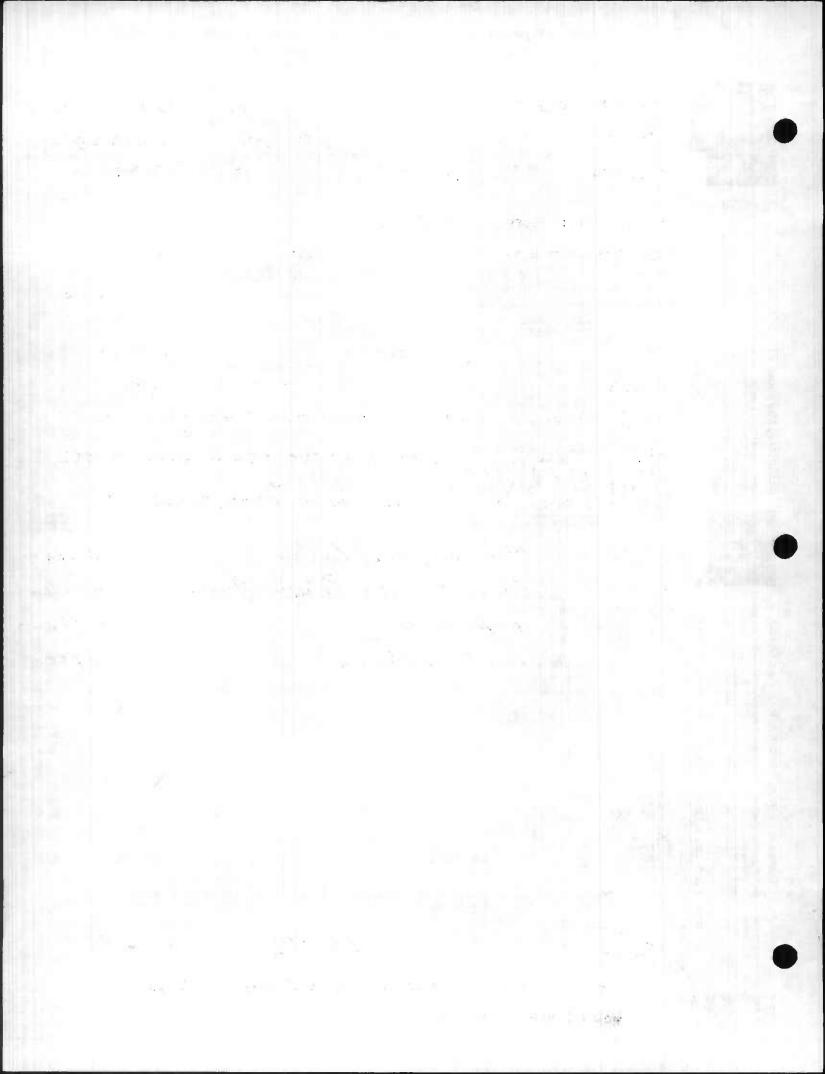
1.52 (21)

# Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Physician	1 De/	edent's Name (First, Middle, Las	atl		Certifica	ate or i	Journ	2. Dete of De	Reg. No.		3. Time of Deet
/Medical		MARY EDNA FOWLE						Month	1, 1999	Year	12:05
Examiner		cility Name (If not Institution, give 14167 Brandywir				4	b. City, Town, or Brandyv	Location of Deefl			rge's
uneral irector	5. Soc 21	1ai Security Number 6. S 2-26-8154		e (In yrs. las	Yrs. If Und Month	der 1 Year as Days	if Under 24 Hrs Hours Min		y, Year) 1930		
* m	10e. S	Residence of Decedent itete 10b. County		10c. City,	Town or Location					100	d. Inside City Lin
death with the Maryland ms 23a or 28a-f show r must be notified at	Mai	ryland Prince	Georges	Bran	ndywine						1 ☐ Yes 2火☐
23a or 28 unit be no rail Dire	10e. S	Ptreet and Number 1167 Brandywine	Road		LI KIN		20613		10g. Citizen of V USA	Vhet Countr	y?
or than 'netural', or tems 23a or 28a-f show it, the Medical Examiner must be notified at Completed by Funeral Director	11. Ma 1[ 3[	arital Status  Never Married 2XXMarried  Widowed 4 □ Divorced	12. Was Decedent Armed Forces? 1  Yes XXII If Yes, Give Yeer or Dates:			cedent of H pecify Cuba 2 X No		Specify Yes or No to Rican, etc.)	- 14. Raci Blec Specify	a - America k, White, et	
important: if Nem 27 is marked other than "netural", any injury or other traumatic event, tra Medical Essonies.  To Be Completed by	Eler	15. Decedent's Ed (Specify only highest grammentery/Secondary (0-12)	lucation de completed) College (1-4or 5	i+)		6e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired)  Homemaker  Own Home					istry
ther the Co	17. Fa	12 ther's Name (First, Middle, Last)			Homemak	er	18. Mother's Na	me (First, Middle			
marked other than matic event, train To Be Comp	-	rnest A. Fowler					Franc	is Victo	ria Gib	son	
om 27 is merked other than ther traumatic event, train To Be Comp	19e. i	19e. informent's Name/Relationship (Type, Print) Thomas E. Nelson, Sr Husband 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town 14167 Brandywine Road, Brandywine,									
Important: If Item 27 any injury or other to once.	11	20a. Method of Disposition  20b. Plece of Disposition (Neme of cemetery, cremetory or other plece)  1 Deposition 3 Removal from State  4 Donation 5 Other (Specify) Waldorf									
Importent: If any injury o	21. S	Mark G. Brohaw	Suthan	un			ss of Fecility ral Home	dorf, MI	20604-	0156	
sician		Part1. Enter the disease, or comp shock, or heart failure. List only									Approximete Interval Between Onset and Deeth
edical aminer	Imme disee result	diete Ceuse (Finel se or condition Ing In deeth)	· Metas	taki	e Long	la	nar				2 yea
le le			Chrone	Due to (or e	s har to w	Pa	/ more	Asten	-1		2 yea 20 yea ogea
physician and s the buriel-transit	Sequi	Immediate Ceuse (Finel disease or condition resulting in death)  e. Metastatic Leug Cara  Due to (or es e consequence of):  b. Chronic Obstactive Polmory Area  Due to (or es e consequence of):									1-10
physician is the burie edical E	Cause Ceuse that in	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events  Due to (or es e consequence of):  Due to (or as e consequence of):									ogen
0.0	result	ing in deeth) Lest	d. Renay	,		*					SUPP
o o	Part II					4					1000
9 9	1 6411 11.	Other significant conditions of	ontributing to death b	ut not result			en in Part I.	23b. Did	tobacco use co	ntribute to	the cause of de
oned by the attending detected for use or detected for use or by Physician/M		Other significant conditions of	ontributing to death b	ut not result			en in Part I.		tobacco use cor Yes 2□ No	ntribute to	
should be d	-	Other significant conditions o	ontributing to death b	ut not result			en in Part I.	1 □		24b. Wer svai	
ate has been signe page 2 should be d Completed by	-	Other significant conditions of	ontributing to death b	ut not result			en in Part I.	1 □	Yes 2□ No en eutopsy med?	24b. Wer svai com of d	re autopsy findin leble prior fo pletion of cause
pertilicate has been signed rector, page 2 should be d	25. W	as case referred to medical aminer?	Moenital:		ing In the underlying	g cause giv	26. Piece of De	24a. Was perfo	Yes 2 No en eutopsy med?  Yes 2 No one)	24b. Wer svai	re autopsy findin leble prior fo piletion of cause eath?  Yes 2 \( \) No
Aher this certificate has been signed funders, director, page 2 should be didnor. To Be Completed by	25. W 9x 1[ 27. Me	as case referred to medical aminer? Yes 21 No snner of Deeth	Hospital: 1 ☐ Inpatie 28a. Dete of Inju (Month, De	ont 2□El	ing In the underlying	g cause giv	26. Plece of De er: 4□ Nursing y et	24a. Was perfo	Yes 2 No en eutopsy med?  Yes 2 No one)	24b. Wer svai	re autopsy findin leble prior fo piletion of cause eath?  Yes 2 \( \) No
Aher this certificate has been signed funders, director, page 2 should be didnor. To Be Completed by	25. W ex 1[ 27. Me 2[ 3]	as case referred to medical aminer?  Yes 25 No support of Deeth	Hospital: 1 Inpatie 28a. Dete of Inju (Month, De	int 2 El	R/Outpetient 3M	DOA Oth	26. Piece of De er: 4 Nursing	24a. Was performed to the control of	Yes 2 No  en eutopsymed?  Yes 2 No  one)  dence 8 Oth how injury occuri	24b. Wer svai	ably 4 Unkers autopsy findin lieble prior to spletion of cause eath?  Yes 2 No
Funeral Director: After this certificate has been signed as the funeral director, page 2 should be diffical Certification: To Be Completed by	25. W ex 1[27. Me 2] 2[3] 4	as case referred to medical aminer?  Yes 25 No enner of Deeth Netural 5 Pending investigation Suicide 6 Could not be determined	Hospital:  28a. Dete of Inju (Month, De)  28e. Pleca of Inju	int 2 Ei	R/Outpetient 3 M 8b. Time of Injury M	DOA Oth  28c. Injur Wor 1 □  tory, office	26. Plece of Deer: 4 Nursing tyet k? Yes 2 No	24a. Was performed to the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only or To the seth	Yes 2 No  en eutopsy rmed?  Yes 2 No  one)  dence 8 Oth how injury occurr  Street end Numb wn, Stete)	24b. Wer svai com of d 1 □ er (Specify, red	ably 4 Unker re autopsy findin lieble prior to inpletion of cause eath?  Yes 2 No  Route Number,
nat Director: After this conflicate has been signed in by the funeral director, page 2 should be director. To Be Completed by Certification: To Be Completed by	25. W 9x 1[ 27. Me 2[ 31] 4  29a. (	as case referred to medical aminer? Yes 22 No anner of Deeth Netural 5 Pending investigation Could not be determined  Certifier Check only 2 Medicat Exam	Hospital:    28a. Dete of Injument	int 2 Ei	R/Outpetient 3 M 8b. Time of Injury M se, farm, street, fect	DOA Oth  28c. Injur Wor  1 tory, office  ed et the tir	26. Plece of Deer: 4 Nursing typet k? Yes 2 No ne, date and plecepinion, death occurrent.	24a. Was performed to the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only or To the seth	Yes 2 No  en eutopsy rmed?  Yes 2 No  one)  dence 8 Oth how injury occur  Street end Numb wn, Stete)  ceuse(s) and ma dete end pleca,  29d. Date signe	24b. Wer svai com of d 1	re autopsy findin lieble prior fo inpletion of cause eath?  Yes 2 No  Route Number, oted. the cause(s)
Funeral Director: After this certificate has been signed as the funeral director, page 2 should be diffical Certification: To Be Completed by	25. W 9x 1[ 27. Me 2[ 31] 4  29a. (	as case referred to medical aminer? Yes 21 No spiner of Deeth Netural 5 Pending investigation Accident investigation Suicide 6 Could not be determined Homicide  Certifier Check only 2 Medicat Examone)	Hospital:    28a. Dete of Injument	int 2 Ei	R/Outpetient 3 M 8b. Time of Injury M se, farm, street, fect	DOA Oth  28c. Injur Wor  1 tory, office  ed et the tir	26. Plece of Deer: 4□ Nursing to the state of the state and plece pinion, death occ	24a. Was performed to the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only or To the seth	Yes 2 No  en eutopsy rmed?  Yes 2 No  one)  dence 8 Oth how injury occur  Street end Numb wn, Stete)  ceuse(s) and ma dete end pleca,	24b. Wer svai com of d 1	re autopsy findin lieble prior fo inpletion of cause eath?  Yes 2 No  Route Number, oted. the cause(s)
Funeral Director: After this certificate has been signed as the funeral director, page 2 should be diffical Certification: To Be Completed by	25. W ex 1 [ 27. Me 2 ] 3 [ 4 ] 29a. (	as case referred to medical aminer? Yes 21 No spiner of Deeth Netural 5 Pending investigation Accident investigation Suicide 6 Could not be determined Homicide  Certifier Check only 2 Medicat Examone)	Hospital:  28a. Dete of Inju (Month, De)  28e. Pleca of Inju building, etc  yelclan: To the best of the basts of the end menner sta	int 2 Ei Ty Y Year) 2 Y Year) 2 Ury - At homo c. (Specify) of my knowli examination ted.	R/Outpetient 3 M. 18b. Time of Injury M. 18b. Arm., street, fect edge, death occurrence edg	DOA Oth  28c. Injur Wor  1 Oth  tory, office  ed et the tir ton, in my o	26. Plece of Deer: 4 Nursing typet k? Yes 2 No ne, date and plecepinion, death occurrent occurre	24a. Was performed at the time,	Yes 2 No  en eutopsy rmed?  Yes 2 No  one)  dence 8 Oth how injury occur  Street end Numb wn, Stete)  ceuse(s) and ma dete end pleca,  29d. Date signe	24b. Wer svai com of d 1	re autopsy findin lieble prior fo inpletion of cause eath?  Yes 2 No  Route Number, oted. the cause(s)

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene O Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** 02 20 1999 1720 Caryl Virginia Nash /Medical 4a Facility Name (If not institution, give street and number) 4b City Town or Location of Death 4c. County of Death Examiner Harford Memorial Hospital Harford Havre de Grace If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country)
 Ohio 5. Social Security Number 8. Date of Birth (Month, Day, Year) **Funeral** Days 1□ M 2XF Yrs. Director 284-18-7146 12/20/1921 Usual Residence of Decedent 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits or 28a-f show 1 XYes 2 No Director IV.D Havre de Grace Harford 10e. Street and Number 10f. Zin Code 10g. Citizen of What Country? itema 23a 415 South Market 21078 USA deeth Funeral 14. Race - American Indian, Black, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status flied within 72 hours after 1 ☐ Yes 2 💢 No If Yes, Give Year or Dates: 1 Never Married 2 Married altimore, Maryland 21215-0020 natural', or 1 Yes 2 XNo Specify: Specify: White à 3 ☐ Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b, Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filed will Department of Health and Mental hygien Important: if Item 27 ie marked other that eny Injury or other traumatic event, that page. 12th Factory Worker National Cash Register 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Joseph Calvin Stayer Dorothy Dunn 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 106 Center St. Milan, OH 44846 Terry Youngerman- Son 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 X Cremation 3 ☐ Removal from State 4 Donation 5 Other (Specify) R.A. Ferris & Co. Inc. 2/22/99 West Chester, PA 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Mitchell-Smith Funeral Home, P.A. 123 S. Washington, Havre de Grace, MD 21078 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, a bock or heart tailure. List only one cause on each line. Physician /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Pue Due to (or as a consequence of): physicien 68760 Physician/Medical the Due to (or as a consequence of): Box 987 23b. Did tobacco use contribute to the cause of death? significant conditions contributing to death but not resulting in the underlying cause given in Part I. o the signed by t d be detach 1 ☐ Yes 2 ☐ No 3 Probably Unknown ۵. Records, þ 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? Completed completion of cause of death? 1 🗌 Yes 1 ☐ Yes 2 ☐ No certificata Division of Vital or Attending Physician: 8 25. Was cas 26. Place of Death (Check only one) Hospital Other: 4 Nursing Home 5 Residence 2 DUN Inpatient 2 ER/Outpatient 3 DOA Certification: To 1[] Ye 6 ☐Other (Specify) this er of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred : After Natural 5 Pending 1 ☐ Yes 2 ☐ No death. 2 Accident investigation Director: 6 ☐ Could not be 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, efc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, State) 3 hours effer 4 Homicide To the Hospital or A within 24 hours effer To the Funeral Direct completely filled in by edical 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signptur 29d. Date signed (Month, Day, Year)

State Registrar

~

CARY

LRSH Z

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the most of the found of the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

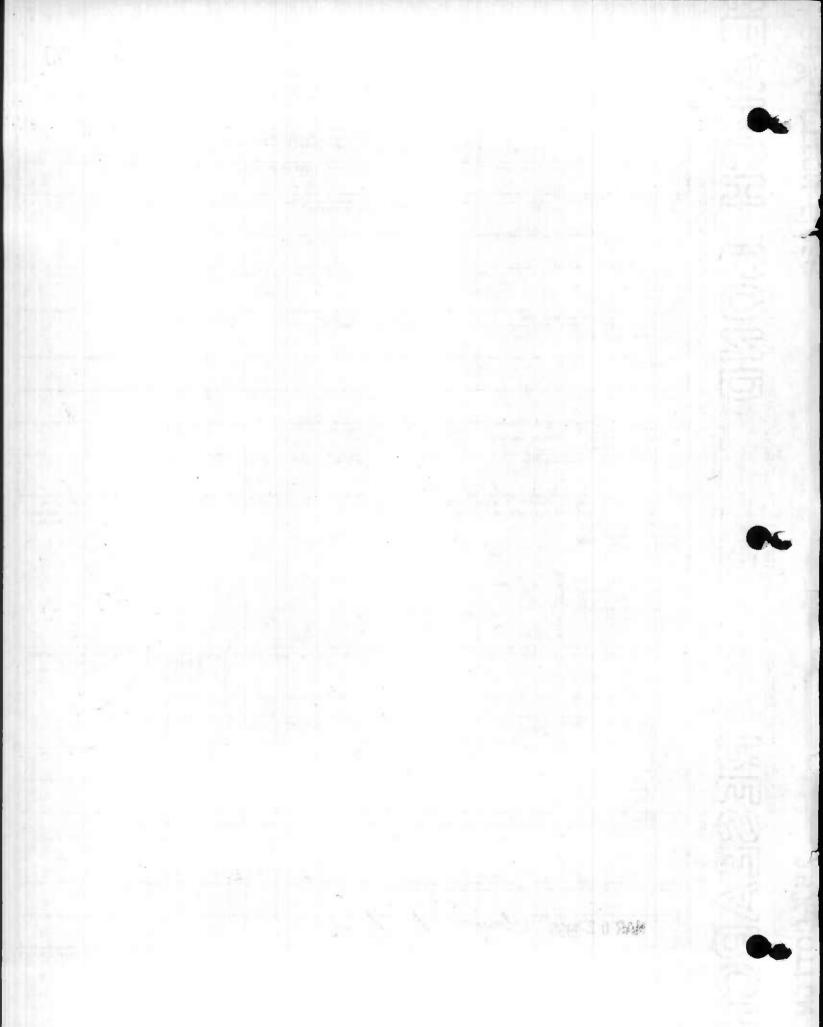
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAR		CERTIF	ICALE	OF DEATH		REG. NO.			
1 1.	DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH	3	TIME OF DEATH	
	M C					МОНТН	DAY	YEAR	1 20	
-	Mary Suzanne N	EVV.	(In yrs. lest birthday)	IF UNDER 1 Y			r 1, 199		1:30 a.m	
				7	EAR IF UNDER 24 HE AYS HOURS MIT	(4.4 ++		8. BIRTHPL Country)	ACE (State or Foreign	
	215-36-8539	1 🗆 M 2 🗆 🖔	RS. YRS.			Mar	31. 191	3 1	W.	
	215-36-8539  De. FACILITY NAME (If not institution, give stre	set and number)	-00	9b. CITY, TO	WN OR LOCATION O					
								Allegany		
2 F	Cumberland Nurs	ing Home		Cum	berland			ny		
	0a. STATE 10b. COUNTY		10c CIT	TY, TOWN OR L	OCATION				od. INSIDE CITY	
<u>=</u>	MD Allegany Cumberland									
A 1	0e. STREET AND NUMBER	9,000			10f. ZIP CODE		10g. C	TIZEN OF WH	AT COUNTRY?	
E	20 Manua Desista						7 7 9 9	TICA		
<u>تا ک</u>	30 Wempe Drive	44 444 00000000000000000000000000000000			21502			USA		
교 [ ]	Never Married 2   Married	12. WAS DECEDENT EVER FORCES? 1 YES		13. WAS	DECENDENT OF HIS	SPANIC ORIGIN? (! xlcan. Puerto Rica	Specify Yes or No in. etc.)	- 14. RACE Black, \	- American Indien, Vhita, etc.	
	Widowed 4 Divorced	IF YES, GIVE WAR OR			YES 2 NO SE		,	Specify:		
	Widowed 4 Divorced				Λ				white	
COMPLETED	15. DECEDENT'S EDUCA	ATION	18a. DECEDENT'S			16b. KI	ND OF BUSINESS/	INDUSTRY		
	(Specify only highest grade of		(Give kind of life. Do NOT u	work done durir ise retired.)	ng most of working					
7	Elementary/Secondary (0-12)	College (1-4 or 5+)					200			
È	79		Home	maker			Own Hom	e		
2 1	7. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First, Mide	de, Malden Surname	)		
					17/1	In Mani	a (Dl	lacon		
#   ₩	Charles Warni	-CK	404 4444	10000000			a (Plumn			
9			19b. MAILING	AUUHESS (S)	treet and Number or Ru	ural Houte Number,	City or Town, State,	Zip Code)		
	Pa. METHOD OF DISPOSITION	buchand	30 147	empe D	rive Cumb	perland	MD 2150	2		
2	Pa. METHOO OF DISPOSITION	20	b. PLACE AND DATE			OATE	20c. LOCATION		State	
	Burial 2 Cremation 3 Ramon	val from State co	metery, crematory or o							
H			St. Mar	y's Ce	ME AND ADDRESS OF		03 Cumb	erland	MD	
2	1. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	141	22. NAI	ME AND ADDRESS OF	FFACILITY				
	Dylin halp	1 /MA	001/-	S	carpelli	Funeral	Home, I	P.A.		
	TUL' MUYON	12 11111	uessa.	C	umborland	MD 215	02			
2	23. PART I. Enter the diseases, or co	implications that cause	of the death. Do	not enter the	e mode of dying,	such as cerdie	or respiratory	arrest,	Approximata	
	shock, or heart fellure. L	lat only one cause on	each line.						Interval Batween	
	IMMEDIATE CAUSE (Final disease or condition	0	7	i)					Onset and Death	
	reaulting in death)	Coronano DUE TO (OR AS	order	7/ 17	sease				(ADD - 5 AN)	
		DUE TO (OR AS	A CONSEQUENCE O	);						
- 1										
	Sequentially list conditions, b.	DIJE TO JOB AS	A CONSEQUENCE O	IE)					1	
	if any, leading to immediate	של ויס (סוו אס	A CONTOCOUCHOE O							
S   S	CAUSE (Disease or Injury									
<u> </u>	that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):						
E   '	resulting in death) LAST									
8 .	a.									
	PART II. Other algnificant conditions	contributing to death	but not reaulting	in the under	riying cause given	in Part i. 24	Ia, WAS AN AUTOPS	24b. W	ERE AUTOPSY FINDINGS	
EDICAL	Cerebrovanul	A .	did				PERFORMEO?	A	WAILABLE PRIOR TO	
בֿ	Ceren vo van en	- /I-U(	- Carre			1	TYES 2 NO		OMPLETION OF CAUSE F DEATH?	
									YES 2 NO	
Σ.										
-										
5   2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. PLACE OF DEATH	(Check only one)				
PHYSICIAN:		1 Inpetient 2 ER/Ou	tpetient 3 DOA	OTHER:	Home 5 Resider	nca 6 🗆 Other (S	Specify)			
F 2	7. MANNER OF DEATH	28e. DATE OF INJURY			c. INJURY AT		IBE HOW INJURY	OCCUPED		
Σ .	Natural 5 Pending	(Month, Day, Year)		JURY	WORK?	1 2 20 100	IBC NOW INJUNI	DCCURED		
6	2 Accident Investigation			M 1	YES 2 NO					
	3 Suicide 6 Could not be	28a. PLACE OF INJUR	Y — Al home, farm,	street, factory,	, offica	281. LOCATE	ON (Street and Num	ber or Rural Rou	rte Number,	
ű	4 Homicide detarmined	building, etc. (Sp	өспу)			City or	Town, State)			
<u> </u>										
년   21 21	9a. CERTIFIER CERTIFYING PHYSIC	IAN: To the best of my kno	wledge, death occur	red at the time.	, data and place, and	due to the cause	(a) and manner ea	rtated.		
3	one) 2 MEDICAL EXAMINER								nd manner as stated	
™ COMPLEIED				ar any opini	, death occured at	time, bate an	- Prace, and dua to	o me cause(a) a	THE THERMOS BE STATED.	
	96. SIGNATURE AND TITLE OF CERTIFIER	A			29c. LICENSE	NUMBER	29d. C	ATE SIGNEO (A	fonth, Day, Year)	
2	7/1	Am			D-	33280		Maril	2,1959	
	0. NAME AND ADDRESS OF PERSON WHO	ACMON ESSES				, -00		marce	/ ( / 7 /	
30	_ //									
		upta 625	Kent A	venue	Cumber	land M	D 2150	2		
31		32. AGUSTRADIS GIO	NATURE 43	3	-					
	MAR 02 1999	And the second	fal.	ALTONO.	la de la constante de la const					
10	****	1.6	E	ATT .	•					



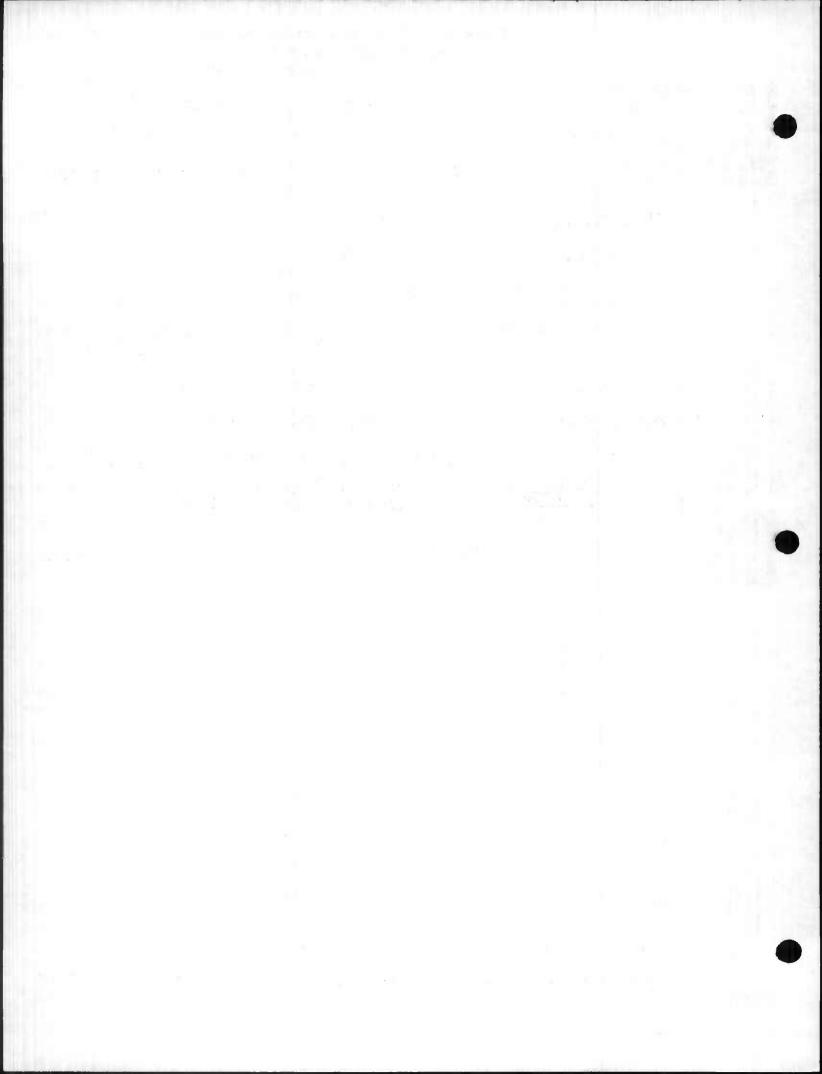
Thes



### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

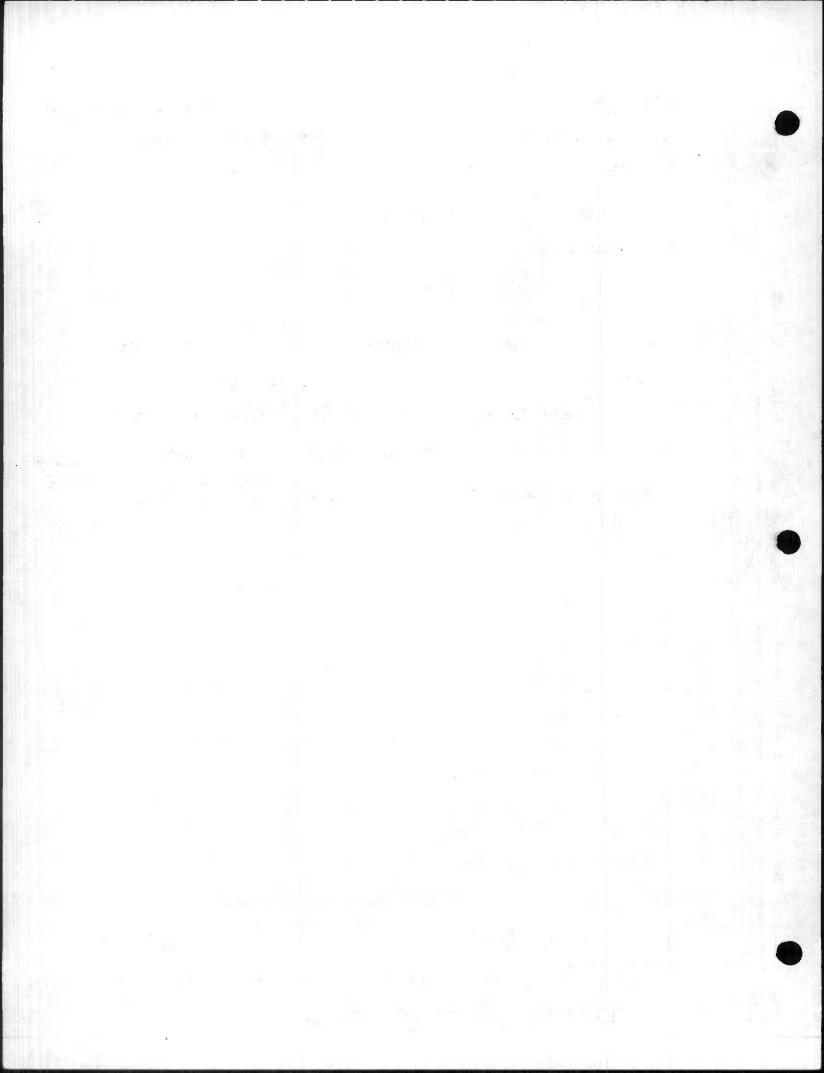
December Name Print Mother, Lard   State   December   State					Oldio of Ma	Ce	rtificate of		, ,	eg. No. 99	0.7	746
As facility flower filtron betaffichs, play some set number)  1007 Dones of the set of t		Physic	ian		f)						Yeer 3	
FUNDED TO TO TO TO THE Drive   Fig. 50c.   Fig. 10c.		/Medi	cal			P	urcell					.:15 AM
168-14-71.66   1/3		Examiı	ner		· · · · · · · · · · · · · · · · · · ·				ocation of Deeth			
100. Store   100. The County   100. County				168-14-7166					8. Dete of Birth (Month, Dey, MAY 27,	Year) 1921	Country)	
SAMES F. PURCELL   VERONICA M. BECHTEL   V		Pwo				10c. City, Town or Lo	ocation				10d.	Inside City Limits
SAMES F. PURCELL   VERONICA M. BECHTEL   V		Meny		MARYLAND CHARLES		WALDOF	RF					1 ☐ Yas 2X No
SAMES F. PURCELL   VERONICA M. BECHTEL   V		or 28	Sire	10e. Street and Number			10f. Zip Code		1	0g. Citizen of V	het Country?	1
SAMES F. PURCELL   VERONICA M. BECHTEL   V		ath w	ral	1007 DORSET DRIVE								
SAMES F. PURCELL   VERONICA M. BECHTEL   V	0050	urs efter des al', or Itema Examiner m		1 Navar Married 2 Married	Armed Forces?	° U.S.ARMY 943-1946	rer in U.S. 13. Was Decedent of Hispenic Origin? (Specify Yes or if Yas, specify Cuban, Maxican, Puerto Rican, atc.)  U.S. ARMY  1   Yes   2   No   Specify:					
SAMES F. PURCELL   VERONICA M. BECHTEL   V	5-	netu den	etec	15. Decedent's Ed (Specify only highast gred	ucetion de completed)	16a. Dece (Give	dent's Usuei Occu kind of work done	pation during most of work	king	16b. Kind of Bu	siness/Indust	TUE
SAMES F. PURCELL   VERONICA M. BECHTEL   V	12	withir and than	dE		College (1-4or 5+	SHBXI)	AL EQUIF	MENT				
20. Membro of Disposition Nember of Commence of Commen	9		CO			SPECIA	4L121					
20. Membro of Disposition Nember of Commence of Commen	lan	fental fental rked tic ev	OB	JAMES F. PURCELL				VERONICA	A M. BECI	HTEL		
20. Membro of Disposition Nember of Commence of Commen	lan	2000									Stete, Zip Co	de)
Description   Control		ローマー			/SON			A DRIVE, I				
Physician Afficial Examiner  23e Part Inter that disease or complications that especially a service and process of	imore	Pages 1 ment of H ant: If iten ury or ott		1 ☐ Buriel 2 🕻 Cremetion 3 ☐	Ramovel from Stete	cemetery, cret	matory or other ple	,	Dete 02/28/199	ALEXA	ANDRÍA INIA	Stete 9
Physician Physician (Medical Examiner)    Physician Phys	Dall	Dependit Depend Import any inj		AL FAS	ul	T	HE HUNTT	ess of Fecility FUNERAL I	HOME, IN	C., P.O		156,
Immediate Gauss (Final resulting in death)    Due to (or se a consequence of):   Due t				23e. Part1. Enter tha diseese, or comp shock, or heart feilure. List only of	lications that ceused t	the death. Do not ant	er the mode of dy	ing, such es cardiac	or raspiratory arra	ist,	Ap	proximata ervel Between
Due to (or es e consequence of):    Due to (or es e consequence of):				Immediate Causa /Finai								
Due to (or es e consequence of):  Due to			E	disaase or condition	0.					-	1	CONTH.
Cause (Disease or Injury treatment of the County of the Co			Jer				quence of):	Ωα			į	
Cause (Disease or Injury treatment of the County of the Co		cuted nd transit	amli	Saquentielly list conditions,			quance of):	7 7 1				
De company of the control of the con	Ď,	oe exe		if eny, leeding to Immadiate ceuse. Enter UnderlyIng Cause (Disease or Injury							i	
Description of the complete of	200	physic the t	dice	thet initieted events	D	ua to (or as a conseq	uence of):					
246. Wes en eutopsy performed?  246. Wes en eutopsy performed?  247. Wes en eutopsy performed?  248. Wes en eutopsy performed?  249. Wes en eutopsy performed?  240. Wes en eutopsy performed?  240. Wes en eutopsy performed?  240. Wes en eutopsy performed?  241. Wes en eutopsy performed?  242. Wes en eutopsy performed?  243. Wes en eutopsy performed?  244. Wes en eutopsy performed?  255. Wes cose referred to medical axeminar?  1	X	= 200	√Me		d							
246. Wes en eutopsy performed?  246. Wes en eutopsy performed?  247. Wes en eutopsy performed?  248. Wes en eutopsy performed?  258. Wes cese referred to medical axeminar?  1   Yes   2   No   1   Yes   2		d for u	iciar	Part II Other elgoideent conditions co	stellauting to donth but	t not requising in the	ndadilina agusa ai	iven in Part I	20h Distan	h	Adhia a ah	
246. Wes en eutopsy performed?  246. Wes en eutopsy performed?  247. Wes en eutopsy performed?  248. Wes en eutopsy performed?  249. Wes en eutopsy performed?  240. Wes en eutopsy performed?  250. Wes cese referred to medical axeminar?  1   Yes   2   No   1	5	t the c by the	hys	reitii. Olilei signincant conditione co	itributing to death but	t not resulting in the u	ndenying ceuse gi	ven in Pert I.				
25. Wes cese referred to medical axeminar?  1		gned be de								20110		,
25. Wes cese referred to medical axeminar?  1	Scora	sw require s been si 2 should							24e. Wes e perform	n eutopsy ned?	aveilal	ble prior to etion of cause
25. Wes case referred to medical axeminar?    26. Place of Deeth (Check only one)		0 - 0	E						1 □ Ye	s 20 No	1 🗆 Ya	as 2 No
Very   Very	12	lan: ortifice ctor, p						26. Plece of Dee	th (Check only on	e)		
Second   S	5	G S	ဥ	1 Yes 2 No	1 LI Inpatient		IL SEL DON	her: 4 Nursing H	ome 5 Resida	nce 6 Othe	or (Specify)	
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)  Mahadevappa Hunasikatti, Md Cenna Medical Center 7C Post Office Rd Waldorf MD20602		ling P	iuo!	1 Neturel 5 ☐ Pending	28e. Date of Injury (Month, Dey		Wo	ork?	28d. Describe ho	w injury occurr	ed	
30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)  Mahadevappa Hunasikatti, Md Cenna Medical Center 7C Post Office Rd Waldorf MD20602	20	deeth deeth ctor: /	Icat	3 ☐ Sulcide 6 ☐ Could not be	28e Piece of Injur	ny - At home farm etr		Tes 2 PONO	28f Location (St	reet and Numb	er or Rural Ro	nuta Number
30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)  Mahadevappa Hunasikatti, Md Cenna Medical Center 7C Post Office Rd Waldorf MD20602	2	offer effer Direct	ertil	4 Homicide determined	building, etc.	(Specify)	eet, lectory, offica				or ribiarri	iota recitiber,
30. Name end eddress of person who completed ceuse of deeth (Item 23a) (Type, Print)  Mahadevappa Hunasikatti, Md Cenna Medical Center 7C Post Office Rd Waldorf MD20602		24 hours 24 hours Funeral etely fille		(Check only 21 Medical Exam	ner: On the basis of e	exeminetion end/or in	occurred et the tivestigation, in my	ime, date end place, opinion, deeth occur	end due to the ca red et the time, da	use(s) end me ate end plece, a	nner es stete and due to the	d. ceuse(s)
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)  Mahadevappa Hunasikatti, Md Cenna Medical Center 7C Post Office Rd Waldorf MD20602		ro the		29b. Signeture end title of certifier			29c. Licen	se number	2:	9d. Dete signed	(Month, Dey	, Year)
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)  Mahadevappa Hunasikatti, Md Cenna Medical Center 7C Post Office Rd Waldorf MD20602				M. Hu	nasik	-01 11	D-45	642	7	1/24/49		
31, Date filed (Month, Day, Year) 32, Begittrer's Stoneture				30. Neme end eddress of person who o	ompleted ceuse of dee		Print)					
State 31. Date filed (Month, Day, Year) 32. Registrer's Signeture					.katti,Md (	Cenna Medi	cal Cent	er 7C Pos	t Office	Rd Wal	dorf N	1D20602
						's Signeture	1					



# Please Type or Print in Black indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene O

			Decedent's Neme (First,	Middle			Certificate		Death		Reg. No.	U	141
	Physic			ırks	ast)					2. Dete of De Month	Dey 20	Yeer 1999	3. Time of Deeth 5:35am
0	/Medi Exami		4e. Fecility Neme (If not ins Future Care			er)			4b. City, Town, or Lo Randallsto	cation of Deeth		of Deeth	3:35am
	Funeral Director	1	5. Social Security Number 218–52–3372	6.		Age (In yrs. lest bir 75	thdey) If Under 1 Months	Year Deys	If Under 24 Hrs. Hours Min.	8. Dete of Birt (Month, De March	18 1923		ce (Stete or Foreign
	Maryland -f ahow		Usuel Residence of Deced			10c. City, Town	or Location						
				roll		Sykesv						100	Inside City Limits  1 ☐ Yes 2 ☑ No
	DENLIMOYE, MISTYISHIG Z1Z15-UUZU  pormit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of health and Martial Hygiene. Department of health and Martial Hygiene. Beginner 23 so or 28-1 show any injury or other traumatic event, the Moderal Evantment must be notified at once.	ai Direc	10e. Street end Number 551 Schoolho	use I	Road		10f. Zip C	ode 78	4		10g. Citizen of Whet Country? USA		
21215-0020		by Funeral Director	11. Marital Status 1 Never Married 2 □ 3 □ Widowed 4 □ Div		12. Was Decede Armed Force 1X Yes 2 [ If Yes, Give Year or Date	s? 1942-	13. Was Deceder		lispenic Origin? (Spe an, Mexican, Puerto i Specify:	ecify Yes or No- Rican, etc.)	14. Race Blec Specify	ace - American Indien, eck, White, etc. ify: black	
15-0	natur	Completed			ducation rade completed)	16a.	Decedent's Usuel (Give kind of work	one o	etion during most of workii d)	ng	16b. Kind of Bu	siness/Indu	itry
212	within iena.	dmc	Elementary/Secondery (0	-12)	College (1-4d	or 5+) 1.	iife. DO NOT use andscaper	retired	1)		horticu	lture	
	other other	e C	17. Fether's Neme (First, M	ddie, Las	t)				18. Mother's Name		Maiden Surnam	ө)	
ylai	should be filed within and Manta! Hygiena.  marked other than umatic event, tra M.	To Be	Willis Parks						Beulah Ga	aither			
, Maryland	es 1 and 2 sho of Health and I Item 27 is me r other traum		19e. Informent's Name/Rel Bessie A. Ga	etionship SSAWa	(Type, Print) ay (friend	196.	Mailing Address (S 51 School	hou	end Number or Rura use Rd. Sy	Route Numberkesvil	r, City or Town, Le, Md 2	State, Zip C.	ode)
Baltimore,	permit. Pages 1 and Department of Health important: if Item 27 any injury or other to bocs.		20e. Method of Disposition 1 XBuriai 2 ☐ Crem 4 ☐ Donetion 5 ☐ Otl			20b. Pleca of cemeter. White	e) 2-	Dete -23-99	20c. Location - Sykesvil				
Balt	permit. Pag Department Important: if any injury o		21. Signature of Funerel Se		nsee Herber	<b>t</b>	22. Neme end		ss of Fecility Hai 95 Sykesvi	ght Fur	neral Ho	me & (	Chapel
			23e. Pert1. Enter the disee shock, or heart failure	se, or con	nplicetions that caus	ed the deeth. Do n							oproximete tervel Between
	Physician /Medical Examiner	er	Immediate Cause (Finel disease or condition resulting in death)		e. A		0		monia GCU del			0	days
	Suted	Examiner	Sequentially list conditions	•	b	Due to (or es e c		re	a Cuder	4		A	eres
68760,	rificata be axecuted ng physician and t as the burial-transit	Medical Ex	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Last	C									
Box 6	E 0 0	an/Mec	d										
j.	it the dea by the at tached fo	Physician/	Pert II. Other eignificant co	nditions	contributing to deeth	but not resulting in	the underlying ceu	e giv	en in Pert I.	23b. Did t	obacco uee con	tributa to th	e cause of death?
Ţ	es that the	þ	deu	biti						1 Yes 2 No 3 Probably 4 Un			Unknown
of Vital Records,	The law requires that the death ca sta has been signed by the attendit paga 2 should be detached for use	Completed								24a. Wes e perfor	en eutopsy med?	eveile	autopsy findings ble prior to letion of cause oth?
r m		Соп								1 □ Y	es No	1 □ Y	es 200 No
VII.	Physician: Th this certificata trai director, par	o Be	25. Wes case referred to m exeminer?	dical	Hospitel:			Othe	26. Plece of Deeth				
on or	ding Phys h. Aftar this funarai d	-		ending vestigetio	28e. Dete of In (Month, D			Injury Work	Nursing Hon		enca 6 Othe ow injury occurre		
DIVISION	af or Attending Pt s aftar daath. ii Director: Aftar th ed in by tha funara	Certification:	3 Suicide 6 C	ould not be termined		njury - At home, fen etc. (Specify)				81. Location (S City or Tow	treet end Numbe n, Stete)	er or Rurai R	oute Number,
	To the Hospital or within 24 hours afte To the Funeral Dir complataly filled In	edicai C	29a. Certifler (Check only one)	tifying Ph Ical Exam	nysician: To the best miner: On the bests end menner:	of exeminetion end	deeth occurred et to	ne tim	ne, dete end plece, e pinion, deeth occurre	nd due to the c	ause(s) and mer lete end place, e	nner es stete nd due to th	d. e cause(s)
	To th withir To th comp	Me	29b. Signeture end title of 5	Type Co	zihlu	D		D:	32158		9d. Dete signed	2/99	
			30. Neme and eddress of p	son who	completed cause of	death (Item 23e) (T	Type, Print) N. Ewla	W	St, Suite	407	Baltin	wee s	702/201
	Sta Registr		31. Dete filed (Month, Dey,			trer's Signeture	G. So	21 4	61				



Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month Henry Edward Polo 02 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Dorchester General Hospital Cambridge Dorchester 6. Sex 10 M 2 F 5. Social Security Number 7. Age (In yrs. lest birthdey) If Under 1 Year | If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) Feb. 17, 1925 9. Birthplace (Stete or Foreign Days Onio 295-14-8188 74 Yrs. Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits Maryland Dorchester 1 Yes 24 No Taylors Island 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 530 Hoopers Neck Rd. 21669 U.S.A. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: Specify 3 Widowed 4 Divorced WWII White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Nuclear Engineer Nuclear Science 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Francis Polakiewicz Frances Trzeinski 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Peggy Ann Turner/Niece P.O. Box 236, Taylors Island, MD 21669 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Buriai 2 Cremetion 3 Removel from State 4 Donation 5 Other (Specify) Cambridge Crematory 2-27-99 Cambridge, MD ature of Funeral Service Licenses 22. Name and Address of Facility Curran-Bromwell Funeral Home, P.A. 308 High St., Cambridge, MD 21613 complications that ceused the death. Do not enter the mode of dylng, such es cerdiac or respiratory arrest, only one cause on each line. Approximate Intervel Between Onset and Death Immediate Cause (Final neumonia diseese or condition resulting in death) Due to (or as a consequence of) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of 11001 Failvie Due to (or as a consequence of) Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings eveileble prior to completion of cause of death? 24a. Was an eutopsy performed? 1 Yes 2 No arcinoid 1 Yes 2 No 25. Was cese referred to medical examiner? 26. Place of Death (Check only one) Hospitai: 2 ER/Outpatient 3 DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28a. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Describe how injury occurred 1 Naturel 2 Accident 5 Pending investigation 1 Yes 2 No 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours state death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be deteched for use as the burnal-transit P.O. Box 68760, Records, Division of Vital

**Physician** 

/Medical

Examiner

**Funeral** 

Director

28a-f show

Items 23a or must be

b

'nstursf'

Hygiene.

Important: If Item 27 is uny injury or other Im-Health

**Physician** /Medical

**Examiner** 

Examiner

Physician/Medical

Completed by

Be

Certification: To

Medical

2 and Mental marked

Pages 1 and 2 should

Saltimore, Maryland 21215-0020

Director

by

Completed

27. Menner of Deeth

4 - Homicide

Location (Street end Number or Rural Route Number, City or Town, State)

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signeture and title of certifier

29a. Certifier

29c. License number

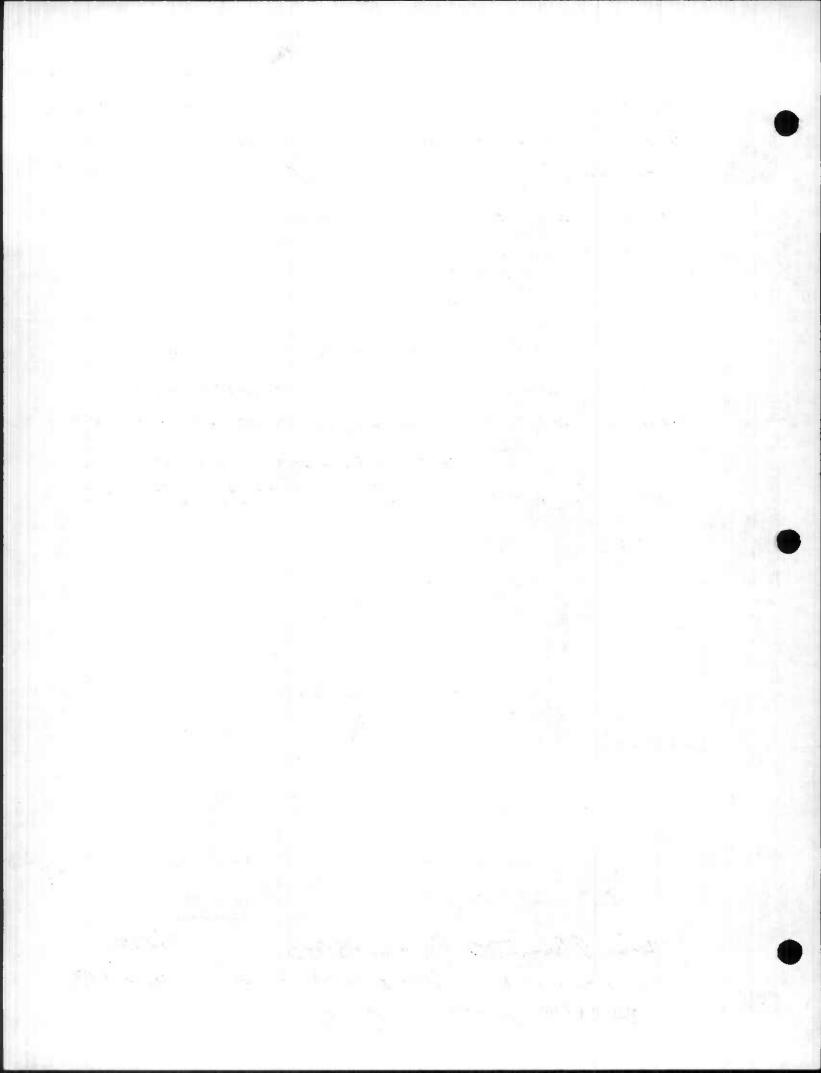
29d. Date signed (Month, Dey, Year)

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) Newnier

Cambridge,

State Registrar

31. Defe filed (Month, Dey, Year) MAR 0 1 1999 32. Registrar's Signeture



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death . Middle, Last) 2. Dete of Death 1. Decedent's Nert. February 1/112 DAVID PHILIP PORTERFIELD 17,1999 4b. City, Town, or Location of Death 4a Facility Nema (If not institution, give street end number) WICOMICO PENINSULA REGIONAL MEDICAL CENTER SALISBURY if Under 1 Yeer If Undar 24 Hrs. Birthplaca (Stata or Foreign Country) Social Sacurity Number 7. Aga (In yrs. lest birthdey) 8. Data of Birth (Month, Dey, Year) Deys 1☑ M 2□ F 578-01-5647 November 17,1915 Indiana 83 Usual Residence of Decedent 10e. Stete 10c. City, Town or Location 10d. Inside City Limits 10b. County 1 Yes 2 No Maryland Wicomico Salisbury 10g. Citizen of Whet Country? 10e. Street end Number 10f. Zip Code 223 North Blvd. 21801 USA 12. Wes Decedant Evar in U,S. Armed Forcas? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, atc.) 14. Rece - American Indien. 11. Meritai Stetus Bleck, White, etc. 1 X Yes 2 No If Yes, Give Z Yaar or Dates: 7 1 ☐ Never Married 2 ☐ Merried 1 ☐ Yes 2 🔀 No Specify: White Army 3 X Widowed 4 ☐ Divorced WW II 15. Decedent's Education (Specify only highest grada completed) 16a. Decedent's Usuel Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Executive Manager Printing Co. 12 17. Fethar's Neme (First, Middla, Last) 18. Mother's Nema (First, Middle, Maiden Sumeme) David Philip Porterfield Sr. Margaret Caroline Curtis 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) Kathleen P. Joyner/Daughter 223 North Blvd., Salisbury, MD 21804 20b. Plece of Disposition (Nema of cemetery, cremetory or other place) 20e. Method of Disposition Data 20c. Location - City or Town, Steta 1 Buriel 2 Cremetion 3 Removel from Stete 4 Donetion 5 Other (Specify) 2/18/99 Salisbury, MD Salisbury Crematory 22. Name and Address of Fecility 21. Sign fund of Funeral Service Licensee MOIOS Holloway Funeral Home Porfessional Association 23a. Pert1. Enter the disease, or complications that leaused the deeth. Do not enter the mode of dylng, such as cerdiac or respiratory errest, shock, or heart feiture. List only one cause on each line. 501 Snow Hill Rd., Salisbury, MD 21804 Approximete Intervel Between Onset and Daath Immediate Cause (Finel disease or condition resulting in deeth) RNA Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest consequance of). Dua to (or as a consaquance d): Ola Pert II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 ZANo 3 Probably 4 Unknown 24b. Were eutopsy findings aveilable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 20 No 1 ☐ Yes 2 ☐ No 25. Wes cese refarred to medicel examiner? 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas No 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 5 Pending investigation 1 Neturel 1 TYes 2 No 2 Accidant 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 28e. Piece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide

Examiner certificete be executed Physiclan/Medical signed by Division of Vital Records, by 8 Completed hes Be L<sub>o</sub>L

the ettending physician and hed for use as the burial-transit funeral

**Physician** 

/Medical

Examiner

Director

Funeral

þ

Completed

**Funeral** 

Director

17 is marked other than "natural", or Items 23a or 28a-f show traumatic avent, the Medical Examinar must be notified at

and Mental Hygiene.

Department of Health Important: If item 27

**Physician** 

/Medical Examiner

any injury

Peges 1

should be

auid Porter Field - SJ# 578-01-5

filed within 72 hours after death with the Merylend

Certification: al or Attending F effer death. 6 To the Hospital within 24 hours To the Funeral C edical 5 pmd

Registrar

29e. Certifier

(Check only one)

29b. Signeture end title of certifian

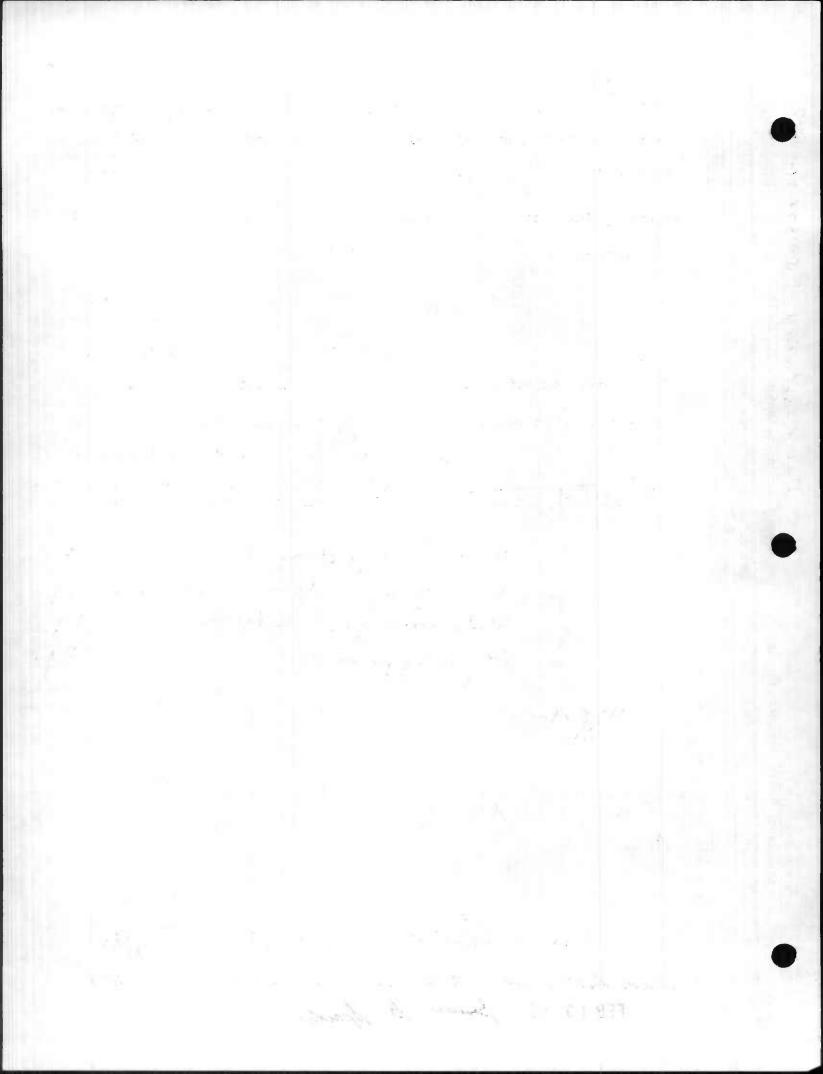
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Detą signed (Month, Day, Year)

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

SALISBUM 1.0 E. SHOPE Badros, 8/3/5 01. Noseph

Day, Year) FEB 1 9 1999 32. Registrer's Signeture

Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, and due to the ceuse(s) end menner es steted.

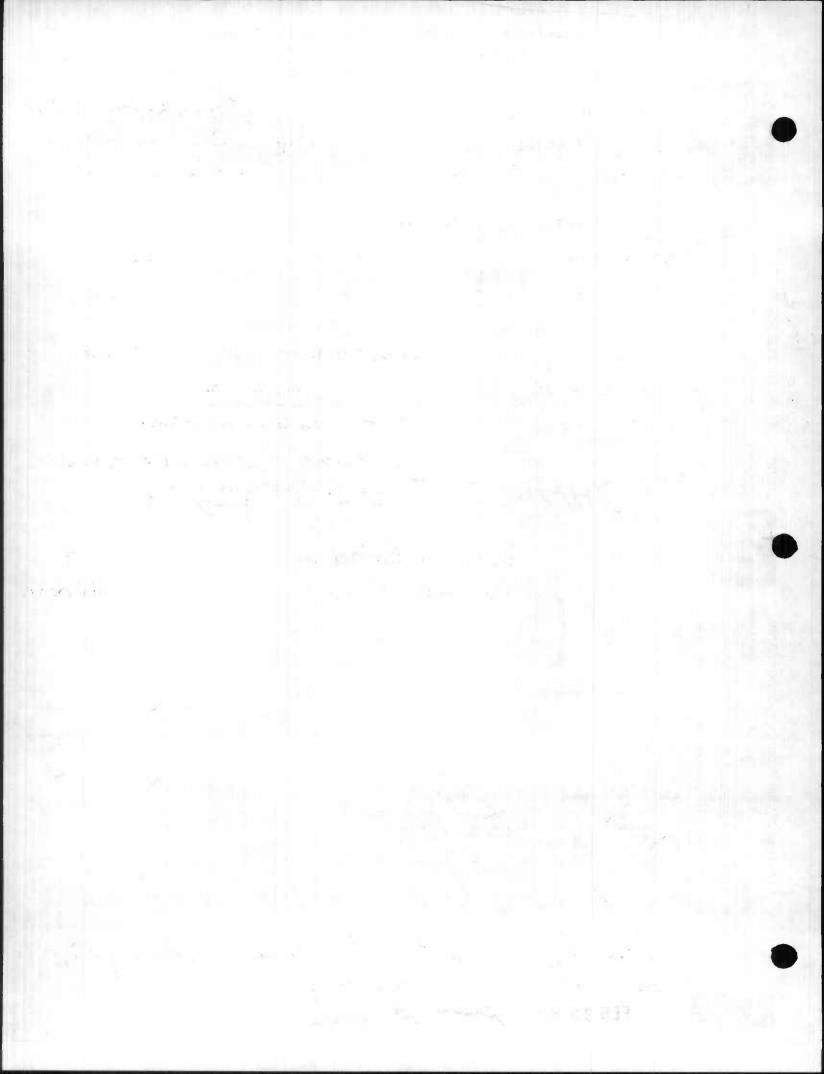


Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2 Date of Death 3. Tima of Death Month **Physician** 3:35 pm February 20, 1999 ation of Death / 4c. County of Death Susie Price /Medical 4b. City, Town, or Location of Death 4a Facility Nama (If not institution, giva streat end number) Examiner Julimore Il Under 24 Hrs. 8. Baltimore City Hospital Sax City DING 8. Data of Birth (Month, Day, Year) Birthplace (State or Foreign Country)
 MD Social Security Number 7. Age (In yrs. lest birthday) **Funeral** Months Days Hours Min. 1 ☐ M 2 🔀 F Yrs. 63 10,1935 April **Director** 218-30-1497 Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits itam 27 is marked other than "natural", or itema 23a or 28a-f ahow other traumatic event, tra Medical Examinar must be motified at 1 ☐ Yas 2 X No Director Wicomico Salisbury 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 607 Cook Drive 21801 U.S. 1 and 2 should be filled within 72 hours after death. Health and Mental Hygiana. 8m 27 is marked other than "natural", or flema 23 Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14 Race - Amarican Indian 11. Maritai Status Black, White, atc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☑ No If Yes, Giva Year or Dates: Specify: Black 1 Yes 2X No Specify: þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Dacedent's Education (Specify only highest grede completed) Elamantary/Secondary (0-12) College (1-4or 5+) Healthcare Physical Therapist Assistant 12th 18. Mother's Name (First, Middle, Maiden Sumema) 17. Fathar'a Nama (First, Middla, Last) Be Mary E. Cornish John T. Elzey, Sr. 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Ralationship (Type, Print) Pages 1 and 2 ment of Health a ant: If Itam 27 is ury or other trai 607 Cook Drive, Salisbury, MD 21801 Angus Price/husband altimore. 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetary, crametory or other place) 20c. Location - City or Town, Stata Date 1 DeBurial 2 Cremation 3 Removal from Stata Department of Important: If any Injury or 4 Donation 5 Qthar (Specify) Green Acres Mem Park 2/27/99 | Salisbury, MD 21801 21. Signature of Funeral Sarvice Licenson 22. Name and Address of Facility Lewis N. Watson Funeral Home 1618 West Rd., Salisbury, MD 21801 23a. Part1\_Enter the disease, or complications that caused the death. Do not enter the moda of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one causa on each lina. Approximate Intervai Between Onset and Death **Physician** Immediata Cause (Final disease or condition resulting in death) /Medical Monar. Examiner Dua to (of as a consequence oi): Examiner uncreatic physician and s the burial-transit that the death certificate be executed Sequentially list conditions, If any, leading to immediata ceuse. Entar Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence oi) P.O. Box 68760. Physician/Medical Due to (or as a consequence oi): USB BS ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by to 2 No 3 Probably 4 Unknown 1 Yee Division of Vital Records. þ 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? Completed completion of cause of death? paga 2 s SEL 1 Yes 2 No certificate Hospital or Attending Physician: director. 25. Was case raierred to medical examiner? 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No To Tolopatient 2 ER/Outpatient 3 □ DOA After this funeral 28a. Bata of fnjury (Month, Dey Year) 28b. Tima of 28d. Dascribe how injury occurred Certification: 27. Manper of Daath 28c. Injury at Work? Naturai 2 Accident 5 Pending 1 Tyes 2 No 24 hours after death.

Funeral Director: Al invastigation 6 Could not be datarmined 3 Suicide 28a. Place of Injury - At homa, farm, straat, factory, office building, etc. (Specify) 28l. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicida Certifying Physicien: To the best of my knowledge, daath occurred at tha tima, date and place, and due to the cause(s) and mannar as stated.

Medicaf Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical completely (Check only one) within 2 To the 29b. Signature and rate of certili-29c. Licansa number 29d. Date signed (Month, Day, Year) Tern ne and address of person who complated cause of death (Item 23a) (Type, Print) Mark DIMAI 31. Data filad (Month, Day, Year) 32. Registrar's Signature FEB 23 1999 Registrar

DHMH 16 Rev 6/95



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene S Certificate of Death ROBERT RAMSAY\_RICHARDSON, 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month RICHAMOSON ROBERT RAMSAY SR 09=21 Am FUB 1999 20 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death HOSPITAL HARFOND FALLSTON GEN FALLSTON If Undar 24 Hrs. 8. Data of Birth Hours Min. (Month, Day, Year) 5. Social Security Number If Undar 1 Yaar Birthplace (Stata or Foreign Country) 6. Sex 7. Aga (In yrs. last birthday) Days 10XM 2□ F 263-16-8165 88 11/26/1910 Maryland Usual Rasidance of Decedent 10a. Stata 10b. County 10c. City, Town or Location 10d. insida City Limits 1 ☐ Yas 2 X No Harford Street 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 3537 Emory Church Road 21154 United States 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian. Biack, White, atc. 1 ☐ Yas 2 XNo If Yas, Giva Yaar or Datas: 1 Never Married 2 Married 1 Yas 2 X No Spacify: Specify: 3 Widowed 4 Divorced White 16a. Decedent's Usuai Occupation 15. Decedent's Education 16b. Kind of Business/Industry (Giva kind of work dona during most of working lifa. DO NOT usa ratired) (Specify only highast grada complated) Eiamantary/Secondary (0-12) Collega (1-4or 5+) Farmer Dairy 12 17. Fether's Neme (First, Middla, Last) 18. Mother's Nama (First, Middla, Maidan Sumame) Charles B. Richardson Grace Ramsay 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Helen L. Richardson - Wife 3537 Emory Church Road, Street, MD 21154 20b. Piace of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Slata 20a. Malhod of Disposition Data 1 █ Buriai 2 ☐ Cramation 3 ☐ Ramovai from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Highland Cemetery 2/23 Street, MD 21. Signum Funerai Sarvice Licensee 22. Nama and Addrass of Facility Harkins Funeral Home, Inc., Delta, PA 1. Effar tha diseasa, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, ck, or heart failure. List only ona causa on aach lina. Interval Batwaan Onset and Deeth Immediata Ceusa (Final ASCUD disaasa or condition rasulting in daath) Dua to (or as a consequence of): Dua to (or as a consaguance of): Dua to (or as a consequence of). Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No

**Physician** /Medical Examiner Examiner

physician and the burial-transit

USB as

signed by the ald be detached for

page 2

director.

certificate

this funeral

After

after death.

24 hours a

To the Hospi within 24 hou To the Funer completely file

Physician/Medical

g

Completed

Be

Certification: To

edicai

that the death certificate be executed

Box 68760,

Records,

Division of Vital

Hospital or Attending Physician:

0

**Physician** 

/Medical

Examiner

Directo

Funeral

þ

Completed

MD

**Funeral** 

Director

"natural", or items 23s or

r than "nature

the Marylend

death with

72 hours after

filed within

Hygiene.

Pegas 1 and 2 should be nent of Haalth and Mental

Baltimore,

Haalth om 27 i

item 2

Department c important: If any injury or

0

120

chands

Sequantially list conditions, if any, laading to immadiate cause. Enter Underlying Causa (Disaasa or injury that initiated avents rasulting in daath) Last

TRANSITIONAL CELL CA BLADDER

24a. Was an autopsy

1 Yas 2 No

24b. Wara autopsy findings available prior to complation of cause of death?

26. Place of Daath (Chack only ona)

1 ☐ Yas 2M No

25.	Wes case axaminer?		medicei
27.	Mannar of	5[	Panding

5 Panding investigation 6 Could not ba 28a. Data of Injury (Month, Day Year) NA

28b. Time of NA

DME

1 Inpatient 2 ER/Outpatient 3 DOA

28a. Place of injury - At homa, farm, straat, factory, office building, etc. (Specify)

28c. injury at Work? NA 1 Yas 2 No

Othar: 4 Nursing Home 5 Rasidance 6 Othar (Specify) 28d. Dascribe how injury occurred NA

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

2 Accidant

4 - Homicida

3 ☐ Suicida

29a. Cartifian

1 Certifying Physician: To the best of my knowledga, daath occurred at tha time, dete and piece, and due to the cause(s) and mannar as stated.

2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 29c. License number 29d. Date signed (Month, Day, Year)

29b. Signature and title of certifier more

20

30. Nama and addrass of person who completed causa of death (Item 23e) (Type, Print)

PRABHO FULFORD ANG BELAIL MO 21014 410879-6564 31. Data filed (Month, Day, Year)

State Registrar

FEB 22



**DHMH 16 Rev 6/95** 

2221 2 x 437

er en egent leit de a i

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene \ Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month Vaar DAVID CONLYN RACINE February 28, 1999 4:45 AM 4a. Facility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death 2761 Biggs Highway North East Cecil If Undar 1 Yaar | If Undar 24 Hrs. | Months | Days | Hours | Min. | 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foreign Country) 1⊠M 2□F Days Hours Yrs 72 211-16-9880 June 12, 1926 Maryland Usual Rasidance of Decedant 10b. County 10c. City, Town or Location 10d. fnsida City Limits 1 ☐ Yas 2 No Maryland Cecil North East 10e. Sfreet and Number 10f. Zip Code 10g. Citizen of What Country? 21901 2761 Biggs Highway United States 12. Was Decedant Evar In U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, White, atc. 1 2 Yaa 2 □ No If Yas, Giva US Yaar or Datas: 1 1 Nevar Married 2 Married 1 ☐ Yas 2 ☒ No Army Specify: White 3 ☐ Widowed 4 ☐ Divorced 1945-1946 15. Decedant's Education (Specify only highast grads completed) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Buainass/Industry Elamantery/Secondary (0-12) Collaga (1-4or 5+) 12 Auctioneer / Owner Auction House 17. Fathar'a Nama (First, Middla, Last) 18. Mother's Nama (First, Middle, Maidan Surnama) Eugene Racine Eleanor Conlyn 19a. informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Joan W. Racine / Spouse 2761 Biggs Highway, North East, MD 21901 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata March 4 1 ⊠ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 Donation 5 Other (Specify)

21. Signature of Funeral Service License Friends Cemetery 1999 Calvert, Maryland 22. Nama and Address of Facility Crouch Funeral Home 127 South Main Street, North East, MD 21901 23a. Part1. Entar the diseasa, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onset and Death Immediata Causa (Final Mullple Myclama 2.3 yrs disaasa or conditio resulting In daath) Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Ceuse (Diseasa or Injury that initiated events rasulting In daath) Last Dua to (or as a consequence of) Dua to (or as a consequance of) Part fl. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Wara autopsy findings available prior to completion of cause of death? is chemic Carderny crothe 24a. Was an autopsy performed? 1 Yas 2 No 1 ☐ Yas 2 ☐ No 25. Wes casa rafarred to medical axaminar? 26. Place of Deeth (Check only one) Hospital: 1 Yas 2 No Othar: 4 Nursing Homa 5 Rasidanca 6 □Othar (Specify) 1 Inpatiant 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Natural 5 Pending invastigation 1 ☐ Yas 2 ☐ No 2 Accident 3 Suicida 6 ☐ Could not be 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 - Homicida 1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and menner as stated.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, daath occurred at tha tima, data and placa, and dua to tha cause(a) and mannar stated. 29a. Certifian (Check only one) 29b. Signature and titla of certifing 29c. Licansa number 29d. Date signed (Month, Day, Year) D 44102

Box 68760. Records, P.O. **Physician** 

/Medical

Examiner

10a Stata

Director

Funeral

by

Completed

To

Examiner

Physician/Medical

þ

Completed

2

Certification:

Medicai

**Funeral** 

Director

permit. Peges 1 and 2 should be filed within 72 hours after death with the Meryland Department of Health and Mentel Hygiene. Important: If Item 27 is marked other than "natural; or Items 23e or 28e-1 show eny injury or other traumatic avent, in a Medical Exprinter must be non-

Physician /Medical

Examiner

physician and the burief-transit

88 980

funeral director.

completely

Baltimore, Maryland 21215-0020

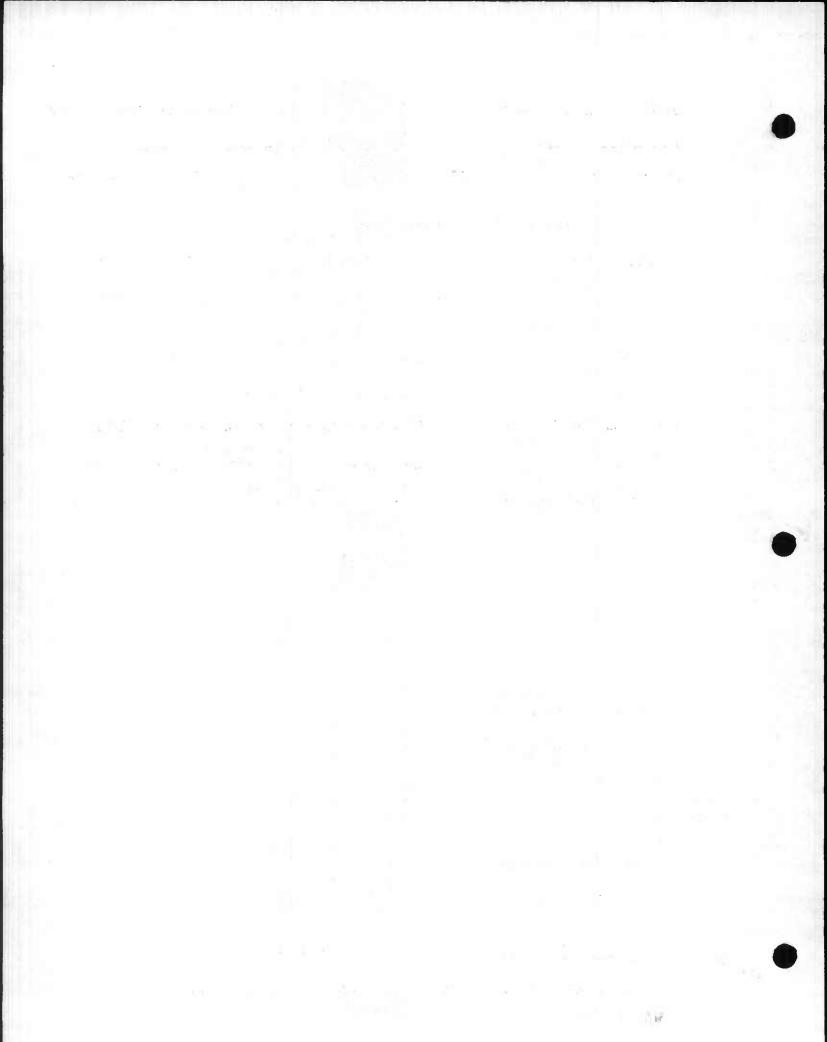
has certificate Division of Vital Attending Physician: After this efter deeth. 6 24 hours e Hospital within 2

20+1 VA

State Registrar 31. Data filed (Month, Day, Year) MAR 0 2 1999

William Renzulli, M.D. 901 Warburton Road, Elkton, MD 21921 32. Ragistrer's Signatura

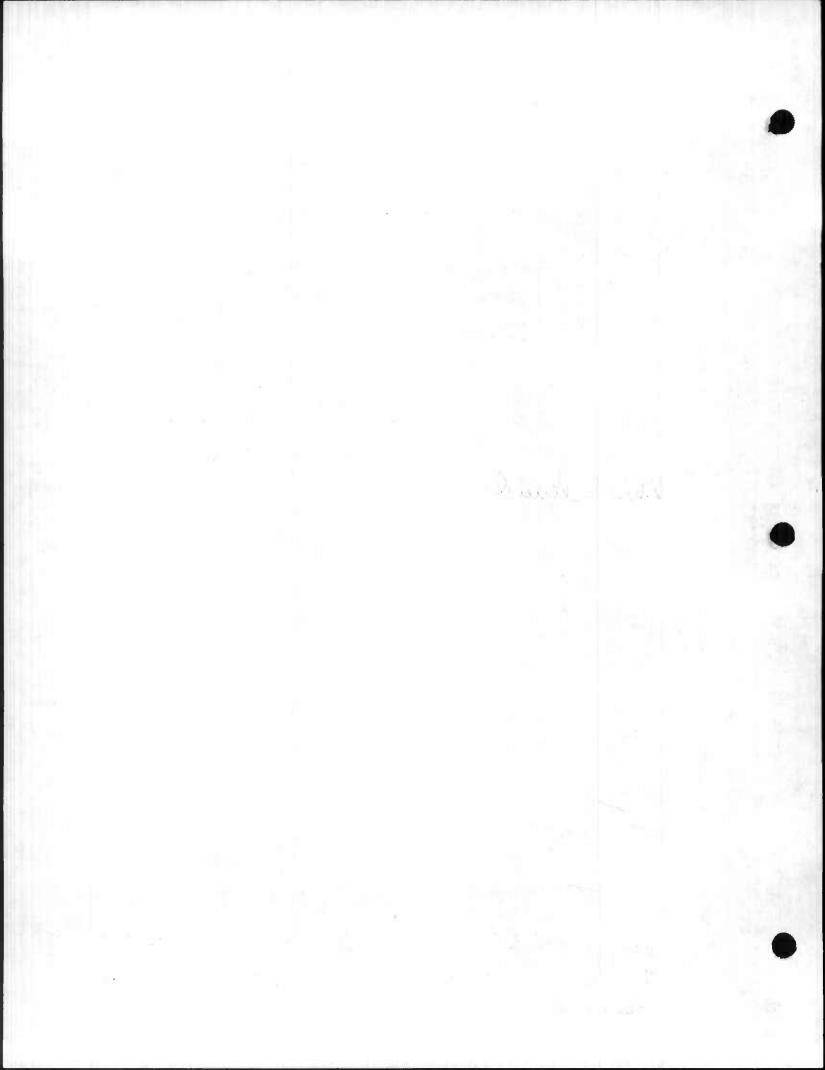
30. Nema and address of person who completed causa of daath (Item 23a) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene ( Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month **Physician** 23, Feb. 1999 12:02 AM Oneal Franklin Russell, Sr., DDS /Medical 4b. City, Town, or Location of Death 4a Facility Nama (If not institution, giva street and number) 4c. County of Death **Examiner** Genesis Eldercare Spa Creek Anne Arundel Annapolis | H Under 1 Year | H Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) | 9. Birthplace (State of Birth (Month, Day, Year) | Sept. 12,1908 | Maryland 6. Sax 1 M 2 □ F Birthplace (Stata or Foreign Country) 5. Social Security Numbar 7. Age (In yrs. last birthday) **Funeral** Yrs. 90 **Director** 214-38-4245 Usual Rasidance of Dacedent 10d. Inside City Limits 10a. Stata 10b. County 10c. City, Town or Location show Yes 2□No Director Md. Anne Arundel Annapolis 288-7 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8 Items 23a 513 First St. 21403 U.S.A. Funeral 12. Was Decedant Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☑ No If Yas, Giva Yaar or Datas: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, 11. Marital Status Black, Whita, atc. 72 hours after 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 'natural', or 1 Yes 2X No Specify: Specify: 3 Widowed 4 □ Divorced White Completed permit. Pages 1 and 2 ahould be filed within 72.1 Department of Health and Mental Hygiene. Important If New 27 is merked other then any Injury or other transmit 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) Dentist Medical 6 17. Father's Nama (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Sumama) Be Dr. John T. Russell Annie Mett Murphy To 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1068 Foxcroft Run Annapolis, Md. 21401 Dr. Oneal Russell Jr. (Son) 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cemetary, crematory or other place) 20c. Location - City or Town, Stata Data 1 ☑ Burlal 2 ☐ Cramation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) St. Anne's Cemetery 2/26/99 Annapolis, Md. 22 Nama end Address of Facility John M. Taylor Funeral Home Inc. 21. Signature of Funaral Service Life aucx 147 Duke of Gloucester St. Annapolis, Md. 21401 23a. Part1. Entar tha disaase, or complications that caused tha daath. Do not entar the mode of dying, such as cardiac or respiratory arrest, shock, or haart failura. List only one cause on each lina. Approximate Interval Between Onset and Death **Physician** /Medical Immediata Cause (Final naumonia disease or condition rasulting in daath) Examiner Dua to (or as a consequence of): emen! attending physician and for use as the buriel-transit lew requires that the death certificate be assecuted Sequentially list conditions, if any, leading to Immadiata cause. Enter Undarlying Cause (Disease or injury that initiated events resulting in death) Last Dua to (or as a consequence of) Box 68760 Physician/Medical Dua to (or as a consequence of) P.O. Pert II. Other significant conditions contributing to death but not rasulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by detect 1 Yes 2 No 3 Probably 4 Unknown þ Records. Completed 24b. Ware autopsy findings available prior to 24a. Was an autopsy completion of cause of death? 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No Division of Vital or Attanding Physician: Be 25. Was casa rafarred to medical axaminer? 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yas 2 No Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA shis 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? After 1 Natural 5 Panding after death. 1 ☐ Yes 2 ☐ No 2 Accident Invastigation 6 Could not be datermined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28e. Plece of Injury - At homa, farm, street, factory, office building, etc. (Specify) 4 Homicida 24 hours aft Funeral Di detely filled in Medical 29a. Cartifiar 1 Conflying Physician: To the best of my knowledge, death occurred at the tima, data and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and manner stated. To the H within 24 To the F 29b. Signature and title of certifia: 29c. License number 29d. Date signed (Month, Day, Year) 965 person who completed causa of death (Item 23a) (Type, Print) (did get 205 31. Data filed (Month Day, Yast) 999

Registrar

2 Registrar's Signature



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene, Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2 Date of Death 3. Time of Death John Denver Roth 1945 PM Feb 19 1999 4e Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Anne Arundel Medical Center Annapolis Anne Arundel If Under 1 Year If Under 24 Hrs. 5. Social Security Number Birthplace (State or Foreign Country) Age (In vrs. last birthday) 8. Date of Birth (Month, Day, Year) Deys 1 M 2 F Yrs. 82 286-09-9235 Ohio May 8, 1916 Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Yas 2□ No Waryland Anne Arundel Annapolis 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 879 Clubhouse Village View 21401 United States 12. Wes Decedent Ever in U,S. Armed Forces? 1X(1) Yes 2 □ No If Yes, Give Yeer or Dates: Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-ff Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11, Meritei Stetus 1 Never Merried Married 1 ☐ Yes 2 XNo Specify: Specify: White 3 Widowed 4 Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) Administrator Civil Service Comm. 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) John Roth Emma Elizabeth Pomper 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mary L. Roth (Wife) 879 Clubhouse Village View Annapolis, MD 21401 20b. Pleca of Disposition (Name of 20e. Method of Disposition 20c. Location - City or Town, State Fort Lincoln Crematory 1 ☐ Buriei 2 ☐ Cremetion 3 ☐ Removei from Stete Brentwood, Maryland 2-22-99 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Facility 21. Signeture of Funerei Service Licensee John M. Taylor Funeral Home, Ind. 147 Duke of Gloucester St. Annapolis, MD 21401 D 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or hear failure. List only one cause on each line. Approximete Intervel Between Onset end Death Immediate Cause (Final MINS disease or condition resulting in death)

Physician /Medical Examiner

The law requires that the death certificate be executed

eu.

peed

certificate

Division of Vital Records, P.O. Box 68760,

**Physician** 

/Medical

Examiner

10a. Stete

**Funeral** 

**Director** 

'natural', or items 23s or 28s-f show

filed within 72 hours after

I Hygiene.

parmit. Pages 1 and 2 should be filed will Department of Health and Mental Hygien important: If them 27 is marked other that any injury or other traumatic avant.

Baltimore, Maryland 21215-0020

must be notified at

Director

Funeral

py

Completed

Be

Examiner attending physician and for use as the burlel-transit Physician/Medical signed by t Completed by To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completaly filled in by the funaral director; p Be Medical Certification: To

	- h S-	Mohe			hours
Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying	Due to	(or es e consequence of)			
Ceuse (Disease or injury that initiated events resulting in deeth) Last	c. Due to	(or es a consequence of)			
	<b>d</b>				
Part II. Other significant conditions	s contributing to death but not re	sulting in the underlying	cause given in Pert f.	23b. Did tobacco use co	ntribute to the cause of deeth? 3 □ Probably 4 □ Dinknow
				24a. Wes en eutopsy performed?	24b. Were autopsy findings evailable prior to completion of cause of death?
25. Was case reterred to medical			26. Place of De	eth (Check only one)	
examiner?	Hospitel: 1 Dispatient 2	☐ ER/Outpatient 3☐ D	OA Other: 4 Nursing	Home 5 ☐ Residence 6 ☐ Oth	er (Specify)
27. Menner of Death  1 Naturel 5 Pending 2 Accident investige	28a. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. Injury at Work? 1 Yes 2 No	28d. Describe how injury occur	red
3 Suicide 6 Could no determin		home, farm, street, fector	y, office	28f. Location (Street end Numb City or Town, Stete)	per or Rural Route Number,
29e. Certifier (Check only one)  1 Certifying 2 Medical Ex	Physician: To the best of my kr aminer: On the basis of examinend menner steted.	nowledge, deeth occurred netion end/or investigation	et the time, date end plac n, in my opinion, death occ	e, and due to the cause(s) and me urred at the time, date and place,	enner as stated. and due to the cause(s)
29b. Signeture and title of certified	= 0 .1	. 29	c. License number	29d. Date signe	d (Month.,Dav. Year)

State Registrar

**DHMH 16 Rev 6/95** 

FEB 2 3 1999

31. Date filed (Month, Dey, Year)

600 Ridgely Ave. Steven Resnick, M.D. 37. Registrer's Signature

30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print)

Kesnell

Annapolis, Md. 21401 20

9

CCC 5 111.

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygien Certificate of Death 1. Decedent's Name /First Middle (ast) 2 Date of Death 3. Time of Death **Physician** BINSON ALTER 1999 1315 16 TEBRUARY /Medical 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street and number) 4c. County of Death Examiner PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO 7. Age (In yrs. last birthday) If Under 1 Year Birthplece (State or Foreign Country) 5. Social Security Number Sex. Now 2□ F **Funeral** 222-18-3499 Usual Residence of Decedent Months Days Hours Yrs. Director the Maryland 10b. County 10a. Stete 10c. City, Town or Location 10d. Inside City Limits permit. Pages 1 and 2 should be filed within 72 hours efter deeth with the Maryfan Department of Health and Mental Hygiese. Important: If them 27 is marked other than "natural; or items 23a or 28a-f show any injury or other traumatic event, its Madical Estatrics man be not set as in injury or other traumatic event, its Madical Estatrics man be not set.  $m_d$ . 1 Yes 2 No 100m100 Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3487 21850 TINIGLE Funeral Was Decedent Ever in U,S. Armed Forces? 1 X Yes 2 No 1 Yes, Give 151-153 Year or Dates: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien. 12. Black, White, etc. 1 Never Married 20 Married 1□ Yes 2 No Baltimore, Maryland 21215-0020 Specify. Specify: WHITE by 3 ☐ Widowed 4 ☐ Divorced Completed Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) DUPONT MACHINIST 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) Be JOHN EDGAR HAMINGTON 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) IRENE ROBINSON TINGLE RD PIHSVIIIE, MD 21850 20b. Plece of Disposition (Name of cametery, cramatory or other placa) 20e. Method of Disposition Data 20c. Location - City or Town, State Burial 2 Cremation 3 Removel from State LINE CHURCH CEMETERY FEB 20-CP WHITESUING, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility PO BOX 61 Funeral 23a. Pert1. Entrangle disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one ceuse on each line. BIVALUEMD 21814 Approximate Interval Between Onset and Death **Physician** Immediate Causa (Final disease or condition resulting In death) /Medical Examiner Dua to (or as a consequenca of) Examiner physician and the burial-transit Sequentially list conditions, if any, leeding to immediate causa. Entar Undarlying Cause (Disease or Injury that Initiated avants resulting in death) Last Dua fo (or as a consaquence of): Box 68760, Physician/Medical Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? P.O. 1 Yes 2 No 3 Probably 4 Unknown Records, by 24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Was an autopsy performed? Completed 2 No 1 ☐ Yes 2 ☐ No Division of Vital 25. Was casa referred to medical examiner? 26. Place of Death (Check only ona) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No 0 1 Inpatient 2 ER/Outpatient 3 DOA 27. Mannar of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: After 5 Panding investigation 1 Matural 1 ☐ Yes 2 ☐ No death. 2 Accident after death Director: 6 Could not be datermined To the Hospital or Atta within 24 hours after dea To the Funeral Directo completely filled in by th 3 Sulcide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homicida 29a. Certifier 1 🕒 Certifying Physician: To the best of my knowledga, daath occurred at tha tima, date and place, end dua to the cause(s) and manner as stated Medical 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

State Registrar 30. Name and address of person who complated cause of death (Itam 23a) (Type, Print)

KOBBINS

31. Date filed (Month, Day, Year)

FEB 2 2 1999

1104 TEAITHWAY

32, Registrar's Signature

DRIVE

SALISBURY, MD. 21804

3499

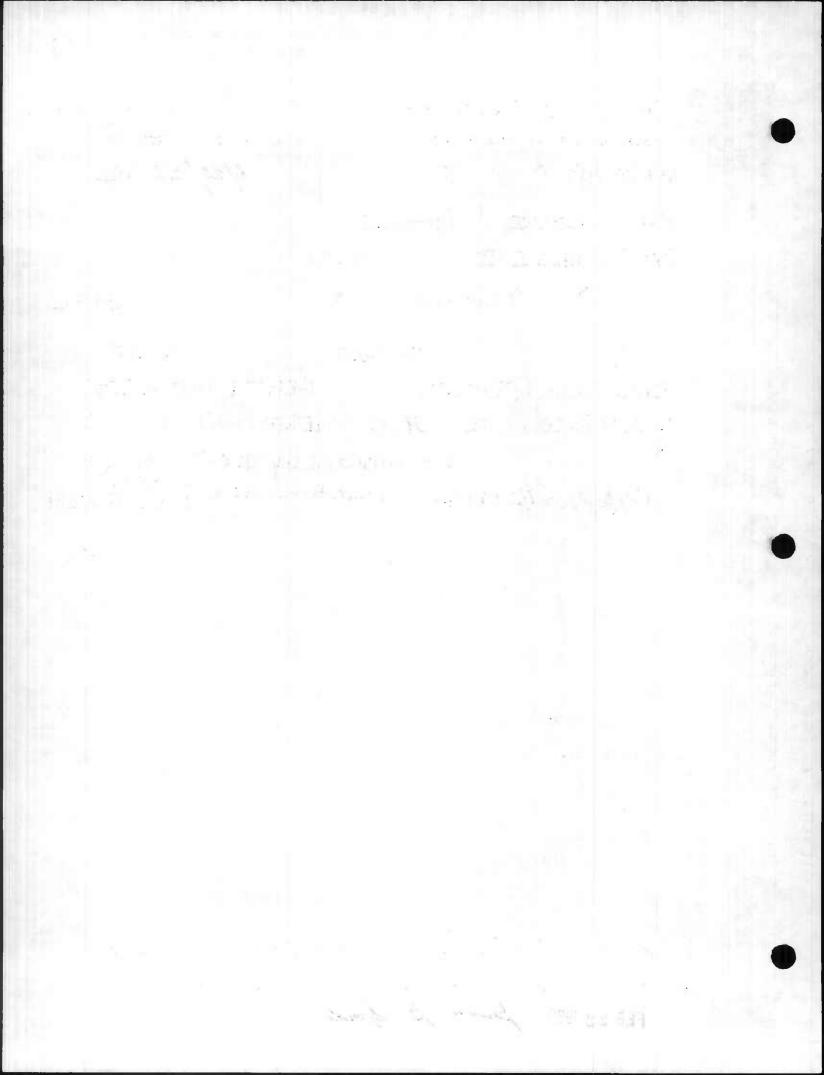
0/-

8

10

UBIN SON

NALTER

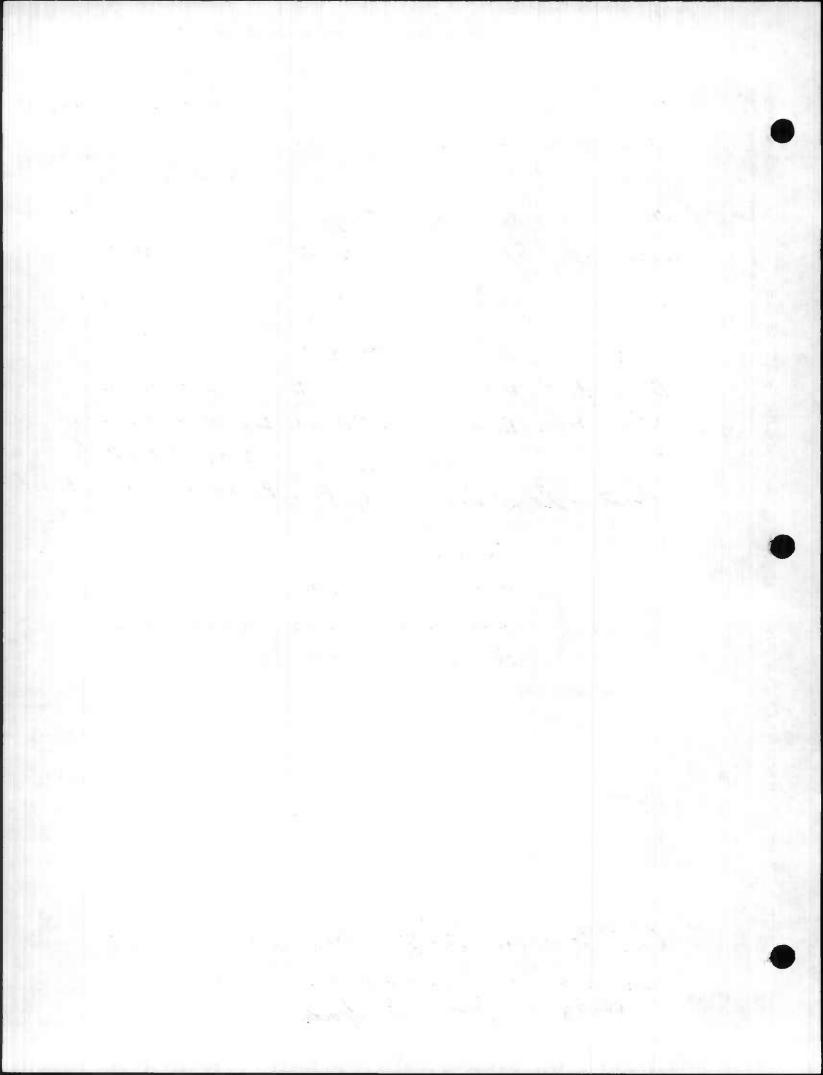


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** MARY FEBRUARY 20, REED 1999 11:40 AM /Medical 4b. Cify, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give straat and number) Examiner Berlin if Undar 24 Hrs/ age (In yrs. last birthday) If Under 1 Year rsingt 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foreign Country) Security Number 6. Sax **Funeral** Months Days 1□M 20 F Hours Min. 22 3-26-2030 Usual Residence of Decedent Director Jan 17, 1904 Vicginia the Maryland 10c. City, Town or Location 10a. State 10b. County 10d. Inside City Limits 7 is marked other than "natural", or itema 23a or 28a-f shor traumatic avent, the Medical Examinar must be notified at VA. 1 Yas 2 No ccomacc Director Lincoleague 10e. Street and Numbe 10f. Zip Code 10g. Citizen of What Country? Peges 1 and 2 should be filed within 72 hours efter death with 23336 U.S.A 6402 Funeral Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S.
Armed Forces?
1 ☐ Yes 2 ☑ No 14. Race - American Indian. 11. Marital Status Black, White, etc. 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No If Yes, Give Specify þ White 3 ☑ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) al Hygiene. Elementary/Secondary (0-12) Coilege (1-4or 5+) Homemaker 11 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Neme (First, Middle, Last) Department of Heelth end Mental I Important: If Itam 27 is merked of any injury or other traumatic ave Littleton Burleigh Be3314 To 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name Helationship (Type, Print) William Berlin Mid. 7101 Watfodil Lane 20e. Method of Disposition 20b. Piaca of Disposition (Name of cemetery, crematory or other place) Data 20c. Location - City or Town, State Oak Hall 1 Burial 2 ☐ Cremation 3 ☐ Removal from State 2-23-99 4 ☐ Donation 5 ☐ Other (Specify) buning Cemeters 22. Name and Address of Facility 21. Signature of Funeral Service Licenses Salyer Funeral Hom 6327 Church St Chinestuyue Va not enter the mode of dying, such as cardiac or respiratory arrest, 23a. Pert1. Enter the disease, or complications that caused the death. shock, or heart failure. List only one ceuse on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Finai week NEUMONIA disaasa or condition resulting in death) Examiner Examiner LZHAMERIS DISEASE ician and buriel-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initieted events resulting in death) Last requires that the death certificete be exec ARDIOVASCUCAL DISEASE Division of Vital Records, P.O. Box 68760 physician 17HEROSCUERCOTTO Physician/Medical the 7BRICLATON7 9SD been signed by the atte should be deteched for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown py 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Completed page 2 1 Yes 2 No 1 ☐ Yas 2 No certificate Hospital or Attanding Physician: funerel director 25. Was case referred to medical examiner? Be 26. Plece of Death (Check only one) Other: 4X Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To After this 27. Manner of Death 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Naturai 5 Pending ofter death. Director: Aft 1 Yes 2 🗆 No investigation 2 Accident 6 Could not be determined Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 4 - Homicide To the Hospital of within 24 hours e To the Funeral D 1X Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) end manner as stated.
2 Medical Examiner: On the bests of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical 29b. Signature and Deept certified 29d. Date signed (Month, Day, Year) 29c. License number nucles 30. Neme and eddress of person who completed cause of death (Item 23a) (Type, Print) EDWIN CASTANEDA, MD 9714 HEALTHWAY DR, BERLIN, MD 21811 31. Date flied (Month, Day, Year) FEB 23 32. Registrar's Signature State

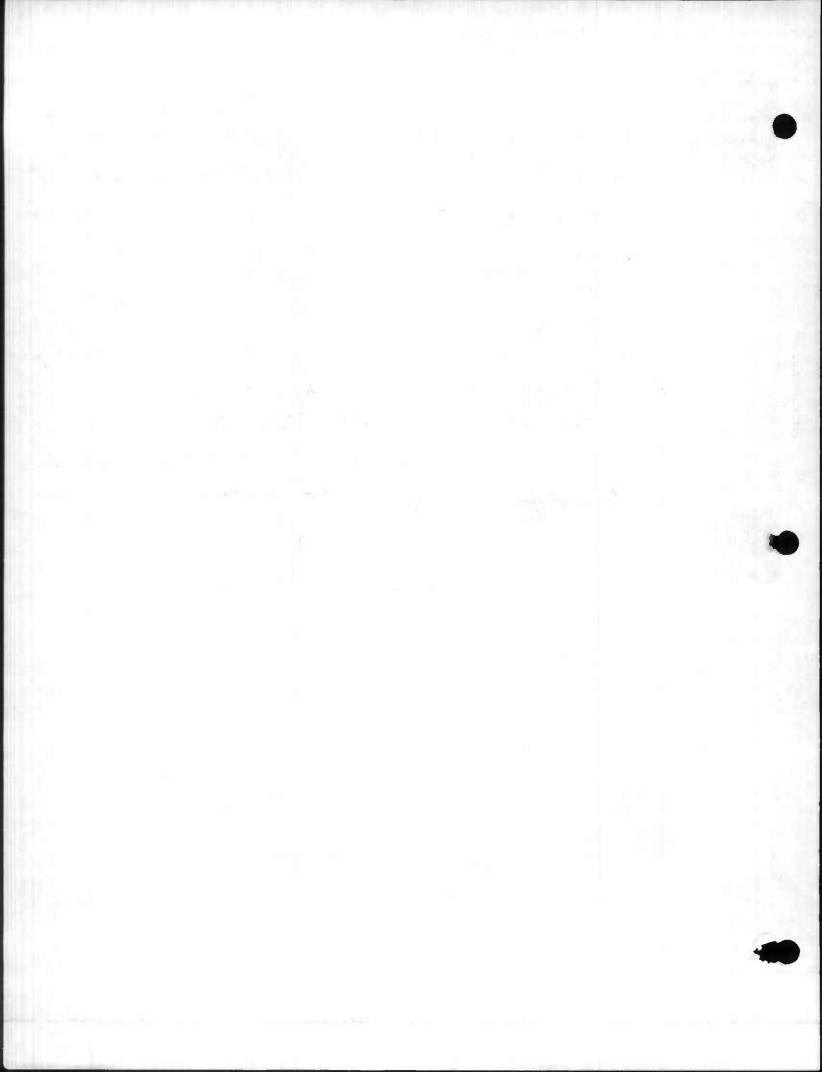
**DHMH 16 Rev 6/95** 

Registrar



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No.

						Certifica	ate d	of Death		Reg. No.	1 U	115	) [-
	Physic	ian	1. Decedant's Nema (First, Middla, I	ast)					2. Data of Month		Yaar	3. Tima	of Death
	/Medi		Kob	erT D.	Ro	e			FEBS	Ele many	1999	210	80
	Exami	ner	4a. Facility Nema (If not institution, g PENINSULA REGI		CENTE	ER		4b. City, Town, or SALI	Location of De SBURY	eath County	y of Death		
	Funeral Director	P	5. Social Security Number 6.  211 40 4567  Usual Rasidance of Decedant	Sax 7. Aga (In 1) Am 2 F	yrs. last birti	ff Und Month	dar 1 Ye		. (Month,	Birth Day, Year) 17, 194	9. Birthp Court	placa (Stata	or Foreign
	land land		10a. Stata 10b. County	100	c. City, Town	or Location					1	Od. Insida (	City Limits
	the Merylan 28a-f ahow	Director	Va. Acco	mack	CK	nco Te				T		,	s 2 No
	ath with		3541 Wil					3336			S. A.	itry?	
0000	filed within 72 hours after death with the Meryland Hygiena. ther than "natural", or items 23a or 28a-f ahow ant, the Modical Examines must be notified at	by Funeral	11. Marital Status  1 ☐ Nevar Married 2 ☑ Married  3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedant Ever Armed Forces? 1  Yas 2 No If Yas, Give Yaar or Dates:	in U,S.		4	of HispanIc Orlgin? (: Cuben, Maxican, Pua No <i>Specify:</i>	Specify Yas or nto Ricen, etc.)		ca - Americ ack, Whita,	etc.	
21215-0020	in 72 hours n "natural", Vacioni Exe	Completed	15. Decedant's (Spacify only highest g	reda complated)		Decedant's Us (Giva kind of I lifa. DO NOT	work do	ona during most of wo	orking	16b. Kind of B	Jusinass/Inc	dustry I	sland
121	e filed within I Hygiena. other than	Com	Elamantary/Secondary (0-12)  17. Fathar's Nama (First, Middla, Las	Collaga (1-4or 5+)	(	20 OWI	رور		- 4F'- 1 AF'-1	Vaca	tion		
and	a da b	Be c	A	Isel Ro						dia, Maidan Sumar	•	0	
Maryland	end sem	To	19a. Informant's Name/Ralationship		19b.	Mailing Addra	ass (Str	Acy nes	HANCE (	mber, City or Town	, Stata, Zip	Coda)	
	Dag Z		Julia Roc	Wife	3	541 V	V. 1.	low St, C	Lincote	ague Va	233	36	
mor	of H		20a. Mathod of Disposition  1   Burial 2 □ Cremation 3  4 □ Donation 5 □ Other (Spec		cemetery	, cramatory o	rother	plece)					1
	permit. Pegas Department of Important: If it any injury or o		21. Signature of Funaral Sarvice Lice	ensaa	John			diess of Facility		1 Tempera			
_	00740		23a. Part1. Enter the disease, or conshock, or heart failure. List only	belgar Gorden	Beules	Saly	1er	F.H. 632	7 Chur	chst. Lkii	ncs Tea	ign e l	a
	Physician /Medical Examiner	ner	Immediata Causa (Final disaasa or condition rasulting in daath)	aDua	to (or as a co	onsequanca o	of):					Onsat and	Deam
	cuted	Examiner	Sequentially list conditions.	D		onsequanca o	f):						<u> </u>
90,	olan a		Sequantially list conditions, if any, laeding to Immadiata cause. Entar Undarlying Causa (Disaasa or Injury	net	ashhic	ens	4	ymphoma					
x 68760,	certificate be axecuted ding physician and se as the burial-transit	Medical	that initiated evants resulting in daath) Lest	Due t	to (or es e co	onsequence of	f):	·					
Bo	eath ettan	cian	D. II AII . III . III						1				
P.O.	hat the d ad by the detached	Physician/	Part II. Other significent conditions	contributing to death but not	t rasulting in	tha undarlying	j causa	givan in Part I.		ld tobacco use co □ Yes 2 XNo		the cause bably 4	
Division of Vital Records, P.O.	The law requires that the death certificate be assected standards been signed by the ettanding physician and page 2 should be detached for use as the burial-transit	Completed by							24a. W	as an autopsy informed?	ava	ara autopsy ailable prior mplation of death?	10
E.	ata hg	E O							1[	□Yas 2 No	10	]Yas 2Å	No
Vita	ysician: The lav is certificata has director, page 2	Be	25. Was casa rafarrad to medical axaminar?	Hospital:				26. Placa of De	eth (Check on	ly ona)			
ō	this	. To	1 ☐ Yas 2 ☐ No 27. Manner of Death	1 Uninpatiant	2 ER/Out		DOM		T	asidanca 6 Oth		1)	
sion	Attending Physician: r deeth. sctor: After this certific: by the funeral director,	cation	1 Naturai 5 □ Panding 2 □ Accidant invastigati 3 □ Suicide 6 □ Could not		ir) Inj	jury M		njury at Work? 1 ☐ Yas 2 ☐ No	200. 003016	as now injury occur			
Divi	as after of all Direct	Certification:	4 Homicida datermina	28a. Placa of Injury - A building, atc. (Sp	At homa, farr oecify)	m, straet, facto	ory, offi	ica		n (Straat and Numt Town, State)	ber or Rura	/ Routa Nun	n <i>ber,</i>
	to the Hospital or Attending Pri within 24 hours after deeth.  To the Funeral Director: After thi completaly filled in by the funeral	edical	29a. Cartifiar (Check only one)	hysicien: To the best of my miner: On the besis of exen and mannar stated.	knowledga, nination and	daath occurre or Invastigation	d at the	a tima, data and piac ny opinion, daath occ	e, and dua to thurred at the time	na causa(s) and mo a, data and place,	ennar as st and dua to	ated. tha causa(	(s)
	withir To th	×	29b. Signatura and titla of cartifiar			2	9c. Lic	ansa number		29d. Date signa	d (Month, I	Day, Yaar)	
	/		Natean				δ	47094		2/25,	799		
	15		30. Nama end addrass of person who	complated cause of death (			8,	54LIS	BURY	MD 2180	4		
	Sta		31. Data filed (North Day, Year) 19	32. Ragistrar's S		4	/						

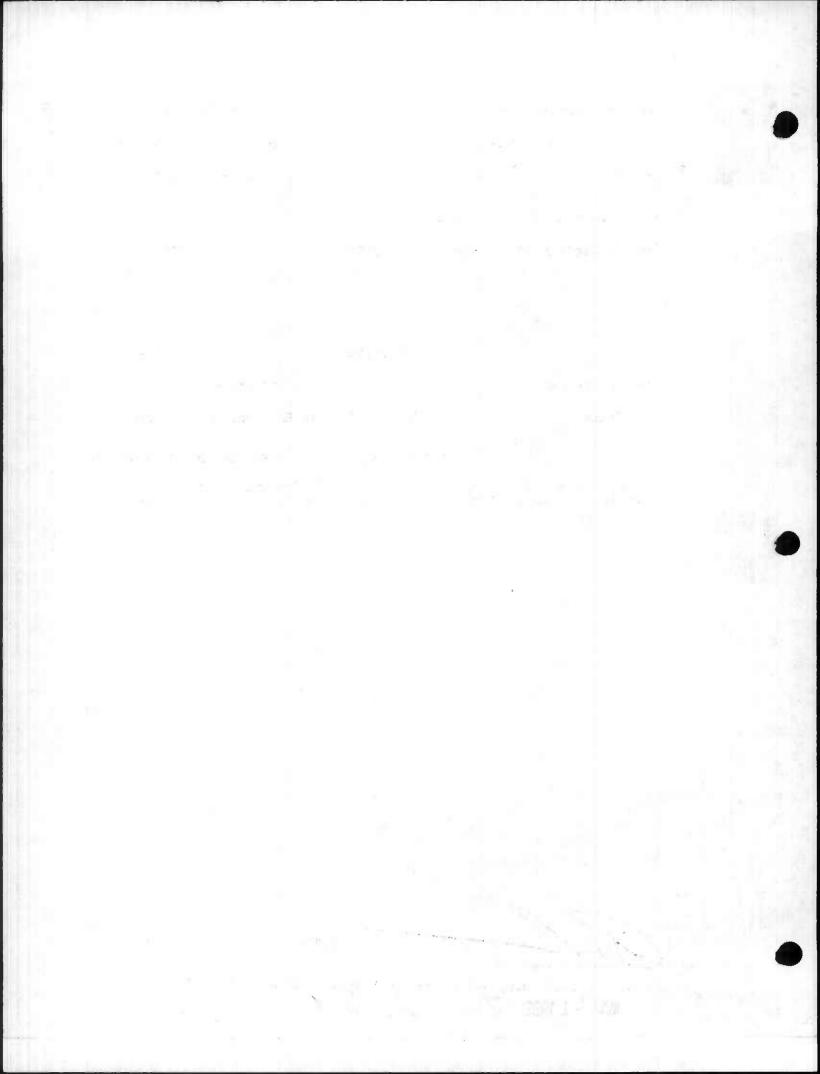


State of Maryland / Department of Health and Mental Hygiene 9 9 7758

					Otato of mi	arylaria /		ficate of	Death		leg. No.	U	1100
			1. Decedent's Name (	(First, Middle, La:	st)					2. Dete of Dee Month		Year	3. Time of Death
п	Physici /Medic		Flora	May	REXRODE					Februa	ry 22, 1	999	6:24 PM
	Examin	er	4e Facility Neme (If n						4b. City, Town, or I	ocation of Death	4c. County o	f Death	
			210 West			. Alexandre lead bi	Late Late N	If Under 1 Year	Loch Lyni	∩ 8. Date of Birth		rett	
	Funeral Director		5. Sociel Security Nun  220–16–584  Usual Residence of D	43	ex 7. Ag □M 2∏ F	e (In yrs. lest bi		Months Deys		Apr. 9,	1915 M	9. Binnp Coun [ary]	lace (Stete or Foreign try) .and
	lend w			10b. County		10c. City, Tow	vn or Local	tion				11	0d. Inside City Limits
	Man.	to	MD	Garr	ett		Mt.	Lake I	Park				1 X Yes 2 No
	r 284	Je l	10e. Street end Numb	per				10f. Zip Code		1	l0g. Citizen of W	hat Coun	try?
	b wit	a D	210 West	Second	Ave.				21550		US	A	
	or dea	Funeral Director	11. Meritel Status		12. Wes Decedent Armed Forces?	Ever in U,S.	13. We	es Decedent of es, specify Cub	Hispanic Origin? (Span, Mexicen, Puerl	pecify Yes or No- o Rican, etc.)	14. Rece Black	- Americ , White,	
Maryland 21215-0020	be filed within 72 hours efter death with the Maryland tiel Hygiene.  Identify than "naturel", or flerme 23a or 28a-f ehow event, the Medical Examiner must be notified at	by	1 ☐ Never Married 3 🕅 Widowed 4		1 ☐ Yes 2 🔯 If Yes, Give Year or Dates:	No		]Yes 2∭ No			Specify:		hite
2-0	72 hc natur	Completed	1 (Specify	5. Decedent's Ed	fucetion de completed)	16a	. Deceder (Give kir	nt's Usual Occu	petion during most of wor	king	16b. Kind of Bus	iness/Inc	dustry
121	han han	np.	Elementery/Second		College (1-4or		life. DO	NOT use retire	9d)				
7	Hygie ther ther ther ther	ပ္	17. Fether's Name (Fi	iret Middle Leet				Housewi		ne (First, Middle,	Home		
ano	2 should be filed withir end Mentel Hygiene. Is marked other than eumetic event, the Mentel than the Mentel th	Be C	Harman		Wilt				Elizabe				itts
Z	ges 1 and 2 should be 1 tr of Health end Mentel I if item 27 Is marked or or other treumatic eve	2	19e. Informant's Nam	ne/Relationship (		19	b. Mailing	Address (Stree	at end Number or Ru		r. City or Town. S		
	the er		Judy Paugh						, Kitzmi				
re,	f Hearlitem		20a. Method of Dispos	sition		20b. Place C	of Disposit	ion (Neme of tory or other pla			20c. Location - (		
9	Page ent o nt: If i		1 N Burial 2 ☐ 4 ☐ Donation 5		Removal from State			emetery		2/26/99	Swanton	n. MI	0
Baltimore,	permit. Pages 1 and 2 Depertment of Health e Important: if item 27 is any Injury or other tre		21. Signeture of Fune	erai Service Liche	isee n		22. N	Name end Addr	ess of Facility				
m	Deper Impo		D Q IX	10c A -	Contract of the				Funeral Ho cond St.,		MD 21	550	
	-		23a. Pert1. Enter the shock, or heart	disease, or com	plications that caused	the deeth. Do							Approximete Intervel Between
	Physician /Medical Examiner		Immediate Cause (Findisease or condition resulting in death)			Men Due to (or as a	tia						Onset and Deeth  29 equs
-	D	line			h							i	
o,	ne death certificate be axecuted the attending physician and thed for use as the buriel-transit	edical Examiner	Sequentially list cond if any, leading to imm cause. Enter Underly Cause (Disease or Injuried Initiated events	litlons, nediate ying		Due to (or es e	conseque	ence ot):					
68760,	ate be nysicii he bu	Ical	Cause (Disease or Inj thet initiated events resulting in deeth) Le	jury	C	Due to (or as a	conseque	nce of):					
	ing p				d								
Box	ath cer ittendir for use	lan			u,								
	the de	Physician/M	Part II. Other significa							100000000			the cause of death?
P.0	that the death led by the atter detached for u	P	Cor	mary	avteri	1 di	500	1 60		101	res 2⊠ No	3 Prol	bably 4 Unknown
Records,	requires that the death cer been signed by the attendin should be detached for use	Completed by	Cer.	ebvi	arteri	scul	av	de	slase	24a. Wes a	an autopsy med?	CO	ere autopsy findings elleble prior to mpletion of cause death?
Re	S S C	dmo								1 D Y	es 210 No		Yes 2□ No
Vital	ysician: The I s certificate hu director, page		25. Wes case referred	d to medical					26 Place of Dea	ath (Check only or			3 7 45 2 2 1 1 1 0
	Physician: this certific ral director,	To Be	examiner? 1 ☐ Yes 2 ☒ No		Hospitel:	ent 2 ER/O	utpatient	3□ DOA O	ther	lome 5 N Resid		r (Specif	y)
J Of		2	27. Menner of Deeth	€ [] Danding	28e. Dete of Inju (Month, De	ry 28b.	Time of Injury	28c. Inju	ury at	28d. Describe h	ow Injury occurre	d	
Sior	Attending in death.  ector: After by the fune	atlo	1 X Neturel 2 Accident	5 Pending investigation		,	пдагу		Yes 2 □ No				
Division	r Atter de l'recto	Certification:	3 ☐ Suicide 4 ☐ Homicide	6 Could not be determined	286. Place of In	ury - At home, for a c. (Specify)	erm, stree	t, factory, office		28f. Location (S City or Tow	itreet end Numbe n, Stete)	or or Rure	al Route Number,
	ital o									INC. CONTRACTOR			
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical			ysician: To the best niner: On the besis o	examinetion er							
	ithin ithin and a supple	Med	29b. Signature and tit	le of certifier	and manner st	eleu.		29c. Licer	nse number		29d. Dete signed	(Month.	Dey, Year)
	F ≯ F 8		10	2	20	2			H26154		2/23		
	.1		30. Neme end eddres	s at person who	completed cause of a	leath (Item 22a)	(Type Pr				-/	100	
	4		Dr. P. Dar						l, Oakland	Marul	and 215	50	
	Sta	te	31. Date filed (Month.	Day Year 10		er's Signeture	4	dia "		, may 1	444	J.V	
	Registr		T.E.	D Wall IJ				State of the last					

State of Maryland / Department of Health and Mental Hygiene 9 17759

						Certif	ficate of	Death	R	eg. No.	U	133			
П	Dhusia		1. Decedent's Neme (First, Middle, L	ast)					2. Dete of Deel Month		Yeer	3. Time of Deeth			
	Physic: /Medi		Betty Elizabet	ch Ray					Feb 25	1999		6:00 pm			
	Exami		4e. Fecility Name (If not institution, ga	ve street end number,	)			4b. City, Town, or	Location of Deeth	4c. County					
			Garrett Co. Mer	norial Hos	pital	Oakland	I	Gar	rett						
	Funeral Director		218 24 8345	Sex 7. Ag 1 M 2 X F 7	ge (In yrs. lest I ]		Under 1 Year lonths Deys			Year)	9. Birthple Country WVa	ce (Stete or Foreign y)			
П	pur *		Usual Residence of Decedent  10a. Stete 10b. County		10c. City, To	um or Locati	00					11.14.00.11.5			
	sho sho	5	Md Garret	1	Oakla		On				100	d. Inside City Limits  1 ☐ Yes 2 ☑ No			
	28a-1	Director	10e. Street and Number		Odivid		10f, Zip Code			On Citings of 1	Albat Causta				
	ath with	erai Dir	2099 Old Crell:		kland		21550			0g. Cittzen of 1	whet Country	, r			
21215-0020	i within 72 hours after death with the Maryland liene. Than "natural", or itams 23s or 28s-f show the Medical Examiner mult be notified at	by Fun	11. Marital Status  1 □ Never Married 2 □ Merried  3 ☑ Widowed 4 □ Divorced	12. Wes Decedent Armed Forces' 1  Yes 2 If Yes, Give Yeer or Detes:	7		Decedent of les, specify Cut		Specify Yes or No- rto Rican, etc.)	Ble	e - Americar ck, White, etc White				
2-0	72 h	etec	15. Decedent's E (Specify only highest gi	ducation rede completed)	16	e. Decadent	's Usuel Occu	petion	orkina	16b. Kind of B		stry			
121	within ene.	Completed	Elementary/Secondary (0-12)	College (1-4or	5+)			during most of wo	anny .						
7	e filed within il Hygiene. other than '		8	41		House	wite			Homema					
and	ed fa	Be	17. Fether's Name (First, Middle, Les John Rodeheave	,					eme (First, Middle, M Grimes	<i>deiden Sum</i> en	1e)				
2	should by	10	19e. Informent's Name/Reletionship			N- 44-10- 4									
Baltimore, Maryland	nd 2 alth er 27 is		Kathy Reese	(Type, Plill)	2	099 0	ld Crel	lin Rd	Purel Route Number Oakland, N	1d 215		ode)			
ore	of Hearly of them		20e. Method of Disposition  S Buriel 2 ☐ Cremation 3 [	Removel from State	came	of Disposition	on (Neme of ony or other pla	ice)	Date	20c. Location	City or Town	n, State			
E	ment ant:		4 Donetion 5 Other (Special		IOOF	Cemet	tery	F	eb 28 99	9 Elk Garden W.Va					
Ball	permit. Pages of Pepartment of Historiant: If Ite any Injury or ot once.		ome												
	100 mm		23e. Pert. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line.  Approximate the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line.												
	Physician		shock, or heert failure. List only	one cause on each li	ne.		,				tr	ntervel Between Onset end Death			
}	/Medical		Immediete Ceuse (Final				1.1								
H	Examiner		disease or condition resulting in death)	e. Illyocal	rdial i						1.mn	nediate			
it-	D =	ner			040 10 (01 00 1	o consequen	iou 01).				1				
	certificate be executed iding physicien end use es the burial-transit	Examiner	Sequentielly list conditions,	b	Due to (or es	consequen	ca of):								
68760,	cien c		Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury	C											
00	physi the	edical	thet initieted events resulting in death) Lest												
X	ing e														
ŭ	death ce	cian													
л Э	0 0 2	Physician/	Pert tt. Other significant conditions			In the under	fying cause gi	ven in Pert I.	23b. Did tobacco use contributs to the car						
	ires that the death ce signed by the attend d be deteched for us	by Pi	congestive hea	irt failur	2				12\(\infty\)	s 2□No	3 Probal	bly 4 Unknown			
Division of Vital Records,	peen shoul	Completed b							24e. Wes en	n eutopsy ned?	comp	e eutopsy findings eble prior to pletion of cause			
e L	a hes	mc								s 2 No	of de				
<u>a</u>			25. Wes case referred to medical					00 Dines of Do	1 ☐ Ye		101	Yes 2□ No			
>	ysician: The l	To Be	exeminer? 1 ☐ Yes 2 ☒ No	Hospitel:	ent 2 ER/C	Outnotient '	Oti	h = -	eth <i>(Check only on</i> Home 5 🙀 Reside		or (Ennoibe)				
ō	Attending Physician: In death. Sector: After this certific by the funeral director.		27. Menner of Deeth	28e. Dete of Inju	ry 28b.	Time of	28c. Inju		28d. Describe ho						
0	ath. :: Afte	atio	1 ☑Netural 5 ☐ Pending 2 ☐ Accident investigation	(Month, De	y Year)	Injury		rk? ]Yes 2∐No							
NIVIS	2 4 4 6	Certification:	3 Suicide 6 Could not be determined	28e. Pleca of Inj building, et		ferm, street,	factory, offica		28f. Location (St. City or Town		er or Rurel F	Route Number,			
-	To the Hospital or Attending Ph within 24 hours effect death. To the Funeral Director. After th completely filled in by the funeral		29a. Certifier 1 Cartifying Pl	ysician: To the best	of my knowledg	e, deeth occ	curred et the ti	me, dete end pleca	a, end due to the ce	euse(s) end me	enner as state	ed.			
	n 24 n 24 plete	edicai	(Check only 2 Medical Examone)	niner: On the besis of and manner sto	examinetion e eted.	nd/or investi	getion, In my	opinion, death occi	urred et the time, de	ete end placa,	end due to th	ie cause(s)			
	To the total	Σ	29b. Signeture and title of smillion	//	1 - 1		20a Licens			d. Dete signe		y, Year)			
			1/1/				D2:	3979		2/26/99	)				
	3		30. Name and ediress of person who	completed cause of d	eeth (Item 23e	(Type, Prin	t)								
			Robert A. Goralsk	i, M.D 31	1 N. F	ourth	Street	0akland	d, MD 21	550					
	Sta	te	31. Dete filed (Month, Day, Year)	1000 32. Registr	er's Signature	A.	home	the !							



							-	rtifica	te of	Death		Reg. No.	U	1100
	Physiciar /Medica		1. Decedant's Nam Will	a (First, Middla, La iam Har		ceinwe	del				2. Data of Da Month Feb	Day	Yaar 199	3. Tima of Death 9:45am
	Examine		a Facility Nama ( 857 Marg	If not institution, give of Court	a street and num	ber)				4b. City, Town, o Eldersbu	r Location of Deat 1rg		y of Death roll	
	Funeral Director		5. Social Security N 219–22–3		Sax 7 1   ∑ M 2 □ F	. Aga (In yr:	s. last birthday) Yrs.	If Und Months	ar 1 Yaa Day				9. Birthp Cour Md	placa (Stata or Foraign ntry)
	Manyland Fed at	1	Usual Rasidance o 10a. Stata Md	Dacedant 10b. County Carrol	L		ity, Town or Lo Idersbu						1	0d. Insida City Limits
	ifter death with the Mar r items 23s or 28s-f ei riner must be notified	2	10e. Street and Nu 857 Marg						ip Coda 784			10g. Citizan of USA	What Cour	ntry?
020	urs a	2	11. Marital Status  1  Navar Marr  3  Widowed	iad 2  Married 4 □ Divorced	12. Was Deced Armed Ford 1 17 Yas 2 If Yas, Giva Yaar or Dat	as? 19	44-	Was Dec if Yas, sp	ecify Cu	Hispanic Origin? (ban, Maxicen, Pua	Specify Yas or Norto Rican, atc.)	Bla	ce - Amaric ck, Whita, by: whit	atc.
21215-0020	ed within 72 ho ygiene. her than "natura ft, the Manical	200		15. Decedent's E	ada complated)	4 m F . \	16a. Dece (Giva lifa.	dant's Us kind of w DO NOT	ual Occ ork don usa ratii	upation a during most of w red)	orking	16b. Kind ot B	lusinass/in	dustry
	be filed with! tal Hygiene. d other than event, the H	3		(First, Middla, Last seph Stei		40r 5+)	pol	lice	off	18. Mothar's No	ama (First, Middla Marie Tr			ement
Maryland	2 should be to end Mental I is marked of raumatic eve	2	19a. Intormant's N	ame/Ralationship (	Typa, Print)	, , , , , , , , , , , , , , , , , , ,			100	et and Number or I	Rural Routa Numb	er, City or Town	, Stata, Zip	Coda)
		-	20a. Mathod of Dis	position  Cramation 3	Ramoval from S	20b.	Place of Dispo camatary, cra-	osition (N matory or	ama of othar p		Data	20c. Location		
Baltimore,	permit. Page Department of important: if eny injury or once.	-	21. Signature of Fo	5 Dothar (Special Inaral Sarvice Lice	nsaa	ent		2. Nama	and Add	rass of Facility	2-26-99 Maight Fu	neral H	ome 8	Chapel
The same	Physician /Medical Examiner			na disaasa, or com int tailura. List only	polications that calona causa on aa	ABL	E A	co	oda of d	MYOU	ac or raspiratory a	urrast.		Approximata Interval Betwaen Onset and Death
68760,	rificete be executed by physician and as the burial-transit		Sequantially list co if any, leading to in causa. Entar Unda Causa (Disaasa or that initiated avant	enditions, nmadiata arlying Injury	b. CO.	Dua to	(or as a consec	quance of	):	LY DI	SEASE			
Box 687	-	3	rasulting in daath)	Last	d	Dua to	or as a consec	quance of	):					
s, P.O. B	that the deeti ed by the atte detached for		Part II. Other eignin	Bow E						jivan In Part I.		tobacco use co		o the cause of death bably 4 Unknow
Records	aw requires to been so 2 should								4			an autopsy omed?	av cc	ara autopsy tindings vallabla prior to emplation of cause death?
a B	cete ha	_									10	Yas 20 No	1	Yas 20-No
Vital	Physician: The Cartificate ral director, par		25. Was casa rafai axaminar? 1 ☐ Yas 2 ☑		Hospital: 1□In	patlant 2	☐ ER/Outpatle	nt 3 r	OA C	Whar	aath (Check only Homa 52 Has		har (Snaci	(v)
ion of	B Ter Te	٠  -	27. Manner of Deat		28a. Data ot (Month		28b. Tima o Injury		28c. in		7	how injury occu		,,
Division	after death.  Director: After the in by the funeration:		3 ☐ Suicida 4 ☐ Homicida	6 Could not be datarmined	28a. Place o	finjury - At g, atc. <i>(Spec</i>	homa, farm, st	raat, tacto	ory, offic	8		(Street and Num wn, Stata)	ber or Run	al Routa Number,

State Registrar

Medicai

29a. Cartifiar

29b. Signatura and titla of certiflar

31. Data tiled (Month, Day, Year) FEB 2 4 1999

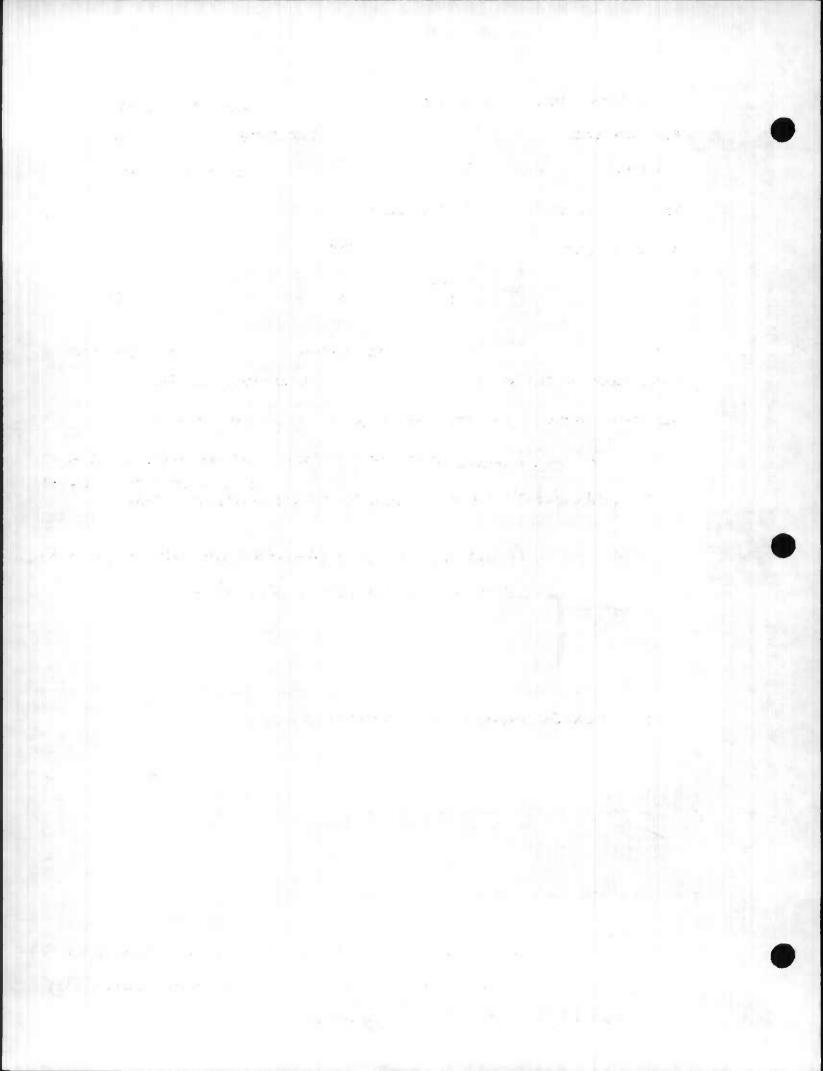
30. Nama and addrass of parson who complated causa of death (Itam 23a) (Type, Print)

04) 32. Degistrar's Signatura

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29d. Data signed (Month, Day, Year)



Physician /Medical Examiner

**Physician** 

/Medical

Examiner

**Funeral** 

Director

r 28a-f show

filed within 72 hours after death with Hygiene. other than "natural", or items 23a or ent, ma Medical Examiner must be a

permit. Peges 1 and 2 should be file Department of Heelth and Mental Hy, Important: if item 27 is marked othe any injury or other traumatic event, pince.

Baltimore,

Directo

Funeral

ģ

the Manyland

physician and s the burial-transit for use as signed by the a l director, page 2 s al or Attending Physician: T s efter death. Il Director: After this certificat ed in by the funeral director, p.

The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760,

Physician/Medical g Completed Be

Examine Certification: To the Hospital or A within 24 hours efter To the Funeral Direct completely filled in by

To

edical

27. Menner of Deeth 1 Neturel 2 Accident 3 Suicide 4 Homicide

29e. Certifier (Check only one)

6 Could not be determined

5 Pending Investigation

28a. Date of Injury (Month, Day Year) 28e. Plece of Injury - At home, ferm, street, factory, offica building, etc. (Specify)

28b. Time of

28c. Injury et Work?

1 ☐ Yes 2 ☐ No

28f. Location (Street and Number or Rural Route Number, City or Town, State)

Road Cumperland MD 21502

28d. Describe how injury occurred

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner es stated.

2 Medical Examiner: On the bests of examinetion and/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the cause(s) end menner stated. 29d. Date signed (Month, Day, Year) 29c. Licansa number

29b. Signeture end title of certifier

D 26907

FEBRUARY 21, 1999

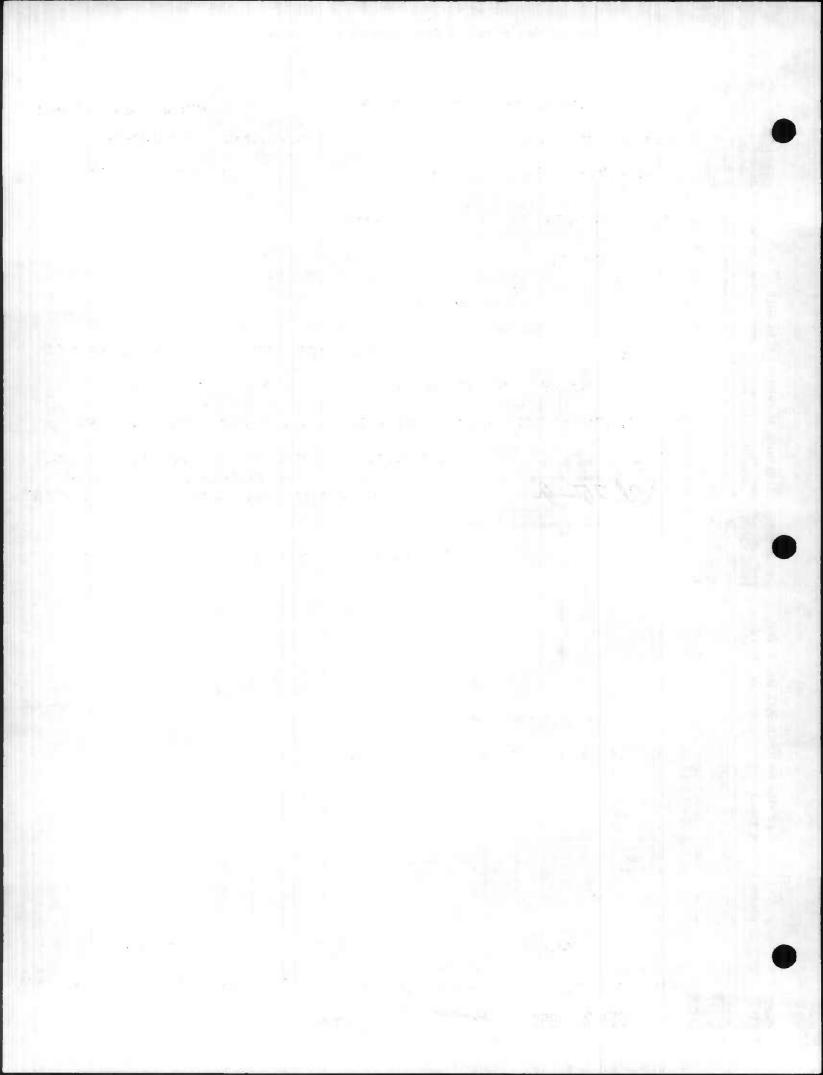
30. Name end address of person who completed cause of daeth (Item 23e) (Type, Print)
Hayy + Sidhu MD . 935 Bishop Walsh

Hade

31. Date filed (Month, Dey, Year) FEB 2 4 1999

32. Registrer's Signetura

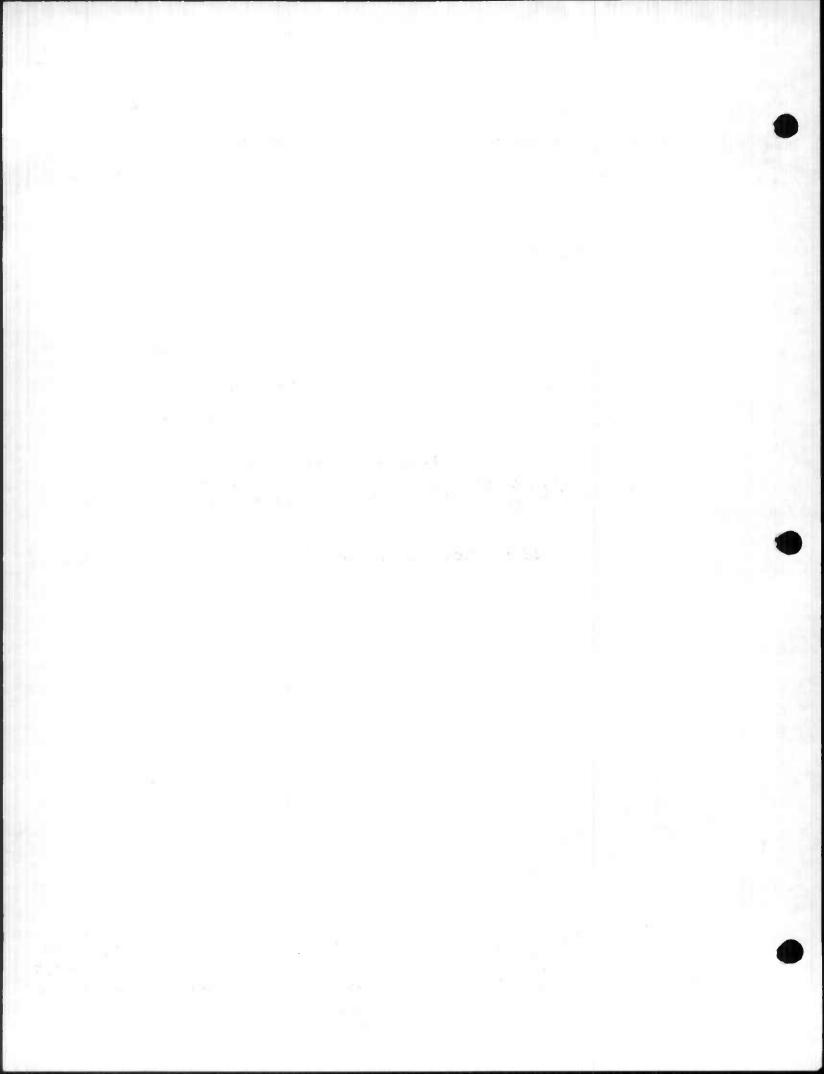
State Registrar



State of Maryland / Department of Health and Mental Hygiene 99 07762

						Certificate of	of Death		Reg. No.			0 6.4			
	Dhyaie	ion	1. Decedent's Name (First, Middle, L	ast)				2. Date	of Death	Vans	3. Time of	f Death			
	Physic /Medi		Ella Ra	e Snyder				Feb		1999	4:15	am			
	Examir		4a. Facility Name (If not institution, g	ive street and number	r)		4b. City, To	wn, or Location of	Deeth 4c.	County of Dea	th				
			Carroll Lutheran	Village			Wes	tminster		Carro	11				
	Funeral Director		216-05-0633	Sex 7. A	age (In yrs. last bir 84	thday) If Under 1 Ye Months Da		Min. (Mont	of Birth h, Day, Year) 27,191	C	ountry)	or Foreign			
	pue *		Usual Residence of Decedent  10a. State 10b. County		10c. City, Tow	o or Location					404 114- 0	Na. 1			
	Sa-f sho	ector	Maryland Carro	11	Too. Only, Town	TOT LOCATION	Westmi	nster							
	th with the 23a or 2 ust be n	Funeral Director	10e. Street and Number 64 Chase Street			10f. Zip Cod	211	.57	10g. Citiz		-				
020	should be filed within 72 hours after death with the Manyland nd Mental Hyglene.  merked other than "natural", or items 23s or 28s-f show umatic event, it a Mexical Examiner must be notified at	by	11. Marital Status 1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	12. Was Deceden Armed Forces 1 Tes 2 Fi If Yes, Give Year or Dates:	No	13. Was Decedent of If Yes, specify C		gin? (Specity Yes o , Puerto Ricen, etc							
21215-0020	within 72 ho lene. r than "natur the Medical	Completed	15. Decedent's 8 (Specify only highest g Elementary/Secondary (0-12)			Decedent's Usuel Oc (Give kind of work do life. DO NOT use rel	ne during most lired)	t of working							
7	Agien 17	Con		2		Bookkee	eper			Banking	3				
Maryland	Jid be filk fental Hy ked oth lic even	To Be	17. Father's Name (First, Middle, Las Irvin Thomas Ale					r's Name (First, M herine Be		,	Inty of Death Carroll  9. Birthplace (State or Foreign Country) Maryland  10d. Inside City Limits 1  Yes 2 No of What Country? USA Race - American Indian, Black, White, etc. city: White If Business/Industry Inking Iname)  Wm, State, Zip Code) 21157 In - City or Town, State Destead, MD  Home Md 21074  Approximate Interval Between Onset and Death Onset and Death 3 years  Contribute to the cause of death? 1  Yes 2 No Other (Specify) Fourred  Index of Rural Route Number, Index of Rural Route Rural Route Rural Route Rural				
=	C/ C/ D (0)		19e. informant's Name/Relationship Arlene McCusker,			Mailing Address (Str. 59 Chase S									
	os 1 and 2 of Health item 27 i		20e. Method of Disposition		20b. Place of	Disposition (Name of		Date							
altimore,	00-		1 ☐ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Spec		9	y, crematory or other p mount Ceme	,	2/24	2/24 Hampstead, MD						
Ba	permit. Peg Department Important: If any injury o		21. Signature of Funeral Service Licegisee Cline 22. Name and Address of Facility Eline Funeral Home 934 South Main St, Hampstead, Md 21074												
	- 0		23a. Part1. Enter the diseese, or cor shock, or heart failure. List only	nplications that cause	ed the death. Do r				-	, 120 2	Approximate	te			
'	Physician /Medical Examiner	Jer	Immediate Cause (Final disease or condition resulting in death)	a adenoc		na endome	trium				_				
	and and Il-transit	Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying	b	Due to (or es a d	consequence of):						_			
68760,	eath certificate be executed attending physician and for use as the bunal-transit	edical E	ceuse. Enter Underlying Cause (Disease or Injury thet Initiated events resulting in death) Last	C	Due to (or as a c	onsequence of):									
	anding p	3		d											
מ	0 0 0	Physician	Pert II. Other significant conditions	contributing to death I	but not resulting In	the underlying cause	given in Part I.	23b.	Did tobecco u	use contribute	to the cause o	of death?			
7. O	es that the de igned by the a be detached	by Phy							Y						
<b>6</b>	aw requir	Completed b						24a.	Was an autopo performed?		available prior to completion of co	to			
r	The ate h	200							1 ☐ Yes 2X	3 No	1 🗆 Yes 2 🗆	No			
	certificate rector, pag	Be (	25. Was cese referred to medical examiner?				26. Place	of Death (Check of	only one)						
5	S 00 00	2	1 ☐ Yes 2 ☐ No	Hospital: 1 Inpati	ient 2 ER/Ou	tpatient 3 DOA	Other: 4X Nu	rsing Home 5 🗆	Residence 6	☐Other (Spe	cify)				
	De te		27. Manner of Death  Valuatural 5 Pending 2 Accident investigation	28a. Date of Inju (Month, Da			njury at Vork?	28d. Desc	ribe how injury						
5	が共立に	Certification:	3 Suicide 6 Could not determined	286. Plece of in	jury - At home, fai tc. (Specify)	rm, street, factory, office	ce	28f. Locati City o	on (Street and r Town, State)	Number or R	u <i>ral R</i> oute Num	iber,			
	To the Hospital or within 24 hours effe To the Funeral Dir completely filled in	edical Co	29a. Certifier 1 Certifying P	hyalclan: To the best miner: On the besis o and manner si	ot examination and	death occurred at the l/or investigation, in m	time, date end y opinion, deat	d place, and due to h occurred at the t	the ceuse(s) ime, date and	and manner as place, and due	s steted. to the ceuse(s	<b>\$</b> )			
1	withir To th comp	Me	29b. Signature and title of certifier	1			ense number		29d. Date	signed (Mont	h, Day, Year)				
			1 Donal /	Kinh	m ms		17040		Febr	uary 2	22, 19	99			
		1 1	30. Neme end eddress of person who	purpleted cause of	death (Item 23a) (	Type, Print)					21	157			
		L	T		0.7 -						21	12/			
	Sta		Howard G. Lanha 31. Date filed (Month, Day, Year)		215 Wa	shington	Hgts	Med'l C	tr, W	estmin	nster,	MD			

DHMH 16 Rev 6/95



Please Type or Print in Biack Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Death 3. Tima of Death 15/PH Physician Megin John R. Stevens /Medical 4e. Fecility Nema (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Lorien Nursing Home Belcamp If Under 1 Year 5. Sociel Security Number If Under 24 Hrs. 7. Age (in vrs. lest birthday) 8. Date of Birth (Month, Day, Year) Birthplece (State or Foreign Country) **Funeral** Days Months Hours Min 1₩ M 2□ F Director 87 216-14-3217 Mar. 22, 1911 North Carolina Usual Residence of Decedent 10e. Stete 10c. City, Town or Location show 10b. County 10d. Inside City Limits r than "natural", or items 23s or 28s-f show Funeral Director MD 1 Yes 2 No Harford Aberdeen 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 601 Cornell Street U.S.A. 21001 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒No If Yes, Give Yeer or Detes: 14. Race - American Indien, Bieck, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 1 Never Merried 2 Merried 1 ☐ Yes 2 X No Specify: Specify White Be Completed by 3 ₩ Widowed 4 Divorced Decedent's Usuel Occupetion
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) College (1-4or 5+) Caretaker Cemetery 17. Father's Neme (First, Middle, Last) ages 1 and 2 should be fill out of Health and Mentel Hit: If item 27 is marked oth y or other traumatic eventy. 18. Mother's Name (First, Middle, Meiden Surneme) Mary M. Howel Roby Alexander Stevens 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurei Route Number, City or Town, Stete, Zip Code) 732 Rand St. Robert D. Stevens (Son) Aberdeen, MD 21001 20e. Method of Disposition 20b. Place of Disposition (Neme of cametary, cremetory or other plece) 20c. Location - City or Town, State Pages nent of h 1 € Buriel 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) Harford Memorial Gardens 3/1/99 Aberdeen, Maryland 21. Signature of Funeral Service Licenses 22. Name and Address of Facility
Tarring—Cargo Funeral Home, P.A. 23e. Part1. Enter the diseased or complications that caused the ideath. Do not enter the mode of dying, such as cardiac or raspiratory errest, shock, or heart feilure. List only one cause on each line. Aberdeen, Maryland 21001-3399 Approximete Intarvei Between Onset end Death **Physician** tmmedieta Cause (Finel diseesa or condition resulting in death) /Medical Examiner to (or as a consequence of) Physician/Medical Examiner eymonitis The law requires that the death certificate be axecuted the buriai-transi Sequentielly list conditions, if eny, leeding to Immediate cause. Entar Underlying Cause (Disease or injury that Initieted events rasulting In deeth) Last Due to (or es e consequence of): Box 68760, Due to (or es e consequence of): for use as P.O. Pert II. Other stgniftcant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, 2 24b. Were autopsy findings evalleble prior to Completed 24a. Wes en eutopsy performed? completion of cause of deeth? Bedridden this certificata has 1 Yes 2 No 1 Yes 2 No of Vital or Attending Physician: 25. Wes casa referred to medical Be 26. Piace of Deeth (Check only ona) Hospitel: 1 ☐ inpatient 2 ☐ ER/Outpatient Other: Nursing Home 5 Rasidance 8 Other (Specity) 1 Yes 2 →No P 3 DOA funeral After Certification: 27. Menner of Deeth 28a. Date of Injury (Month, Day Year) 28c. Injury et Work? 28d. Describe how injury occurred Division 1 Intaturel 5 Pending Investigation s after death.
I Director: Af 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datermined 28f. Location (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Plece of Injury - At home, farm, streat, fectory, office building, atc. (Spacify) 4 Homicide To the Hospital within 24 hours a To the Funeral C completely filled 1 Certifying Phyelcian: To the best of my knowledga, death occurred et the time, dete end piece, end due to the ceuse(s) and menner es stetad.

2 Medicat Examtner: On the basis of exemination end/or investigation, in my opinion, deeth occurred et the tima, dete end piece, and due to the cause(s) and menner steted. Medical 29a. Certifier 29b. Sloneture end title of certifier 29c. License number 29d. Dete signed (Month, Dev. Year)

8 Law

DHMH 16 Rev 6/95

State

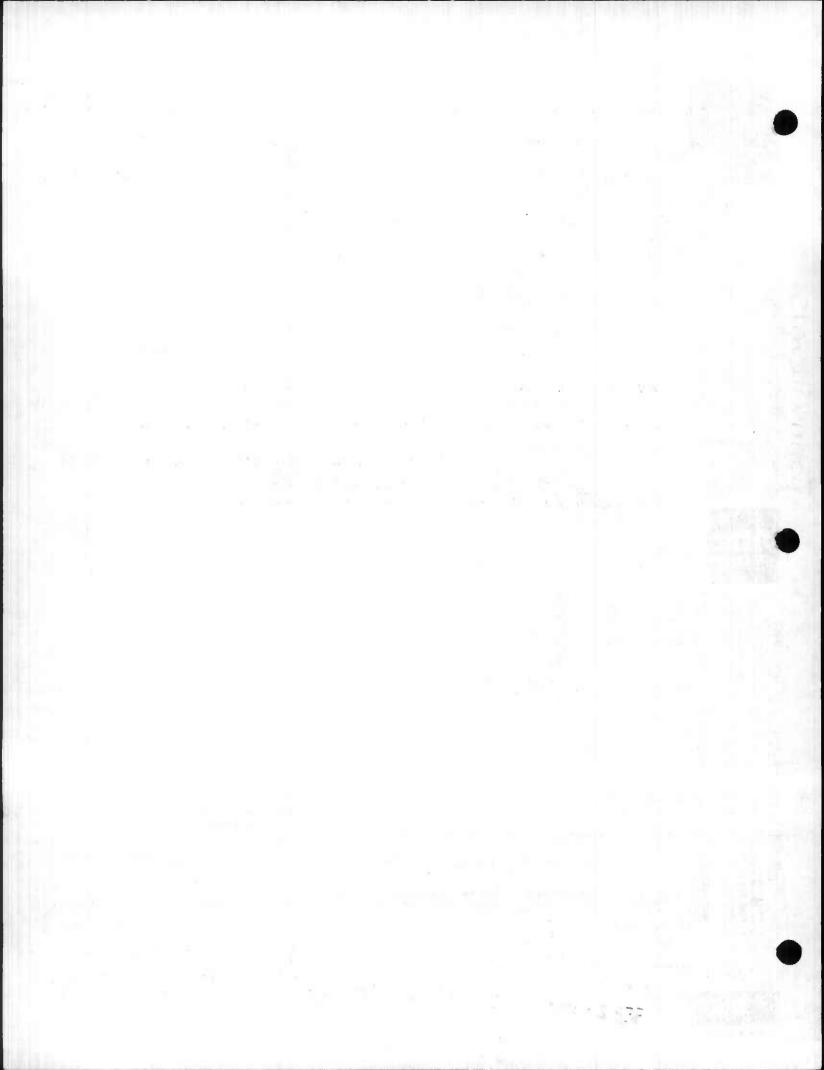
Registrar

30. Neme and eddrass of person who completed causa of deeth (Item 23e) (Type, Print)

32. Degistrer's Sign

31. Date filed (Month, Day, Year)

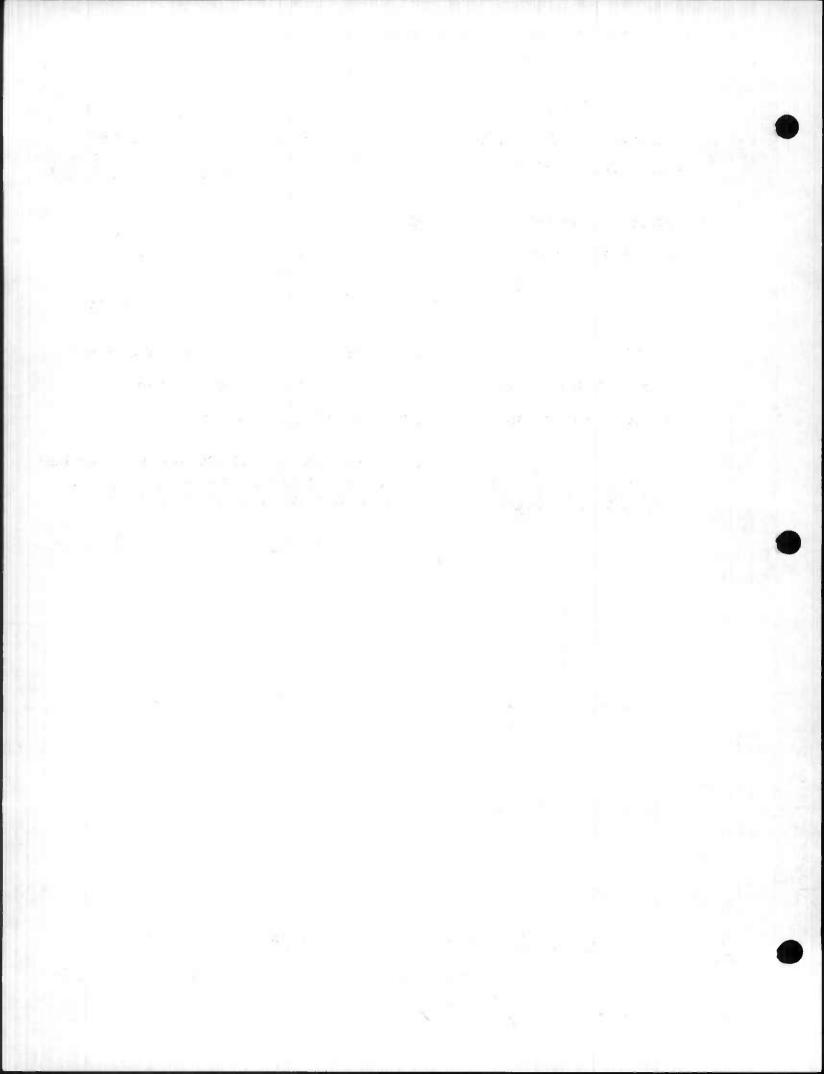
2 6 1998



State of Maryland / Department of Health and Mental Hygiene 99 0776

To Be Completed by Function and Popularian Properties and Completed by Funeral Director  To Be Completed by Funeral Director		1. Decedent's Neme (First, Middle, Last JAMES MALCOLM  4e. Facility Name (If not institution, give Fallston General  5. Social Security Number 235-20-0689  Usuel Residence of Decedent  10e. State 10b. County  Maryland Harfo  10e. Street and Number 1404 Shirley Dri  11. Maritel Status 1 Never Married 20 Married 3 Widowed 4 Divoccedent's Edu (Specify only highest gred  Elementery/Secondary (0-12) 12	SHAVER  street end number)  HOSpital  7. Aga (In 7)  Aga (In 7)  Tord  10  Ve  12. Was Decedent Ever Armed Forces?  1 Dayes 2 No	c. City, Town	Yrs. Month or Location l Air	Falls	24 Hrs. 8. Data of Bi Min. (Month, D	th 4c. County of	999 12 15 p resets arford 9. Birthpiece (Stete or Fore Country) W. Virginia			
Department of Health and Maheria Hydroxia arter open with the maryland Department of Health and Maheria Hydroxia.  Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Marical Evantiner insult be not the any injury or other traumatic event, the Marical Evantiner insult be not the and process.  To Be Completed by Funeral Director		Facility Name (If not institution, give Fallston General 5. Social Security Number 235-20-0689  Usuel Residence of Decedent 10e. State 10b. County  Maryland Harfo 10e. Street and Number 1404 Shirley Dri 11. Maritel Status 1 Naver Married 2 Married 3 Widowed 4 Divorced  15. Decedent's Edu (Specify only highest gred Elementery/Secondary (0-12)	Street and number) Hospital 7. Aga (In 7) My 20 F 7  Tord  Ve  12. Was Decedent Ever Armed Forces? 1 10 Yes, Sie 7	c. City, Town	Yrs. Month or Location l Air	Falls er 1 Yaar if Undar 2 s Deys Hours	rn, or Location of Dee	th 4c. County of	999 12 15 p resets arford 9. Birthpiece (Stete or Fore Country) W. Virginia			
To be a completed by Funeral Director  To Be Completed by Funeral Director  To Be Completed by Funeral Director		Fallston General  5. Social Security Number 235-20-0689  Usuel Residence of Decedent 10e. State 10b. County  Maryland Harfo 10e. Street and Number 1404 Shirley Dri  11. Maritel Status 1 Naver Married 20 Married 3 Widowed 4 Divorced  15. Decedent's Edu (Specify only highest gred Elementery/Secondary (0-12)	Hospital 7. Aga (In 7  ord  10  Ve  12. Was Decedent Ever Armed Forces? 1 Days 2 2 No 17 Yes, Give 7	c. City, Town	Yrs. Month or Location l Air	Falls er 1 Yaar if Undar 2 s Deys Hours	4 Hrs. 8. Data of Bi	На	arford  9. Birthpiece (Stete or Fore Country),  W. Virginia			
we will be partially and be a second to the partial be a second to the part		235-20-0689  Usuel Residence of Decedent 10e. State 10b. County  Maryland Harfo 10e. Street and Number 1404 Shirley Dri 11. Maritel Status 1 Naver Married 2 Married 3 Widowed 4 Divorced  15. Decedent's Edu (Specify only highest gred Elementery/Secondary (0-12)	7. Aga (Interpretation of the content of the conten	c. City, Town	Yrs. Month or Location l Air	er 1 Yaar if Under 2 s Deys Hours	24 Hrs. 8. Data of Bi Min. (Month, D		9. Birthpiece (State or Fore Country) W. Virginia  10d. Inside City Lim			
we will be partially and be a second to the partial be a second to the part		Usuel Residence of Decedent  10e. State 10b. County  Maryland Harfo  10e. Street and Number  1404 Shirley Dri  11. Maritel Status  1 Naver Married 20 Married  3 Widowed 4 Divorced  15. Decedent's Edu  (Specify only highest gred  Elementery/Secondary (0-12)	.VC 12. Was Decedent Ever Armed Forces?  1 □ 2 Ses 2 □ No If Yes, Give T.	c. City, Town	Yrs. Month or Location l Air	s Deys Hours	Min. (Month, D	ey, Year) 27, 1922	10d. Inside City Llm			
To Be Completed To Be Completed To Be Completed To Be Completed To Be Completed To Be Completed To Be Completed To Be Completed To Be CompleteD To Be D To Be	1	Maryland Harfo  10e. Street and Number  1404 Shirley Dri  11. Maritel Status  1 Naver Married 20 Married  3 Widowed 4 Divorced  15. Decedent's Edu (Specify only highest gred Elementery/Secondary (0-12)	.Ve  12. Was Decedent Ever Armed Forces?  1 □ 3 es 2 □ No 1	Be.	l Air	lip Code						
To Be Completed To Be Completed To Be Completed To Be Completed To Be Completed To Be Completed To Be Completed To Be Completed To Be CompleteD To Be D To Be	1	10e. Street and Number  1404 Shirley Dri  11. Maritel Status  1 Never Married 2 Married  3 Widowed 4 Divorced  15. Decedent's Edu (Specify only highest greed Elementery/Secondary (0-12)	.VC  12. Was Decedent Ever Armed Forces?  1 □ X = 2 □ No If Yes, Give Tall			lip Code						
To Be Completed To Be Completed To Be Completed To Be Completed To Be Completed To Be Completed To Be Completed To Be Completed To Be CompleteD To Be D To Be	1	10e. Street and Number  1404 Shirley Dri  11. Maritel Status  1 Never Married 2 Married  3 Widowed 4 Divorced  15. Decedent's Edu (Specify only highest greed Elementery/Secondary (0-12)	.VC  12. Was Decedent Ever Armed Forces?  1 □ X = 2 □ No If Yes, Give Tall			Cip Code			1 □ Yes 2 🗗			
To Be Completed To Be Completed To Be Completed To Be Completed To Be Completed To Be Completed To Be Completed To Be Completed To Be CompleteD To Be D To Be	1	11. Maritel Status  1 Naver Married 2 Married  3 Widowed 4 Divorced  15. Decedent's Edu (Specify only highest gred Elementery/Secondary (0-12)	12. Was Decedent Ever Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give	in U,S.				10g. Citizen of Wh	uet Country?			
To Be Completed To Be Completed To Be Completed To Be Completed To Be Completed To Be Completed To Be Completed To Be Completed To Be CompleteD To Be D To Be	1	1 Naver Married 2 Married 3 Widowed 4 Divorced  15. Decedent's Edu (Specify only highest gred Elementery/Secondary (0-12)	Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give To	in U,S.		21015		US	SA.			
To Be Completed To Be Completed To Be Completed To Be Completed To Be Completed To Be Completed To Be Completed To Be Completed To Be CompleteD To Be D To Be	1	15. Decedent's Edu (Specify only highest gred Elementery/Secondary (0-12)	Year or Detes: - W			edant of Hispanic Orig ecify Cuben, Mexican,	in? (Specify Yas or N Puerto Rican, etc.)	0- 14. Race - Black,				
To Be Completed To Be Completed To Be Completed To Be Completed To Be Completed To Be Completed To Be Completed To Be Completed To Be CompleteD To Be D To Be	1	(Specify only highest gred Elementery/Secondary (0-12)		WII	1 LI Yes	ZXNo Specify:		Specify:	White			
xx xx xx xx xx xx xx xx xx xx xx xx xx	1	Elementery/Secondary (0-12)	ucation (e completed)	16e.	Decedent's Us	uel Occupetion vork done during most	of working	16b. Kind of Busi	ness/Industry			
To Be To Be	1	12	College (1-4or 5+)		life. DO NOT	use retired)	or voltag					
was a second of the control of the c				Li	ayout M							
was a second of the control of the c	)	17. Fether's Neme (First, Middle, Last)	Cla access				's Neme (First, Middle		where autopsy finding aveilable prior to completion of cause of death?  1 24b. Were autopsy finding aveilable prior to completion of cause of death?  1 2 4b. Were autopsy finding aveilable prior to completion of cause of death?  1 2 4b. Were autopsy finding aveilable prior to completion of cause of death?  1 2 4c. Were autopsy finding aveilable prior to completion of cause of death?  2 4c. Were autopsy finding aveilable prior to completion of cause of death?  2 4c. Were autopsy finding aveilable prior to completion of cause of death?  2 4c. Were autopsy finding aveilable prior to completion of cause of death?  2 4c. Were autopsy finding aveilable prior to completion of cause of death?  2 4c. Were autopsy finding aveilable prior to completion of cause of death?  2 4c. Were autopsy finding aveilable prior to completion of cause of death?  2 4c. Were autopsy finding aveilable prior to completion of cause of death?  2 4c. Were autopsy finding aveilable prior to completion of cause of death?  2 4c. Were autopsy finding aveilable prior to completion of cause of death?  2 4c. Were autopsy finding aveilable prior to completion of cause of death?  2 4c. Were autopsy finding aveilable prior to completion of cause of death?  2 4c. Were autopsy finding aveilable prior to completion of cause of death?  2 4c. Were autopsy finding aveilable prior to completion of cause of death?  2 4c. Were autopsy finding aveilable prior to completion of cause of death?  2 4c. Were autopsy finding aveilable prior to completion of cause of death?  2 4c. Were autopsy finding aveilable prior to completion of cause of death?  2 4c. Were autopsy finding aveilable prior to cause of death?  2 4c. Were autopsy finding aveilable prior to cause of death?  2 4c. Were autopsy finding aveilable prior to cause of death?			
was a second of the control of the c		John Wesley	Shaver			Ethe						
hysician //Medical ixaminer		19e. Informent's Neme/Relationship (T) Dolores E. Shaver	- wife	14	404 Shi	rley Dr.,	Bel Air, N	per, City or Town, Si D 21015	ate, Zip Code)			
hysician //Medical ixaminer	2	20e. Method of Disposition 1 XBurial 2 ☐ Cremetion 3 ☐ F		<ol> <li>Plece of cemeter;</li> </ol>	Disposition (Ny, cremetory or	eme of other plece)	Date	20c. Location - Ci	ity or Town, Stete			
hysiclan /Medical ixaminer		4 □ Donetion 5 □ Other (Specify)		Harfo	rd Memo	rial Grdns	2/27/99	Aberde	en, Maryland			
/Medical ixaminer টু	2	21. Signature of Funeral Service Licens			22. Name HOW		mas III Fu	neral Hor	me, P.A.			
/Medical ixaminer টু		23a. Part1. Entir the disease, or complandok, or heart feilure. List only or	lications that causad tha	death. Do n	not entar tha m	ode of dying, such es o	ardiac or respiratory	errest,	Approximete			
/Medical ixaminer টু	1	anook, or heart fellure. List only of										
je l		Immediate Cause (Final disease or condition	R	ospira	motes	Failure	_		zday			
je je	ľ	resulting in deeth)			consequence o							
의 성 [뉴]												
nding physician and use es the bural-transit	L	Sequentielly list conditions,	Dua Dua	to (or es e c	consequence o	):						
cian s	18	Sequentielly list conditions, if eny, leading to Immediate causa. Enter Underlying Ceuse (Disease or injury	•									
ng physicie s es the bu	t	that initiated events resulting in death) Lest	Due	to (or es e co	onsaquence of	):						
Z end			d.									
d by the ettend eteched for us.	F	Pert II. Other significant conditions cor	ntributing to death but no	t resulting in	the underlying	cause givan in Part I.	23b. Did	tobacco use contr	ibute to the cause of de			
dete dete		Chronic L	ijujonoci	De 1	henke	ma	1 🗆	Yes 2 No 3	Probably 4 Unk			
tale hes been signed by the ette page 2 should be deteched for Completed by Physicia							24e. Wes	s an eutopsy ormed?	avellable prior to			
5 0 D									/			
r, page								Yes 2 No	1 ☐ Yes 2 ☑ No			
this certificate has trail director, page 2 s	2	25. Wes case referred to medical axaminer?	Hospitel:			Othor	of Deeth (Check only					
重点 上	2	1 Yes 2 No	1 ☑ Inpetient 28e. Dete of Injury	2 ER/Out		ALI NUI		how injury occurred				
After fune		1 ☐Naturel 5 ☐ Pending	(Month, Dey Yea		njury	28c. injury et Work? 1 ☐ Yes 2 ☐ N		now injury occurred	'			
re effect death.  al Director: Affect ted in by the funers  Certification:	ĺ	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. Plece of Injury - building, etc. (S)	At home, fer			28f. Location	(Street end Number wn, Stete)	or Rurel Route Number,			
within 24 hours effer death. To the Funeral Director: Affer thi completely filled in by the funeral Medical Certification: 7		29e. Certifier (Check only one)	sician: To the best of my ner: On the basis of exe	knowledge,	, deeth occurre	d et the time, date end n, in my opinion, death	plece, end due to the n occurred et the time,	ceuse(s) end menn dete end plece, en	ner as steted. d due to the ceuse(s)			
ithin 2 the comple		29b. Signetura and title of certifier	end manner stated.		2	9c. License number		29d Date signed /	14. Race - American indien, Black, White, etc.  Specify: White  Gind of Business/Industry  S. GOVERNMENT  Sumeme)  Meyers  or Town, State, Zip Code)  21015  ocation - City or Town, Stete  perdeen, Maryland  all Home, P.A.  n, MD 21009  Approximate Intervel Between Onset and Death  Z dought  Dusse contribute to the cause of death  Z dought  Approximate Intervel Between Onset and Death  Dusse and Death  Dusse contribute to the cause of death  Approximate Intervel Between Onset and Death  Dusse of death  Dusse Contribute to the cause of death  Dusse of death?  Dusse Contribute to the cause of death  Dusse of death?  Dusse Contribute to the cause of death  Dusse of death  Dusse Contribute to the cause of death  Dusse of death  Dusse Contribute to the cause of death  Dusse of death  Dusse Contribute to the cause of death			
8 = 8	2	M	M.	D.	-	D453	90					
25/	2	Y				20 1.3	, -	-1-	.( , (			
10.1		30. Name and addresslot person who completed cause of death (Item 23e) (Type, Print)  MYO MIN (M. J.) 6830 HOSPITAL DR 4 206 BALTIMORE, MD 21237										
State Registrar		MYO MIN (M.D.)	6830 40	sputh	AL DR	# 206,	BALTIMO	RE, ME	121237			

Shaver, James



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month J. RAYMOND STEWART February 24 1999 9:30 AM 4b. City, Town, or Location of Death 4e Fecility Neme (If not Institution, give street and number) 4c. County of Deeth Mariner Health of Bel Air Bel Air Harford If Under 1 Year | If Under 24 Hrs. Birthplece (State or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Year) Months Devs Hours XXM 2 F Vre 96 215-14-4093 6/23/02 Maryland Usuel Residence of Decedent 10c. City, Town or Location 10d. Inside City Limits 10b. County Harford Street 1 Yes 2000 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3611 Miller Road 21154 USA Race - American Indian, Bleck, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 15 No If Yes, Give Was Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Status 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 2XXX o Specify: SpecifiWhite 3 Widowed 4 □ Divorced Yeer or Detes: 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) Home heating oil 4 Owner 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) John Henry Stewart Sarah Iley 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 3611 Miller Rd., Street, Marilyn Thompson-MD 21154 20b. Pieca of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete DOBurial 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Laureldale Cemetery 2/26/99 Reading, PA 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility Harkins F.H. Inc., 600 Main St., Delta, PA Part I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feiture. List only one cause on each line. 17314 Approximete Intervel Between Onset end Deeth Preumonia Immediate Cause (Final 6 days diseese or condition resulting in death) Due to (or es e consequence of): Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Lest Due to (or es e consequenca of): Due to (or as e consequence of): Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24e. Wes en eutopsy performed? 24b. Were eutopsy tindings evallable prior to completion of cause of deeth? 2 0 (No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? 26. Piece of Deeth (Check only one)

**Physician** /Medical Examiner

**Physician** 

/Medical

Examiner

10e. Stete

MD

Director

Funeral

by

Completed

Be

**Funeral** 

Director

Hygiena. Wher than "natural", or Herns 23a or 28a-f show ent, the Medical Examiner must be notified at

Pages 1 and 2 should be filed within 72 hours after death with 1 tent of Heatth and Mental Hygiena. nt: If Item 27 is marked other than "natural", or Itema 23a or 3

7 is marked other traumatic event, I

= 8

permit. Page Department

Baltimore, Maryland 21215-0020

the Maryland

Examiner tha death certificate be executed physician and the burial-transit attending pl signed by the a d be detached f

certificata has b I director, this funeral Aftar

Physician/Medical by Completed Be

Certification: To

P.O. Box 68760. Division of Vital Records, Attending Physician: after deat Director: To the Hospital or Atte within 24 hours after de To the Funeral Directo completely filled in by th

John

Registrar

edical

29b. Signeture end title of certifier

5 Pending

investigation

6 Could not be determined

28e. Date of Injury (Month, Dey Year)

29c. License number D34652

28c. Injury et Work?

1 ☐ Yes 2 ☐ No

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pieca, end due to the ceuse(s) end menner as stated.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end piace, end due to the cause(s) end menner steted. 29d. Dete signed (Month, Dey, Year)

28f. Location (Street end Number or Rural Route Number, City or Town, Stele)

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Describe how injury occurred

30. Neme end eddress of person who completed cause of death (Item 23e) (Type, Print) Bil Din Maryland 2 North Avenue 14456011

Hospital:

31. Dete filed (Month, Dey, Yeer)

1 Yes 2 No

27. Menner of Death

1 Netural

2 Accident

3 Suicide

29a. Certifier

4 Homloide

(Check only one)

32. Registrer's Signeture

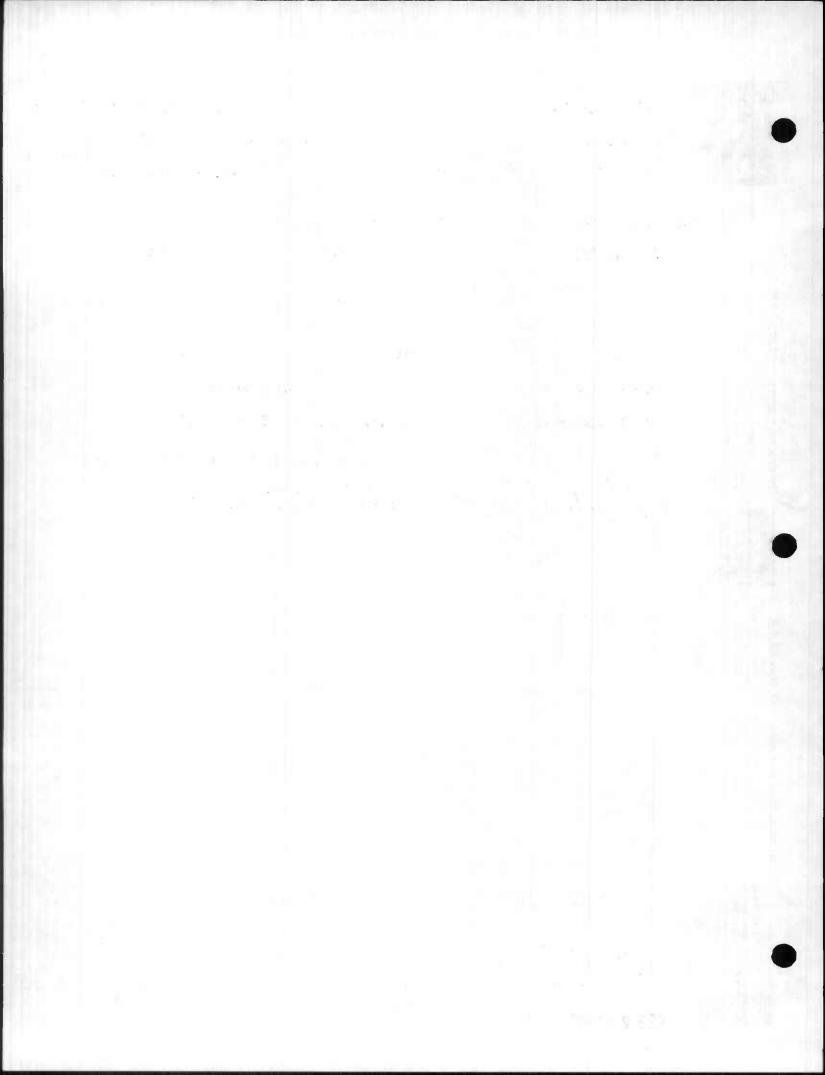
1 Inpatient 2 ER/Outpatient 3 DOA

28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28b. Time of

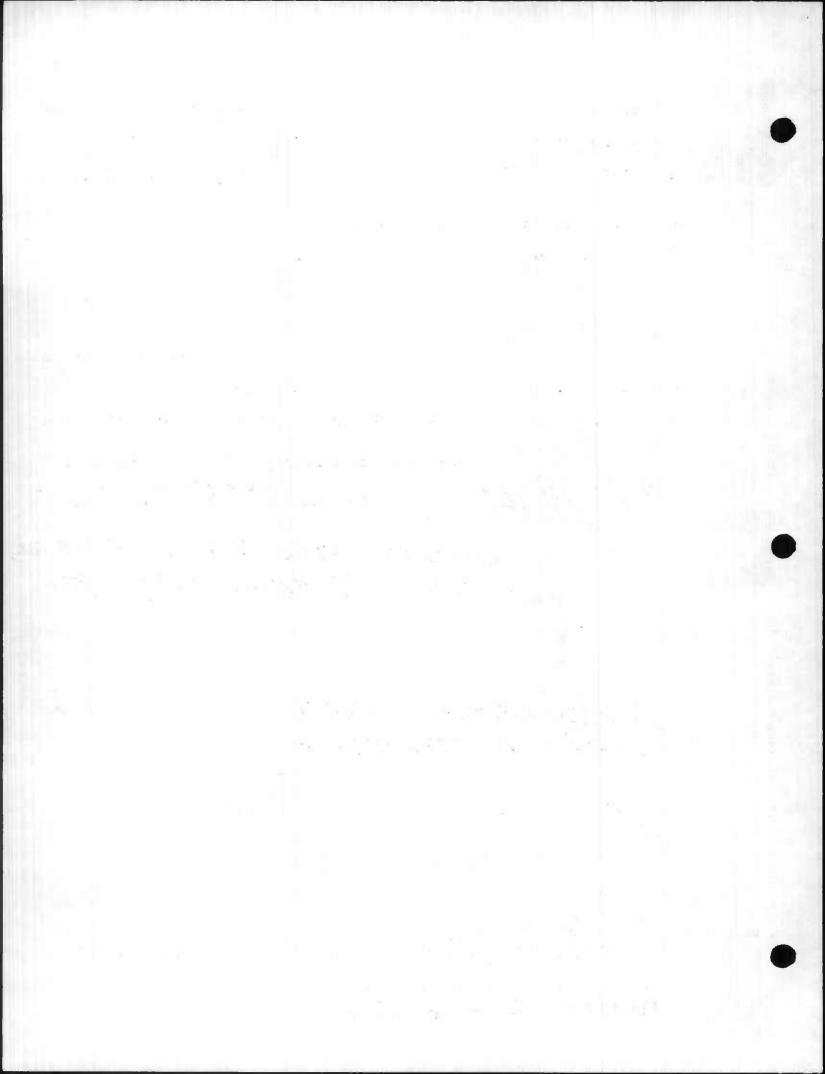
El Dell Lan (1997) - Alfred F. Friedlich (1997) - Alfred E. Biel Delge (1997) - Anno 1997 - Andrew Constraint (1997)

								ertificate				Reg	. No. 9 9	0	776	6
п	Physici	an	1. Decedent's Name								2. Date of Month		Day	Year	3. Time	
	/Medic		Kathleen	Stanle	9						Febru	lary	25 1	999	10:3	30 AM
	Examin		4a Fecility Name (If	not institution, g	4	lb. City, Town,	or Location of [	eath	4c. County							
		J.	134 Adam	s Rd.						Port	Deposit		Cecil	e		
т	Funeral		5. Social Security No	umber 6.	Sex	7. Age (In y	rs. lest birthde	y) If Under 1 Y Months D	ear	If Under 24	Hrs. 8. Date of (Month)  Dec.	Birth V	(ear)	9. Birthp	lace (Stete	or Foreign
	Director		311-26-8		1□M 2 <b>∏</b> F	7	7.2 Yrs. Months Days					31,	1926	Õh	io	or Foreign
	death with the Menyland		Usual Residence of 10a. State	10b. County		}	City, Town or							1	0d. Inside (	City Limits
	vith the Meryle or 28a-f shor	cto	Maryland	Cecil			Port D	eposit								, 281100
	E 20	Sire.	10e. Street end Num					10f. Zip Co				10g	. Citizen of V	Vhat Cour	itry?	
	23a	a	134 Adam	s Rd.				2190	04				USA			
120	or its	by Funeral Director	11. Meritel Status  1 Never Marrie 3 Widowed		Armed F	2 X No	U,S. 1:	If Yes, specify  1 ☐ Yes 2 💢		ispenic Origin' an, Mexican, P Specify:	(Specify Yes ouerto Rican, etc	r No- )		ck, White,	an Indian, etc.	
8	72 hours	8	5 E 111001100	15. Decedent's		Jui 63.	16a De	edent's Usual O	lecuni	etion		16	b. Kind of Bu			
Maryland 21215-0020	c • 6	Completed	Elementary/Secon	ify only highest g	rade completed	) (1-4or 5+)	(Gi	ve kind of work d DO NOT use n	lone d etired	during most of	working		lwn Hon		duany	
2	tygie her mt, m	ပိ	17. Father's Neme (	Eirct Middle La	06)		nome	makel		18 Mother's	Name (First, Mi					
and	ges 1 end 2 should be filed within to fileal bygiene. It of Health end Mentel bygiene. If item 27 is marked other than or other traumatic event, the Mentel fraumatic event, the Mentel fraumatic event, the Mentel fraumatic	Be			51)						h Hoski		noen Somen	10)		
3	2 should be end Mentel is marked o	2	William											O		
Ja			19e. Informent's Na					iling Address (S							Code)	
	end lealth m 27 her t		J. R. St		isband	loo.		Adams 1							C1-1-	
Ore	of H		20a. Method of Disp		☐Removal from	State	cemetery, c	position (Neme or other	r piec	ce)	Date	20	c. Location -	City or 10	wn, State	
Ē	Peg ment: ant: ury			5 ☐ Other (Spec		W	est No	ttingham	1 C	emeter	1 2-27-9	9 (	Colora	, Ma	ryland	1
Baltimore,	permit. Pages 1 end 2 Department of Health of Important: If item 27 is any injury or other tra pncs.		21. Signature of Fur	/	1	7	<b>?</b>	R. T. Fo		1 40	ral Hom	e, F	. A.	0101		
			R. T. Foard Funeral Home, P. A.  111 S. Queen St., Rising Sun, MD 21911  23a Part Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate Interval Between Onset and Death													ate
	Discolution		shook, or hear	t failure. List on	ly one carse on	each line				0.				1	Onset and	tween Death
	Physician /Medical		Immediate Cause (I													
	Examiner		disease or condition resulting in death)	n	a. / //	letast	ralic	Wan.	2	small	Coll		uy (a	uce		
		-				Due to	o (or as a cons	sequence of):					0			
	pa sit	in a			b											
	ete be executed hysician end the buriel-transit	Examiner	Sequentially list con	nditions,		Due to	(or es a cons	equenca of):								
50,	ficete be execul physician end sthe bunel-tran	Ü	Sequentially list cor if any, leading to im cause. Enter Under Ceuse (Disease or I	rlying	c											
68760,	hysie the t	edicai	that initiated events resulting in death) L		0.	Due to	(or as a cons	equence of):						1		
														1		
Box	death certife e ettending	an			- 0											
		Sic	Part II. Other signifi	cant conditions	contributing to d	death but not r	esulting In the	underlying caus	se giv	en in Part I.	23b.	Did tob	acco use co	ntributa t	the cause	of death?
P.0	requires that the death cen been signed by the ettendin should be deteched for use	by Physician/M										1 🔁 Yss	2 □ No	3□ Pro	bably 4[	Unknown
S,	es the	by												T		All a All a second
orc	requires sen sign hould be	Completed									240.	Wes en performe	eutopsy ed?	ev	ere autopsy elleble prio	rto
S	law r	ple												of	mpletion of death?	cause
ď	The I	E										1 ☐ Yes	2184No	1[	Yes 2	<b>S</b> ⊌No
ta	ifica or, p	Be C	25. Was case referr	red to medical	T					26. Piece of	Deeth (Check of	nh one	)			
5	Physician: The law this certificate hes b rai director, page 2 s	ToB	examiner? 1 ☐ Yes 2 🔼	No	Hospital:	Inpatient 2	☐ ER/Outpat	ient 3 DOA	Oth	or.	ng Home 5			er /Snecii	6/1	
Division of Vital Records,	Phys r this arai di	1.	27. Manner of Death		28a. Dete	of Injury	28b. Time		Injun				injury occur		7/	
on	Attending For deeth.  Sctor: After by the funer	tior	1 Nature! 2 Accident	5 Pending investigat		nth, Dey Year,	) Injur	M		k? Yes 2∐No						
S	deed ctor: y the	lica	3 Suicide	6 Could not	be on Die	a of Injury - A	t home, farm.	street, fectory, or	ffice				et end Numl	ber or Run	al Route Nu	ımber,
S	Olred In b	ta	4 Homicide	determine	build	ling, etc. (Spe	city)	,			City o	r Town,	Stete)			
_	Hospital 24 hours Funeral stely filled	Ö	29a, Certifier	180 Combine	Physician; To the	a heat of my k	rouladee de	ath occurred at t	the tin	no dote and n	laca, and due to	the cau	see(e) and mi	annar as s	teted	
	Hos 24 hc Fun etely	edical Certification:			aminer: On the b											(s)
	To the Hospital or Attending Physician: within 24 hours after deeth.  To the Funeral Director: After this certific completely filled in by the funeral director,	Me	29b. Signature and	title of certified	wild intal	autou.		29c. L	icens	e number		290	d. Date signe	d (Month.	Dey, Year	
	F 3 F 8											25 7	100	7		
			- //	1/4	-			103	3	653		1	124	647		
	n	1	30. Name end addre	ess of person wh	o completed cau	of death (!	tem 23a) (Typ	e, Print)	,	OV M	1000 11		10	0	1	20-
	2		Montha	No stor		D.M. to	) //	W. Hos	gh	J, 7	209 U	est	- (Tra	411	X 19	383
	Sta	te	31. Date filed (Mont	h, Dey, Yeer)	32.1	Registrar's Sig	gneture			· ·	,			-		
	Registr	ar	EFR 9	0000	60	Le .	4 1	20. V. 1								



Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Tima of Death Day **Physician** 1999 22 Florence "Betty" Ε. February 2020 Stiles /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Fecility Nama (If not institution, give street and number) Examiner Union Hospital Elkton If Undar 1 Year If Undar 24 Hrs. 5. Social Security Number 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foreign Country) 7. Age (In vrs. lest birthday) **Funeral** Deys 1 M 2 XF Months Hours Yrs. Director 221-20-0398 Wilm., DE Aug.1,1934 Usual Rasidance of Decedant parmit. Pages 1 and 2 should be filed within 72 hours efter deeth with the Meryland Department of Health end Mentel Hygiena. Important: if them 27 is marked other than "naturel", or items 23a or 28a-f show than injury or other treumstic event, the Modical Evantment must be notified at 10a. Stata 10h Counts 10c. City. Town or Location 10d. Insida City Limits 1 ☐ Yas Ž ☐ No Directo Delaware New Castle Wilmington 10e. Street and Number 10f. Zip Coda 10g. Citizan of Whet Country? 218 Binstead Avenue 19804 USA Funeral 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☐ Nao If Yas, Giva Yaar or Datas: 14. Reca - American Indien, 13. Was Decedant of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Black, White, etc. 1 Navar Marriad 2 Married 1 Yas 2 No Specify: Specify: by 3 ☐ Widowed 4 ☐ Divorced white Completed 16a. Decedant's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Businass/Industry 15. Dacedent's Education (Spacify only highast grada complated) Elementary/Secondary (0-12) College (1-4or 5+) 11 Vinnies's Sub Shop Waitress 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Meldan Sumema) William H. Jones Beatrice Robbins 19b. Mailing Addrass (Straat and Numbar or Rural Routa Number, City or Town, Stata, Zip Coda) 19a. Informant's Name/Ralationship (Type, Print) Bobbie Jo Smith (daughter) 218 Binstead Avenue Wilm., DE 19804 20b. Placa of Disposition (Nama of cematary, cramatory or other placa) 20a. Method of Disposition

1 ☐ Burial 2 ☐ Crametion 3 ☐ Removel from Stata 20c. Location - City or Town, Stata 4 ☐ Donation 5 ☐ Othar (Specify) Silverbrook Cemetery 2/26/99 Wilm., DE 22. Nama and Addrass of Facility McCrery Funeral Homes, 3924 alle Concord Pike Wilm., DE 19803 23a. Part1. Enter the disease, or complications that caused the dishock, or haert failure. List only one cause on each line. intar tha moda of dying, such as cardiac or respiratory arrast, Approximate Interval Batween Onsat end Deetl **Physician** /Medical Immedieta Causa (Final disaese or condition resulting in deeth) Examiner Examiner physician end s the burial-transit The law requires that the death certificeta be executed Sequentially list conditions, if ony, laading to immadiata cause. Entar Undarlying Causa (Disaasa or Injury that initieted events rasulting in daath) Last Records, P.O. Box 68760. Physician/Medical Dua to (or as e consaquenca of): 8 signed by the a Part II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findinge available prior to should I Completed 24e. Wes en eutopsy completion of cause of death? certificate has b 1 Yas 2 No 1 ☐ Yes 2 ☐ No Division of Vital director, or Attending Physician: Be 25. Was casa rafarrad to medical examinar? 26. Piece of Death (Check only ona) Other: 4 Nursing Homa 5 Rasidanca 6 Other (Specify) 1 Yas 2 No Inpatiant Certification: To 2 ER/Outpatient 3 DOA this funeral 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 27, Mennes of Death 28b. Tima of 28d. Dascribe how injury occurred After 1 Natural 5 Panding 1 Yes 2 No death. invastigation 2 Accident within 24 hours after death To the Funeral Director: / completally filled In by the i 6 Could not be determined 28f. Location (Straat and Number or Rural Route Number, City or Town, Stata) 3 Suicida 28e. Pleca of Injury - At homa, farm, straat, factory, office building, etc. (Specify) 4 T Homicide 29a. Certifiar Certifying Physician: To tha best of my knowledga, daath occurred at the time, date and piece, and dua to tha causa(s) and manner as stated. Medical Medical Examiner: On the basis of axaminetion and/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(s) and manner stated. (Check only one) within 2 29b. Signature and 29c. License number 29d. Data signed (Month, Day, Year) d cause of death (Item 23e) (Type, Print) John Wilvey is filed (Month, Day, Year) FEB 2 4 1999 111 BOW Street Elkton, MD 21921 32. Registrar's Signatura State Registrar



State of Maryland / Department of Health and Mental Hygiene Q

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death February 23, 1999 **Physician** 4:10 pm Glen Franklin Stewart /Medical 4b. City, Town, or Location of Death 4a Fecility Name (If not institution, give street and number) 4c. County of Death Examiner 1043 Garywood Lane Arnold Anne Arundel H Under 1 Yeer If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year)

Oct 13, 1935 5. Social Security Number Birthplace (State or Foreign Country) 7. Age (In yrs. last birthdey) **Funeral** 1**∑** M 2□ F Months 63 Yrs. 456-52-0969 **Director** Texas Usuel Residence of Decedent the Maryland 10c. City, Town or Location 10d. Inside City Limits r 28a-f show 10a State 10h County Arnold Anne Arundel 1 ☐ Yes 2 No Directo 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? with 1 r than "natural", or items 23s or the Medical Examiner must be r 1043 Garywood Lane 21012 USA death , Funeral 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Race - American Indian. 11. Maritel Status Black, White, etc. Pages 1 and 2 should be filed within 72 hours after nent of Health and Mental Hyglena. Int: If item 27 is marked other than "natural", or ite iry or other traumatic event, the Medical Examina 1XYes 2□No If Yes, Give Vietnam Year or Dates: 1 Never Married 2 Merried Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuai Occupation (Give kind of work done during most of working life. DO NOT use retired) U.S. Government College (1-4or 5+) Elementery/Secondery (0-12) Intelligence 18. Mother'a Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) Frank Stewart Jewell Strawn 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Rowena Stewart / wife 1043 Garywood Lane, Arnold, MD 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete 20a. Method of Disposition Mar 3 1 Burlal 2 Cremation 3 Removal from State Department of important: If any injury or 1999 Arlington, VA Arlington National Cem. 4 ☐ Donation 5 ☐ Other (Specify) 21 Signature of uneral Service Licensee 22. Name and Address of Facility Barranco & Sons, P.A. Severna Park Funeral Home 495 Gov. Ritchie Hwy., Severna Park, MD 21146
Approximate that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ie/y complications that caused the Interval Between Onset and Deeth Physician Cause (Final IDIOPATHIC PULMONARY FIBROSIS 3 YEARS Due to (or es e consequence of): Examiner and-Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that inhibited events resulting in death) Last Due to (or as a consequence of): Box 68760 Physician/Medical 94 Due to (or as e consequence of): Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? o 1 Yes 2 No 3 Probably 4 Unknown à WRONARY ARTERY DISEASE Division of Vital Records, þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? HYPERTENSION page 2 1 Yes 2 No 1□ Yes 2□No certificate 25. Was cese referred to medical examiner? 8 26. Place of Death (Check only one) Hospital: 1 Yes 2 No Other: 4 Nursing Home 5 Mesidence 6 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1918 27. Manner of Death 28c. Injury et Work? 28a. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred Certification: 1 Netural Athending 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident after deatl Director: 6 Could not be determined 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide A 24 ho. The Funeral Direction of Funeral Direction of Funeral Direction of Funeral Direction of Property of Prope 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a. Certifier Medical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, dete and place, and due to the cause(s) and menner stated. (Check only one) Within 2 To the f 29d. Date signed (Month, Dey, Year) 29c. License number PENNSYLVANIA 29b. Signature and title of certifier M.D. MD-063740-L JOHN T. SCHINDLER, M.D. 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 250 WOOD RD ANNAPOLIS MARYLAND 21402 31. Date filed (Month, Day, Year) 32. Régistrar's Signature State FEB 2 5 1999 oorka Registrar

Some Branch

State of Maryland / Department of Health and Mental Hygiene 9 9

Certificate of Death 2. Data of Death 3. Time of Death 1 Decedent's Name (First Middle Last) 22 Year **Physician** Lily 7,53 Pm Sider RBRUARY /Medical 4b. City, Town, or Location of Death 4c. County of Deeth 4a Facility Name (If not institution, give street and number) **Examiner** BURNIE AMMB ARUNDEL NORTH-ARINGER GREN HOSPITAL H Under 1 Year If Under 24 Hrs. 8. Date of Birth (Months, Dey, Year)

Months Days Hours Min. Feb 22, 19 5. Social Security Number 7. Age (In yrs. last birthday) 75 Yrs. Birthpiace (State or Foreign Country)
 New York **Funeral** 1□M 2√2 F 078-18-8074 **Director** Usual Residence of Decedent 10b. County 10a. State 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at MD Anne Arundel Glen Burnie 1 ☐ Yas 2 ☒ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 397 Phirne Road 21061 USA Funeral 12. Was Decedent Evar in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian. 11. Marital Status Black, White, etc. 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 1 ☐ Never Marriad 2 ☐ Married 1 Yas 2 KNo Specify: White Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuai Occupation (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondary (0-12) College (1-4or 5+) Owner/Operator Tavern 12 other traumatic event, 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) permit. Pages 1 and 2 should be fill.
Department of Health and Menial Hy
Important: If itsm 27 is marked oth Sol Tabachnick Mollie Altesman 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Reletionship (Type, Print) Daniel Sider / husband 397 Phirne Road, Glen Burnie, MD 21061 20b. Place of Disposition (Name of cemetery, crematory or other place) Feb 23 1999 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Buriai 2 ☐ Cremation 3 ☐ Removal from Stata Baltimore, MD Metro Crematory 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility Barranco & Sons, P.A. Severna Park Funeral Home 495 Gov. Ritchie Hwy., Severna Park, MD 21146 Approximate Interval Between Onset and Death Physician SERTIE SHOTIC. /Medical cause (Final Examiner Exam Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to for as a consequence of Box 68760. edical Due to (or as a consequence of): 8 2 8 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Onknown Division of Vital Records, ğ 24b. Were autopey findings available prior to 24a. Was an autopsy performed? Completed completion of cause of death? 1 Yes 25 No 1 Ves 25/No 25. Was case referred to medical Be 26. Place of Death (Check only one) Other: 4□ Nursing Home 5□ Residence 6 □Other (Specify) 1 Yes 25 No 1 Sinpatient To 2 ☐ ER/Outpatient 3 ☐ DOA 414 28d. Describe how injury occurred 27. Mannyer of Death Certification: 28s. Date of Injury (Month, Day Year) 28c. Injury at Work? 1 Shatural 5 Pending 1 Yes 2 No 2 Accident hours after dealf aneral Director: 6 ☐ Could not be 3 Suicide Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 C Homicide 8 24 hours Funeral 29a Certifier (Check only one) Tertifying Physician: To the best of my knowledge, death occurred at the time, date end plece, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date end plece, end due to the cause(s) and manner stated. Medical within 2 To the R 29d. Date signed (Month, Day, Year) 29b. Signature and pate of certifier 29c, License number MIS 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) DRIVE GLEN BURNIE 31. Date filed (Month, Day, Year) 32. Registrer's Signature State FEB 2 5 1999 Registrar

signed b Completed Be 2

certificate Hospital or Attending Physician: 24 hours after death. Funers! Director: After this certifice 24 hours a To the Hosp within 24 hos To the Fune completely fi

Division of Vital

23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

26. Plece of Death (Check only one)

Kind Enclone Indto nephnum teniolos. Scheres. performed?

24b. Were autopsy findings available prior to completion of cause of deeth? 1 Tyes 2 No

25. Was case referred to medical 1 Yes 2 No

27. Manner of Death

1 Naturel 2 Accident

3 Suicide

29e. Certifier

4 ☐ Homicide

5 Pending

Investigation

6 Could not be determined

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

28e. Placa of Injury - At home, ferm, street, factory, offica building, etc. (Specify)

1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

1 ☐ Yes 2 ☑ No

1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date end plece, end due to the ceuse(s) and menner as stated.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, date end plece, end due to the cause(s) and manner stated.

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

29b. Signature and title of cartifier

29c. License number

29d. Date signed (Month, Dey, Year)

D02026

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Federico G. Arthes, MD 46 Teal Circle Berlin, MD 21811

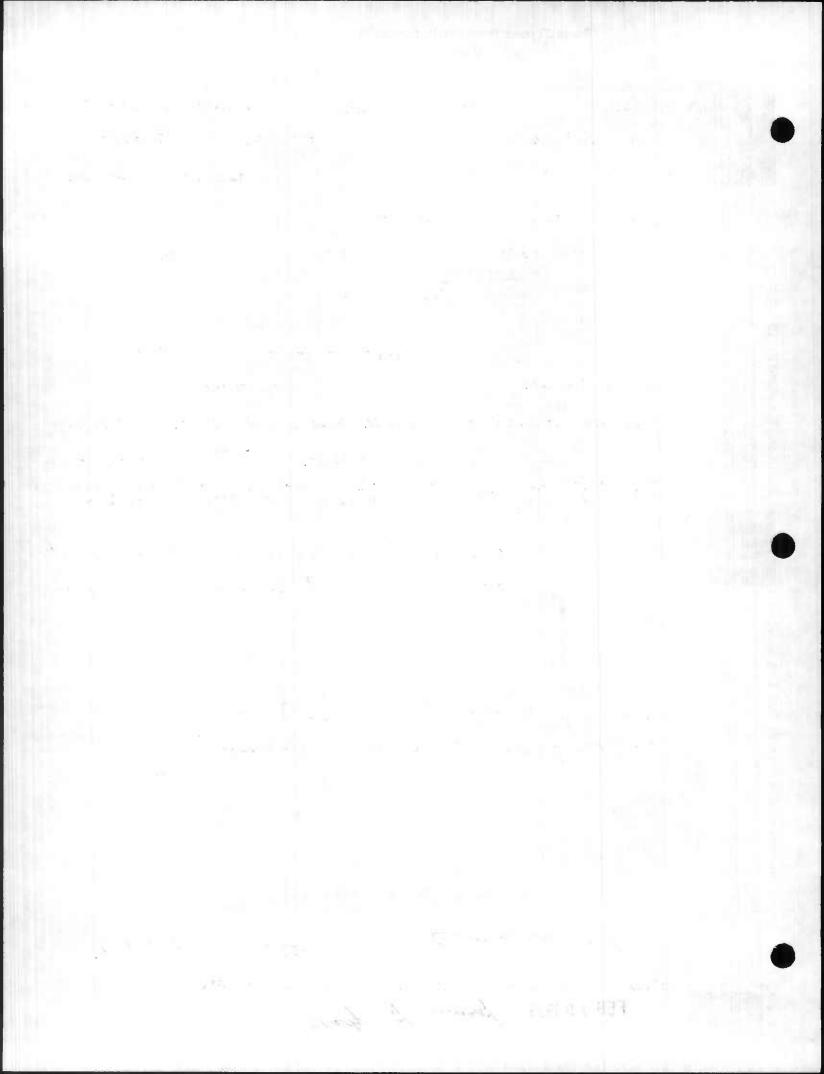
Registra

Certification:

Medical

31. Dete filed (Month Dey, Year) FEB 1 9 1999 32. Registrar's Signeture

18411 P

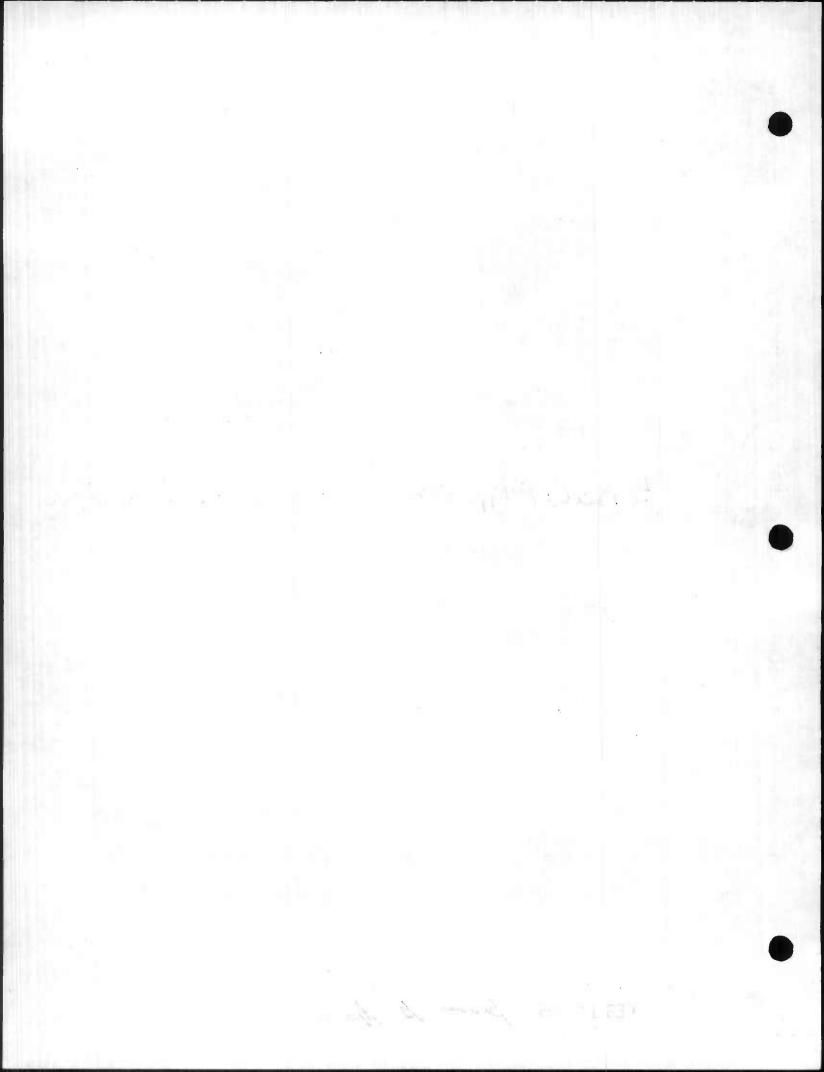


State of Maryland / Department of Health and Mental Hygiene Q

Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) 3. Tima of Death Day Month **Physician** Roy Stead February 18, 1999 11:35 AM /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Salisbury Center: Genesis ElderCare Salisbury, MD Wicomico If Under 1 Year | If Under 24 Hrs. Birthplace (State or Foreign Country) 5. Social Security Number 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) **Funeral** Days Hours Months 1**X** M 2□ F Yrs. Director 85 021-05-3255 MASSACHUSETTS Usual Residence of Decedent with the Maryland 10a. State 10b. County 10c. City. Town or Location 10d. fnside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be nothled at 1 Yes 2 No Directo MARYLAND WICOMICO SALISBURY 10f. Zip Code 10e. Street and Number 10g. Citizen of What Country? 231 CANAL PARK DR. UNIT A-3 21804 U.S.A. death Funeral 12. Wes Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Bleck, White, etc. 11. Meritel Status hours after 1 Never Married 2 Merried 1 X Yes 2 No If Yes, Give altimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: þ 3 Widowed 4 Divorced WHITE Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry filed within 72 al Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filed w Department of Health and Mental Hygier Important: if Item 27 Is marked other it any Injury or other traumatic svent, that ODGs. 12 SUPERINTENDANT TEXTILE INDUSTRY 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be V. 2 WALTER STEAD EDITH ALICE BROADBENT 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 231 CANAL PARK DR. UNIT A-3 SALISBURY, MD 21804 A. STEAD - WIFE 20b. Place of Disposition (Name of cemetery, crematory or other plece) 20a. Method of Disposition Date 20c. Location - City or Town, Steta 1 ☐ Burial 2 Commation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) CAMBRIDGE CREMATORY 2-19-99 CAMBRIDGE, MARYLAND 21. Signature of Funeral Service Licensee 22. Name end Address of Facility 705 E. MAIN ST. CF51-23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line. SALISBURY, MD 21804 Approximate tntervel Between Onset and Death **Physician** /Medical Immediate Cause (Finel disease or condition resulting in death) Examiner Due to (or as a consequence of): Examiner be sxacuted physician and s the burial-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760 Physician/Medicai Due to (or es e consequence of) 88 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dtd tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown lementon signed b Records. þ 24b. Were autopsy findings available prior to 24a. Wes an eutopsy Completed completion of cause of death? page 2 has 2 No 1 Yes 2 No 1 🗆 Yes certificate Division of Vital 25. Was case referred to medical examiner?
1 ☐ Yes 2 ☐ No Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospital: 2 1 Inpatient 2 ER/Outpatient 3 DOA this funaral 28a. Date of Injury (Month, Dey Year) Certification: 27. Menner of Death 28c. Injury at Work? 28d. Describe how injury occurred Hospital or Attending Pi
 24 hours after death.
 Funeral Director: After the 28b. Time of 5 Pending investigation Neturat 2 Accident 1 Yes 2 No 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) In by 4 | Homicide To the Hospital or within 24 hours aft To the Funeral Di completely filled in Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner es steted.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier Medical 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) D 39813 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Michael R. Atkins, M.D. 1104 Healthway Dr., Salisbury, MD 31. Date filed (Month, Dey, Year) 32. Registrer's Signeture FEB 1 9 1999 Registrar

DHMH 16 Ray 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Physician Tribull Frederick Helene 23, 1999 12:16 pm February /Medical 4c. County of Death Anne Arundel 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth Examiner Annapolis Anne Arundel Medical Center If Under 24 Hrs. 7. Age (In yrs. last birthday) 82 vrs. If Under 1 Year 5. Social Security Number 8. Date of Birth (Month, Dev. Year) Birthplace (Steta or Foraign Country) Funeral Days Months Hours 216-07-8035 1 M 2 X F Director Sept 14, 1916 Maryland Usual Residence of Decedent filed within 72 hours effer deeth with the Meryland Hygiene. Ther than "natural", or Itema 23a or 28a-f show 10b. County 10c. City, Town or Location Annapolis 10a. State 10d. Inside City Limits the Medical Examiner must be notified at Anne Arundel MD 1 Yes 2 No Director 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? USA 21401 1103 Rivercrescent Drive 13. Was Decadent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U.S. Armed Forces? 14. Race - American Indian Black, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Never Married 2 Married Baitimore, Maryland 21215-0020 white 1 Yes 2 No Specify: Specify: 2 3 CWidowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) 12 College (1-4or 5+) Homemaker Home . Peges 1 and 2 should be filled will ment of Heelth and Mentel Hyglen tant: if Item 27 Is marked other th jury or other treumatic event, the 18. Mother's Name (First, Middle, Maiden Sumeme)
Minna Kas 17. Fether's Name (First, Middle, Last) e Frederick Oscar 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 213 Eareckson Lane, Stevensville, MD Douglas Tribull / son Feb 26 20a. Method of Disposition 20b. Place of Disposition (Name of cametery, cremetory or other place) 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from State permit. Pege Department of Important: If eny Injury or pace. Baltimore, MD Lorraine Park Cemetery 4 □ Donation 3 12 Other (Specify) entombment 21. Signiture of Funeral Service D 22. Name and Address of Facility P.A. Severna Park Funeral Home Barranco & Sons, 495 Gov. Ritchie Hwy., Severna Park, MD 21146 Do not enter the mode of dying, such as cardiac or raspiratory arrest, 23a Part Enter the disease, or complications that caused the death. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final ma disease or condition resulting in death) Examiner Due to (or as a consequence of) Examiner physicien end the burlet-trensit that the deeth certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Box 68760, Physician/Medical Due to (or as a consequence of): ettending p P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. been signed by the should be deteched 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Records, The lew requires Completed 24a. Was an autopsy performed? 24b. Ware autopsy findings available prior to completion of cause of death? 1 Yes 2 No certificate 1 Yes 2 CLN6 Division of Vital or Attending Physicien: director. 25. Was case reterred to medicat examiner? Be 26. Place of Death (Check only ona) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 21 NO 1 Inpatient 1 ☐ Yes 2 ER/Outpatient 3 DOA After this funeral 27. Manner of Death 28d. Describe how injury occurred 28a. Data of Injury (Month, Day Year) 28h Time of 28c. tnjury at Work? 1 Naturat 5 Pending ne Hoepital or Attending in 24 hours efter deeth. The Funeral Director: Aft npletely filled in by the fur 1 Yes 2 No investigation 2 Accident 3 ☐ Suicide 6 Could not be determined 28t. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Dertifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, daath occurred at the time, data and place, and due to the ceuse(s) and manner stated. 29a. Certifier Medical To the Hosp within 24 hos To the Fune completely fi (Check only one) 29b. Signature at 29c. License numbe 29d. Date signed (Month, Day, Year) mp Gin

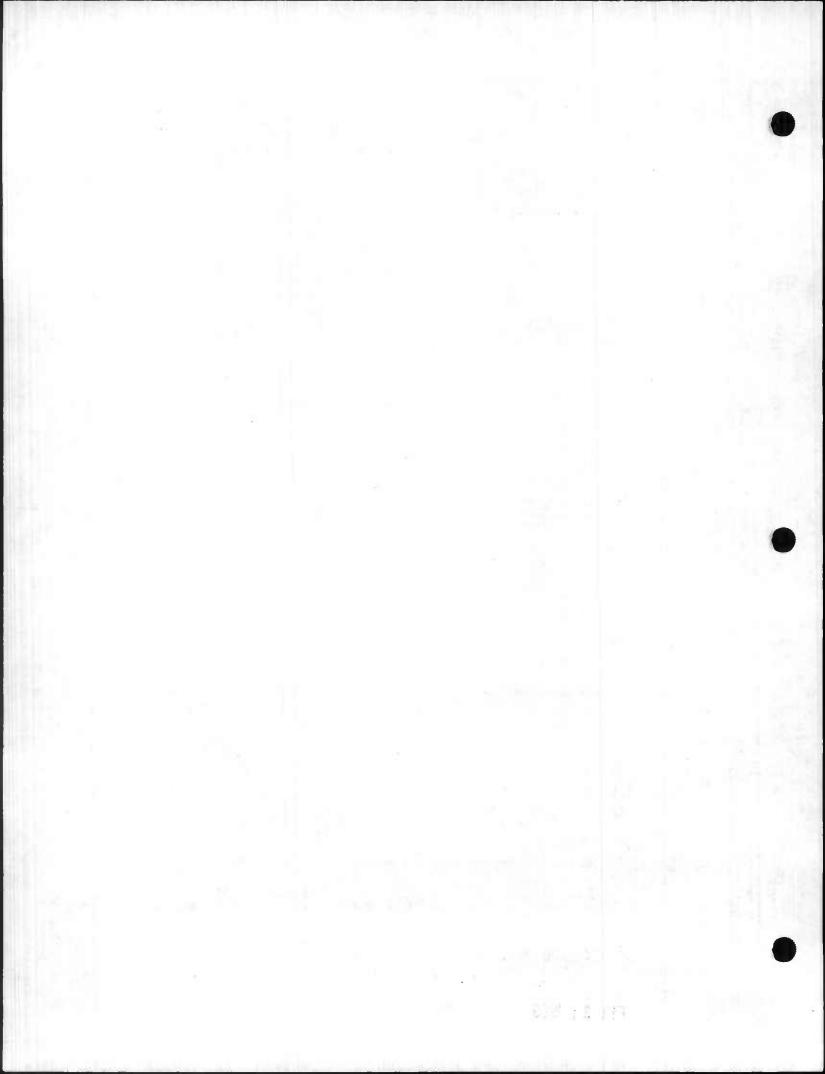
Registrar **DHMH 16 Rev 6/95** 

State

31. Date filed (Month, Day, Year)

**FEB 25** 

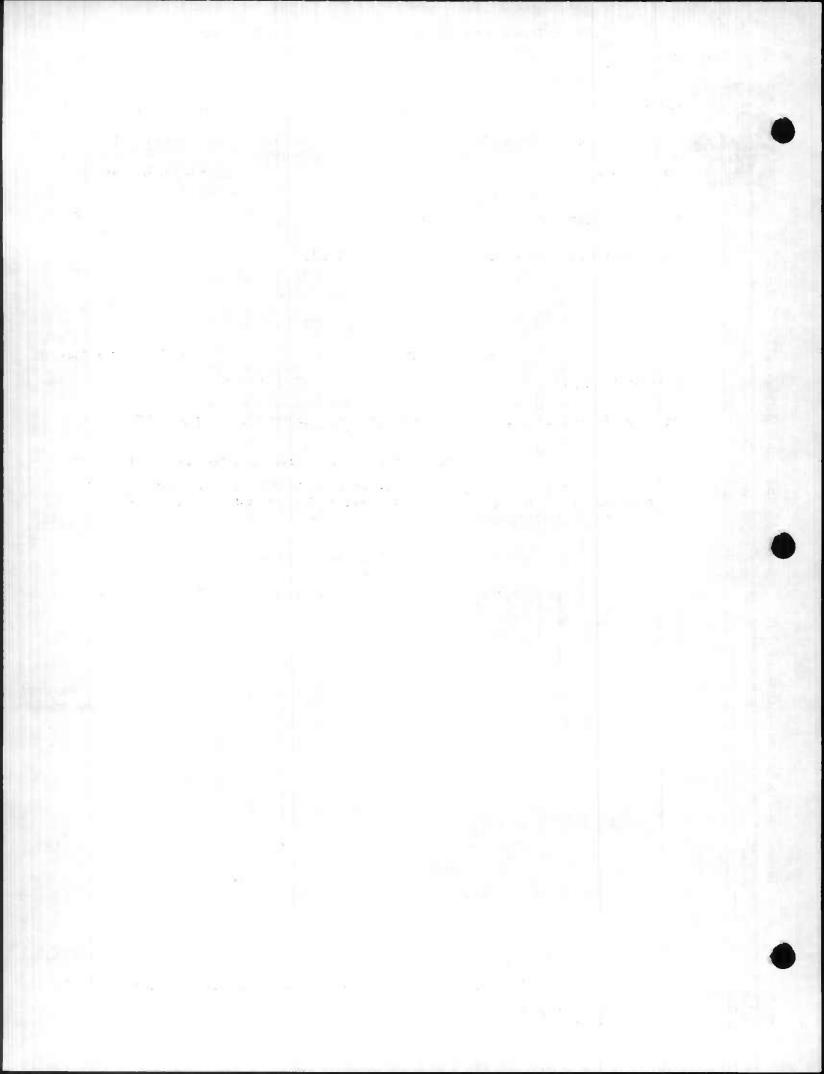
32. Registrar's Signature



State of Maryland / Department of Health and Mental Hygiene

									Death			Reg. No.			
ian	Decedent's Ner	me (First, Middl	le, Last)								2. Dete of De Month	Dey	Ye	er	. Time of Death
ical	Edison					Trick	ett				Februa		199		3:42 A.M
ner	4e Fecility Neme										ocation of Deet		unty of D		
		t Memor:		_			T WY .		Oakl				rret		
	5. Sociel Security 200–05–9 Usuel Residence	9674	6. Sex		Age (In yrs. 82	last birthdey Yrs.	Months	er 1 Yeer Deys		Min.	8. Dete of Bir (Month, De July 1.	y, Year)		Birthplace Country) [aryla	(State or Foreign
1	10e. Stete	10b. County	,		10c. Ci	ity, Town or L	ocation							10d.	Inside City Limits
	MD	Garı	rett		Acc	cident									1 ☑ Yes 2 ☐ No
1	10e. Street end N	lumber						ip Code				10g. Citizen	of Whet	t Country?	
	304 Mair	Street	t Exte	ended				215	520			US	A		
		rried 250 Man	ried 1	vrmed Force  ⊠ Yes 2   Yes, Give	□No	J,S. 13.	Wes Dec				ecify Yes or No Rican, etc.)		Bleck, W	American I White, etc.	
	3 LJ Widowed	4 Divorced		eer or Dete	es:WW 2	10.00	4 - 4 - 11					1 405 Kind		white	
	(Specification)	ecify only highe	C			Give life.		ue: Occu rork done use retire	petion during most ed)	t of work	ing	16b. Kind			ations
	17. Fether's Nemo	e (First, Middle,		year		COUL	TEL		18. Mothe	r's Nam	e (First, Middle			iluitic	actons
	William										ffin				
1	19a. fnforment's	Neme/Reletions	ship (Type, P	Print)		19b. Meil	ling Addre	ss (Stree	t and Numbe	er or Rui	al Route Numb	er, City or To	own, Stat	ite, Zip Co	de)
1	Joyce M										, Accid			2152	
1	20e. Method of Di				20b.	Plece of Disp	osition (N	eme of		I	Dete	20c. Locat		y or Town,	Stete
		2 Cremetion 5 ☐ Other (S		vel from Sta	ate	ntry S				b. 12	25, 99	David	svil	le. i	PA
	21. Signature of f				1	-	22. Name e	end Addr	ess of Fecilit	v					
ı								1 L'112	neral	Home	s, P.A	., P.O	. Bo	1x 27	_
	23a Part Erse- hock or at Immediete Caus disease or condit resulting in deeth	e (Finel	As	Nono.	Scano	th. Do not er	79 Minter the mo	iller ode of dy	St., ing, such es	Grace cardiec	entsvillor respiretory	le, MD errest,	21	L536	proximete ervel Between set and Deeth
	Immediete Cause disease or condit	e (Finel tion b) conditions, immediate derlying or injury	As	Nono.	Due to (	th. Do not er	nter the mo	iller  ode of dy  Dio	St., ing, such es	Grace cardiec	ntsvill or respiretory	le, MD errest,	21	L536	proximete ervel Between
	Immediete Cause disease or condition resulting in deeth Sequentielly list of it eny, leading to cause. Enter UniCause (Disease that Initieted ever	e (Finel tion b) conditions, immediate derlying or injury	As	Nono.	Due to (	th. Do not er  or as a conse	nter the mo	iller  ode of dy  Dio	St., ing, such es	Grace cardiec	antsvillor respiretory of the Dar An	le, MD errest,	21	L536	proximete ervel Between
	Immediete Cause disease or condit resulting in deeth Sequentielly list if eny, leading to cause. Enter Un- Ceuse (Disease that initieted ever resulting in deeth	e (Finel tition o) conditions, immediate derlying or injury hts o) Lest	c	THOROS SE74SE	Due to (c	th. Do not er  The CAST  Or as a conse	79 Minter the model of the mode	iller  ode of dy  // // // // // // // // // // // // //	St., Ing, such es	Grace cardiec	antsvil. or respiretory of	le, MD prost,  UD ALZ	21 11-21 12 11-21 14-14 11-21 14-14	April 1	proximete ervel Between
	Immediete Cause disease or condit resulting in deeth Sequentielly list of if eny, leading to cause. Enter Un- Ceuse (Disease that initiated ever resulting in deeth	e (Finel tition o) conditions, immediate derlying or injury hts o) Lest	c	THOROS SE74SE	Due to (c	th. Do not er  The CAST  Or as a conse	79 Minter the model of the mode	iller  ode of dy  / / / /  //	St., Ing, such es	Grace cardiec	antsvil. or respiretory of the Dar And Dark Dark Dark Dark Dark Dark Dark Dark	le, MD priest,  UD ALZ  QUIRE  tobacco us	21	Application of the state of the	proximete ervel Between set and Deeth
	Immediete Cause disease or condition resulting in deeth Sequentielly list of it eny, leading to cause. Enter UniCause (Disease that Initieted ever	e (Finel tition o) conditions, immediate derlying or injury hts o) Lest	c	THOROS SE74SE	Due to (c	th. Do not er  The CAST  Or as a conse	79 Minter the model of the mode	iller  ode of dy  / / / /  //	St., Ing. such es	Grace cardiec	antsvil. or respiretory of the part of the	le, MD priest,  UD ALZ  QUIRE  tobacco us	21  WHEN  Contrib	bute to the	proximete arvel Between set and Deeth  e cause of deeth?  by 4 Unknown  autopsy findings ple prior to eation of cause
	Immediete Cause disease or condit resulting in deeth Sequentielly list if eny, leading to cause. Enter Un- Ceuse (Disease that initieted ever resulting in deeth	e (Finel tition o) conditions, immediate derlying or injury hts o) Lest	c	THOROS SE74SE	Due to (c	th. Do not er  The CAST  Or as a conse	79 Minter the model of the mode	iller  ode of dy  / / / /  //	St., Ing. such es	Grace cardiec	antsvillor respiretory of the DSF AND (	tobacco use yes an eutopsyomed?	21  WHEN  contribution  21	Application of the complete of dear the complete of the complete of the complete of dear the complete of dear the complete of dear the complete of dear the complete of dear the complete of the complete of dear the compl	proximete ervel Between set and Deeth  e cause of deeth?  ly 4 Unknown autopsy findings ole prior to elton of cause th?
	Immediete Cause disease or condition resulting in deeth Sequentielly list of it eny, leading to cause. Enter Unicause (Disease othat Initieted ever resulting in deeth Pert III. Other algr	e (Finel tition s)  conditions, immediate derlying or injury nts  b) Lest	Cd	THOROS SE74SE	Due to (c	th. Do not er  The CAST  Or as a conse	79 Minter the model of the mode	iller  ode of dy  / / / /  //	St., ing, such es	Grace cardiec	antsvil. or respiretory of CDS DIM  CDS DIM  23b. DIM  24a. Wee peri	tobacco use sen eutopsy ormed?	21  WHEN  contribution  21	And Into On In	proximete ervel Between set and Deeth  e cause of deeth?  ly 4 Unknown autopsy findings ole prior to elton of cause th?
	Immediete Cause disease or condition resulting in deeth Sequentially list of eny, leading to cause. Enter Uncluse (Disease that initiated ever resulting in deeth Pert II. Other sign	conditions, immediate derlying or injury hts	Cd	THORD SEASE	Due to (c)  Due to (c)  Due to (c)	th. Do not er  or as a conse  or as e conse  or es e conse  sulting in the	79 Minter the model of the mode	iller  j Pa( j):  (a):  (b):  (cause g)	St., ing, such es	Graciec cardiec	antsvil. or respiretory of CDS DIA  23b. DIA  24a. West perf	tobacco use sen eutopsyomed?  Yes 2 1	21  The purpose of th	And Into On In	proximete ervel Between set and Deeth  e cause of deeth?  ly 4 Unknown autopsy findings ole prior to elton of cause th?
	Immediete Cause disease or condition resulting in deeth Sequentielly list of it eny, leading to cause. Enter Unicause (Disease or that Initieted ever resulting in deeth Sequentiel Sequenties).  25. Was case referenced by the sequenties?	e (Finel tition s)  conditions, immediate derlying or injury nts  )) Lest  erred to medica	cdHospil	THORD: SEASS	Due to (c)  Due to (c)  Due to (c)  Due to (c)	th. Do not er  or as a conse  or as e conse  sulting in the	79 Minter the modern t	iller ode of dy  // // // // // // // // // // // // //	St., Ing, such es  WAR  IMP  iven in Pert I  26. Place ther: 4   Nu	Graciec cardiec	antsvil. or respiretory of CDS DIM  CDS DIM  23b. DIM  24a. Wee peri	tobacco use tobacco use en eutopsyomed?  Yes 2 None)	21  Chapter  Contrib  Contrib  No 3[  24	And Into On In	proximete ervel Between set and Deeth  e cause of deeth?  ly 4 Unknown autopsy findings ole prior to elton of cause th?
	Immediete Cause disease or condition resulting in deeth Sequentielly list of it eny, leading to cause. Enter Unicause (Disease or that Initited ever resulting in deeth Pert III. Other sign	e (Finel tition s)  conditions, immediate derlying or Injury sits  in the served to medical conditions of the served to medical served to	d. Hosping igation	THORD SEASE	Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Injury Dey Year)	th. Do not er  or as a conse  or as e conse  or es e conse  sulting in the	79 Minter the monopole of the	iller ode of dy  // // // // // // // // // // // // //	St., Ing, such es  WAR  IMP  iven in Pert I  26. Place ther: 4   Nu	Graciec cardiec vols	23b. Did 24a. Wesperl with (Check only) 28d. Describe	tobacco use tobacc	21  We contribute the	bute to the Probable Comply of dea	proximete ervel Between set and Deeth  e cause of deeth?  ly 4 Unknow autopsy findings ole prior to elton of cause th?
	Immediete Causidisease or condition resulting in deeth Sequentially list of it eny, leading to cause. Enter UniCause (Disease that Initiated ever resulting in deeth Pert II. Other algrammer?  25. Was case referenced as the common of the causing in deeth Sequential	e (Finel tition s)  conditions, immediate derlying or Injury hts b) Lest  erred to medical or immediate of the medical or immediate of the medical of the medical of the medical or immediate of the medical or immediate of the medical or immediate of the medical or immediate of the medical or immediate of the medical or immediate of the medical or immediate or immediat	d. Hospii	tting to death	Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)	th. Do not er  or as a conse  or as e conse  or es e conse  sulting in the  ZER/Outpetie  28b. Time e Injury  DO 2	79 Minter the monopole of aquence	iller ode of dy  // ): /	iven in Pert I  26. Place ther: 4   Number of No. 1979 Yes 2   Yes 2   December 1979	Gracial cardiac	23b. Did  24a. Wesperior  Check only  28f. Location  City or To	tobacco use  tobac	21    Contribution of the contribution of the	bute to the Probability of dealer (Specify)	proximete ervel Between set and Deeth  e cause of deeth?  by 4 Unknow autopsy findings ole prior to etion of cause th?  es 2 No
	Immediete Causidisease or condition resulting in deeth Sequentielly list of leny, leading to cause. Enter Unicause (Disease or that Initieted ever resulting in deeth Sequential	e (Finel tition)  conditions, immediate derlying or injury the conditions of the condition	d. Hospital Point De Prince De Physician De	ttal: 1   Inp Ba. Dete of I (Month, ) Se. Plece of building, ) () 7 5 7: To the be	Due to (c)  Due to	th. Do not er  th. Do not er  as a conse  or as a conse  or as e conse  sulting in the  28b. Time Injury  come, ferm, s  fr)  owledge, dee	79 Minter the monograph of the monograph	iller  ide of dy  IPJ( I):  ISP  Cause 9  DOA Of Dory, office  d et the t	iven in Pert I	Gracian cardiac cardia	23b. Did  10  24a. Wesperior  24b. Check only  26c. Location  26c.	tobacco us  Yes 2 N  one)  Idence 6 N  how injury of wm, Stete)  ((Street end A wm, Stete)  cause(s) en	21    Contribution of the contribution of the	bute to the evalled comply of dear Rurel Ro	proximete ervel Between set and Deeth set an
	Immediete Causidisease or condition resulting in deeth search of the cause. Enter Unicause Enter Unicause (Disease the Initiated ever resulting in deeth search of the Initiated ever resulting in deeth search of the Initiated ever resulting in deeth search of the Initiated ever resulting in deeth ever resulting in dee	e (Finel tition s)  conditions, immediate dertying or injury into the conditions of	d. Hospit Pongation not be nined Examiner: (a)	ttal: 1   Inp Ba. Dete of I (Month, ) Se. Plece of building, ) () 7 5 7: To the be	Due to (c)  Due to	th. Do not er  th. Do not er  as a conse  or as a conse  or as e conse  sulting in the  28b. Time Injury  come, ferm, s  fr)  owledge, dee	nter the monopole of the courrent state of t	iller  ode of dy  DOA O  cause g  cause g  cause g  cause g  det the ton, in my	iven in Pert I  26. Place ther: 4   Nu  Nury et  priver 2   Priver	Gracian cardiac cardia	23b. Did  24a. Wesperliber Chyor 76  28d. Describe  28f. Location City or 76  304 M/S	tobacco use Yes 2 how injury or Cause(s) en date end ple	21  When the contribution of the contribution	bute to the Probable (Specify)  (Specify)  Or Rurel Ro	e cause of deeth?  If y 4 Unknown autopsy findings ole prior to estion of cause th?  If y 2 No  If N
	Immediete Causidisease or condition resulting in deeth search of the cause. Enter Unicause (Disease that Initiated ever resulting in deeth search of the cause. Enter Unicause (Disease that Initiated ever resulting in deeth search of the cause of the ca	e (Finel tition s)  conditions, immediate dertying or injury into the conditions of	d. Hospit Pongation not be nined Examiner: (a)	tal: 1 Inp Ba. Date of I (Month, WND 2- Be. Place of building, 0 1 5 10 Inc. To the basis	Due to (c)  Due to	th. Do not er  th. Do not er  as a conse  or as a conse  or as e conse  sulting in the  28b. Time Injury  come, ferm, s  fr)  owledge, dee	nter the monopole of the courrent state of t	iller  ode of dy  DOA O  cause g  cause g  cause g  cause g  det the ton, in my	iven in Pert I	Gracian cardiac cardia	23b. Did  10  24a. Wesperior  24b. Check only  26c. Location  26c.	tobacco us  Yes 2 N  one)  Idence 6 N  how injury of wm, Stete)  ((Street end A wm, Stete)  cause(s) en	21  When the contribution of the contribution	bute to the Probable (Specify)  (Specify)  Or Rurel Ro	e cause of deeth?  If y 4 Unknown autopsy findings ole prior to estion of cause th?  If y 2 No  If N
	Immediete Causidisease or condition resulting in deeth search of the cause. Enter Unicause Enter Unicause (Disease the Initiated ever resulting in deeth search of the Initiated ever resulting in deeth search of the Initiated ever resulting in deeth search of the Initiated ever resulting in deeth ever resulting in dee	e (Finel tition s)  conditions, immediate dertying or injury into the conditions of	d. Hospit Pongation not be nined Examiner: (a)	tal: 1 Inp Ba. Date of I (Month, WND 2- Be. Place of building, 0 1 5 10 Inc. To the basis	Due to (c)  Due to	th. Do not er  th. Do not er  as a conse  or as a conse  or as e conse  sulting in the  28b. Time Injury  come, ferm, s  fr)  owledge, dee	nter the monopole of the courrent state of t	iller  ode of dy  Page 19:  Cause 9  Cause 9  28c. Injunction  ony, office  d et the ton, in my  9c. Licen	iven in Pert I  26. Place ther: 4   Nu  Nury et  priver 2   Priver	Grace cardiec	23b. Did  10  24a. Wesperior  24b. Check only  26c. Location  26c.	tobacco use Yes 2 how injury or Cause(s) en date end ple	21  Contribution of the co	bute to the Probable (Specify)  Probable (Specify)  And And And And And And And And And And	proximete ervel Between set and Deeth set and Deeth set and Deeth set and Deeth are cause of deeth?  If y 4 Unknown autopsy findings pile prior to eithor of cause th?  If y 4 Unknown autopsy findings pile prior to eithor of cause the cause of deeth are cause o

FEB 2 6 1999



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 🔍 Certificate of Death 1 Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Feb. 20, 1999 8:53 AM Carroll Lee Uphold, Sr. 4b. City, Town, or Location of Deeth 4e Facility Neme (If not institution, give street end number) 4c. County of Death Garrett County Memorial Hospital 0akland Garrett If Under 1 Year 8. Dete of Birth (Month, Dey, Yeer) Birthplece (State or Foreign Country) 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthdey) Deys Min. 10XM 2□ F Months Hours 53 219-44-00227 Aug. 10,1945 Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 No Yes 2 No Garrett 0akland 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 443 S. Eighth St. 21550 USA Was Decedent of Hispanic Orlgin? (Specify Yes or No-ff Yes, specify Cuben, Mexican, Puerto Rican, etc.) - American Indian, 12. Wes Decedent Ever in U,S. Armed Forces? 14. Race -11. Maritel Stetus Bleck White etc. 1 ☐ Yes 2 🖾 No If Yes, Give Yeer or Detes: 1 ☐ Never Married 2 ☐ Married White 1 ☐ Yes 2 ☒ No Specify: Specify: 3 Widowed 4 Divorced 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 18b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12th Cutter Lumber Company 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Oscar Uphold Matha Uphold 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) Eric S. Uphold/Son 443 S. Eighth St., Oakland, Md. 21550 20b. Plece of Disposition (Neme of 20e. Method of Disposition 20c. Location - City or Town, Stete cametery, cremetory or other piece) 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removei from State 4 ☐ Donetion 5 ☐ Other (Specify) 2/24/99 Morgantown, WV Omega Crematory 22. Neme end Address of Fecility 21. Signature of Funeral Service Licenses Stewart Funeral Home 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line. Approximate Intervei Between Onsel end Deeth Immediate Ceuse (Finel Months Lung Cancer with Metastasis to Brain diseese or condition resulting in deeth) Due to (or es a consequence of): Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Lest Due to (or es e consequenca of): Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contributa to the cause of death? 12 Yes 2 No 3 Probably 4 Unknown Severe COPD 24b. Were autopsy findings aveilable prior to completion of cause of death? 24e. Wes en eutopsy 1 ☐ Yes 2 ☐ No 1 Yes 2 No 26. Plece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 ER/Outpatient 3 DOA 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred

**Physician** /Medical **Examiner** 

permit. Page Department of Important: If eny injury or once.

**Physician** 

/Medical

Examiner

**Funeral** 

Director

an "naturel", or items 23e or 28e-f show Medical Expenses must be notified at

Pages 1 and 2 should be filed within 72 hours efter death nent of Health and Mental Hygiene.
wit: If them 27 Is marked other than "naturel", or itema 23 ury or other traumatic event, in "Medical Experiments and the present that the state of the state o

altimore, Maryland 21215-0020

Director

Funeral

þ

Completed

Be

MD

with the Maryland

Examiner physician and s the burial-transit The law requires that the death certificate be executed Physician/Medical d guipu 080 Ö the been signed by t should be detact à Completed Be

P.O. Box 68760

Division of Vital Records,

After this certificate has funeral director, page 2 To the Hospital or Attending Physicism: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, i. Certification: To

25. Wes case referred to medical exeminer? 1 Yes 2 1 27. Mannut of Deeth Naturel 5 Pending

Investigation 2 Accident 6 Could not be determined 3 Suicide 4 - Homicide

28e. Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify)

1 Tes 2 No

28f. Location (Street and Number or Rurel Route Number, City or Town, Stete)

21550

Certifying Physicien: To the best of my knowledge, death occurred et the time, date end piece, end due to the ceuse(s) end manner as stated.

| Certifying Physicien: To the best of my knowledge, death occurred et the time, date end piece, end due to the ceuse(s) end manner stated.

| Certifying Physicien: To the best of my knowledge, death occurred et the time, date end piece, end due to the ceuse(s) end manner stated.

29b. Signature and title of certific

31. Dete filed (Month, Day, Year) 1999

29a Certifier

29c. License number

29d. Dete signed (Month, Day, Year)

30. Name end eddless of person who completed cause of deeth (Item 23e) (Type, Print)

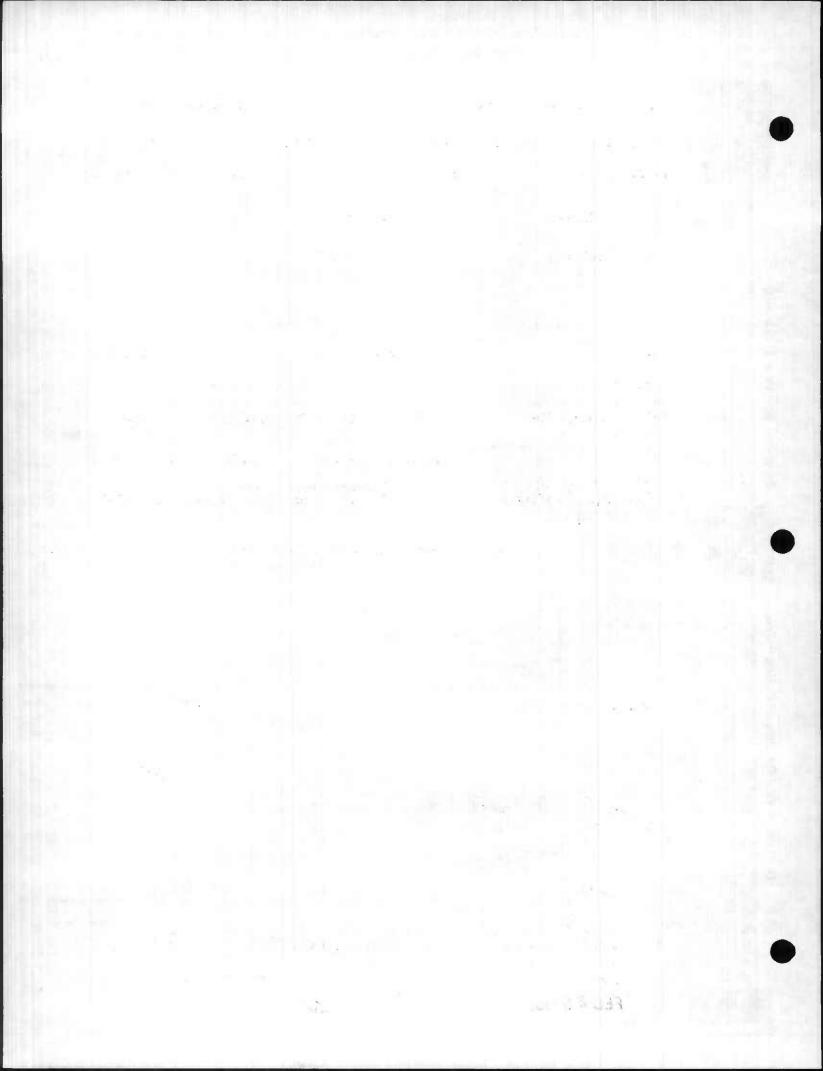
311 N. Fourth St., Oakland, MD Thomas Johnson, MD

Registrar

3

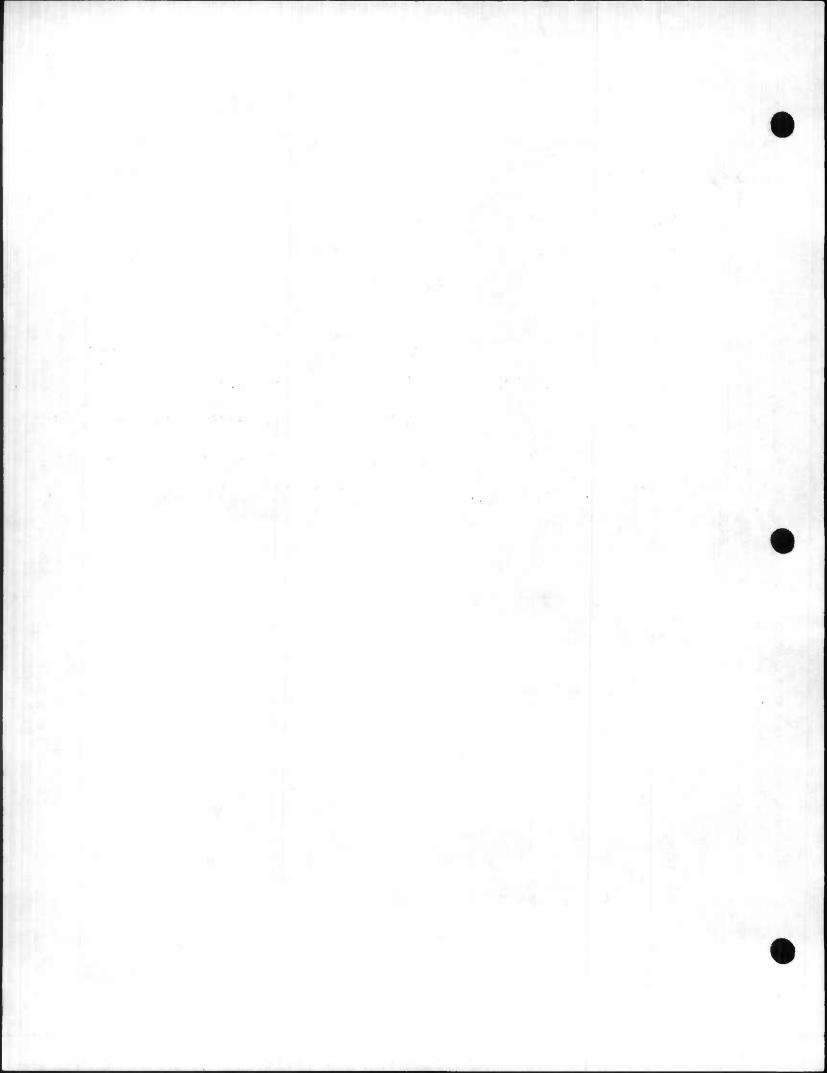
Medical





State of Maryland / Department of Health and Mental Hygiene

			C	ertifica	te of L	Death		Re	g. No.	U	11	15
	1. Decedent's Name (First, Middle, Las	)	170					Dete of Death Month		Year	3. Time	of Death
ysician Medical	BERRY JOSHUA	WOOD, JR.						bruary		999	10:4	45 PM
aminer	4e Facility Name (If not institution, give				4	b. City, Town	n, or Location	on of Deeth	4c. County	of Death		-371
	5906 South Osbori					Upper				nce G	eorge	e's
	213-40-9202	7. Age (In yrs 0 M 2□ F 52	. last birthda Yrs.	Month:	er 1 Year Days	If Under 24 Hours	Min. 8.	Date of Birth Month, Day,	Year)	Cour	lace (State	or Foreign
	Usual Residence of Decedent  10a. State 10b. County	10c. C	ity, Town or	Location						1	Od Inside	City Limits
octor	Maryland Prince (			er Ma	rlbor	°0						8 2 No
ral Director	10e. Street and Number 5906 South Osbor	ne Road		10f. Z	ip Code 20	772		10	g. Citizen of U.	What Cour	ntry?	
by Funeral	11. Merital Status  1 💢 Never Married 2 C Married  3 Widowed 4 Divorced	12. Was Decedent Ever in the Armed Forces?  1 Named Forces.  1 Named Force	68-		edent of Hi ecify Cuba 2 X No	ispanic Origin n, Mexican, F Specify:	n? (Specify Puerto Rica	Yes or No- in, etc.)		ck, White,		
Completed	15. Decedent's Edu (Specify only highest grad		16a. Dec	cedent's Us	ual Occupa	ation	of working	1	6b. Kind of B	usiness/Inc	dustry	
ηdμ	Elementary/Secondary (0-12)	College (1-4or 5+)	_			luring most o	n norming		`.l.f	l		
	12		La	rpent	er	40.14.4.4	D. 1		Self-er	1 0	ea	
To Be	17. Father's Name (First, Middle, Last) Berry Joshua Woo	d, Sr.				Mar Mar		rst, Middle, M glin	laiden Sumar	ne)		
	19a. Informant's Neme/Relationship (7)							oute Number,		_		0.010
	Gary A. Wood/Brot					•	-	Brandyw				0613
	20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ I	Removal from State	Place of Dis cemetery, co	rematory or	other plac				Oc. Location			
	4 Donation 5 Other (Specing		untt (				1	-1999	Waldor	f, Ma	aryla	nd
N	JOHN P. KNISLI	3				al Hon		nc. f, MD :	20604			
	23a. Pert1. Enter the disease, or comp shock, or heart failure. List only of		th. Do not e	enter the mo	de of dying	g, such es ca	ardiac or re	spiratory arre	st,	1	Approxim Interval B	ate
	Immediate Cause (Final disease or condition	Pager	<b>A</b> ~~~	/						1	Onset an	d Death
	resulting In deeth)	Due to (	or as a cons	sequence of	):					1	1 OV)	0
Examiner		h										
	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	Due to (	or as e cons	equence of	):			ēЪ,				
edical	Cause (Disease or Injury that initiated events resulting in death) Last	Due to (	or as a cons	equence of	):							
by Physician/Me		d								1		
Cla	Dati Other Leville and a state of		** * **									
nys	Part II. Other significant conditions co	THE DUTING TO GREET BUT NOT FO	sulling in the	underlying	cause give	मा स Part I.		23b. Did tot	acco use co			● of death1 ☐ Unknow
7 6	Diabeter						_	1 LI 10	Nuo	<b>□</b> F100	onuty 4	_ omatow
Completed								24e. Was en perform	autopsy ed?	av co	ere autops ailable prio mpletion o	rto
1								40.4	akt.		death? ☐ Yes 2	
Ö	25. Was case referred to medical					00 01	(0.00	1 🗆 Yes		111	J Yes 2	□ No
O B	examiner?	Hospital: 1 Inpatient 2	TERMO de est	ient 3 🗆 🖸	Othe	ov.		5 Resider		(С		
-	27. Menner of Death	28a. Date of Injury (Month, Day Year)	28b. Time	of	28c. Injury Work		7	Describe how		-	γ)	
0110	1 Netural 5 ☐ Pending investigation	(Month, Day Year)	Injury	М		Yes 2 □ No	0					
Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Injury - At h building, etc. (Speci	ome, farm, :	street, facto	ry, office	-	28f.	Location (Str. City or Town,	eet and Num State)	ber or Rure	I Route No	mber,
Medical	29a. Certifier (Check only one) 12 Certifying Physical Exami	sician: To the best of my kno ner: On the basis of examine and manner stated.	owledge, dea	eth occurre investigation	d et the tim n, in my op	e, date and pointion, death	place, and occurred a	due to the car t the time, da	use(s) and m te and plece,	enner as s and due to	tated.	e(s)
Me	29b. Signeture and title of certifier			2	9c. License	number		29	d. Date signe	ed (Month,	Day, Year	)
	VI Thomas J.	Tuldand	nD		DOI				Tib-			
	30. Name and address of person who co									425	TIPM.	-131
	Thomas L. Fields	on, 2068 Crai	n Hig	hway,	Wald	orf, M	1D 206	501				
tate trar	31. Date filed (Month, Day, Year)	32. Registrar's Sign	ature	G.	/	,						



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Deeth 3. Time of Deeth 1. Decedent's Neme /First, Middle, Last JEAN WILLIAMS 23 10:42 A .M I-E BRUARY 1999 4e Facility Neme (If not institution, give street and number) 511 Bunker Hill Court 4b. City, Town, or Location of Deeth 4c. County of Deeth Sykesville 7. Age (In yrs. last birthday). If Under 1 Yeer 8. Date of Birth (Month, Dey. Year) Apr 2 1926 5. Sociel Security Number Birthplace (State or Foreign Country) Months Deys Hours 1□ M 20 F 212-24-8918 Md. Usual Residence of Decedent 10e. Stete 10b. Count 10c. City, Town or Location 10d. Inside City Limits Carroll Sykesville 1 ☐ Yes 2 No 10f. Zip Code 10g. Citizen of Whet Country? 10e. Street end Number 511 Bunker Hill Court 21784 USA Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indien. Bleck, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 XNo Specify: Specify: white 3 Widowed 4 □ Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) +3<sup>Collega (1-4or 5+)</sup> Elemantary/Secondary (0-12) homemaker domestic 18. Mother's Nama (First, Middla, Meidan Sumame) 17. Fether's Neme (First, Middle, Last) Ruth Shipley Carey James Carey 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Anne C. Misfeldt (daughter) 511 Bunker Hill Ct., Sykesville, Md. 21784 20b. Piece of Disposition (Neme of 20c. Location - City or Town, Stete 20e. Method of Disposition 1 X Burial 2 ☐ Cremation 3 ☐ Removel from State Meadow Branch Cemetery 2-26-99 Westminster, Md 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Service Licensee 22. Name end Address of Fecility Jaige Haight Herbert Haight Funeral Home & Chapel P.O. Box 195 Sykesville, Md. 21784 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cerdiac or respiratory errest, shock, or heart failura. List only one cause on each line. Approximata Intervel Between Onset and Deeth Chronic Obstruction Immediate Ceuse (Finel disease or condition resulting in death) 10 YRS. Sequentially list conditions, if eny, leading to immediate ceusa. Enter Undarlying Ceuse (Disaase or injury that initieted events resulting in deeth) Lest Due to (or as a consequence of): reart disease Due to (or es a consequence of) lux disease 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2□ No 3 Probably 4 Unknown 24b. Wera autopsy findings evalleble prior to 24e. Wes en eutopsy performed? completion of cause of daeth? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes cese referred to medical exeminer? 26. Placa of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpetlent 3 ☐ DOA 27. Menner of Deeth 28d. Describe how injury occurred 28b. Tima of 28e. Dete of Injury (Month, Dev Year) 28c. Injury et Work?

**Physician** /Medical Examiner

**Physician** 

- /Medical

Examiner

Md

Directo

Funeral

à

Completed

Be

**Funeral** 

Director

with the Maryland

permit. Peges 1 and 2 should be filed within 72 hours after death with the Marylar Depertment of Health end Mental Hygiene.
Important: if Item 27 is marked other than "naturel", or items 23a or 28a-f show any Injury or other traumatic event, the Medical Experies results notified an ence.

altimore, Maryland 21215-0020

Examiner ettending physician end for use es the buriel-transit 98 esn signed by the e certificate has b

this funeral After

Physiclan/Medical þ Completed Be To Certification:

The law requires that the death certificate be executed Division of Vital Records, P.O. Box 68760, Attending Physician: e Hospital or Attending 124 hours after death. e Funeral Director: Att bletely filled in by the fun

> State Registrar

Medical

31. Dete filed (Month, Day, Year)

ELIZABETH

29b. Signeture and title of certified

1 Neturel

2 Accident

3 ☐ Suicide

29a. Certifier

4 Homlcide

(Check only one)

5 Pending Investigation

6 Could not be determined

FFB 2 4 1999

CARROLL 32. Registrer's Signatura

h.D.

30. Name end address of person who completed causa of death (Itam 23a) (Type, Print)

1 Cartifying Physician: To the best of my knowledge, deeth occurred et tha time, dete end plece, and due to tha ceusa(s) end menner es steted.

2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, daath occurred at the time, data and place, and due to the cause(s) end menner stated.

PRIMARY

29c. License number

D16206

1 Yas 2 No

28f. Location (Street and Number or Rural Route Number, City or Town, Stata)

CARE ASSOCIATES,

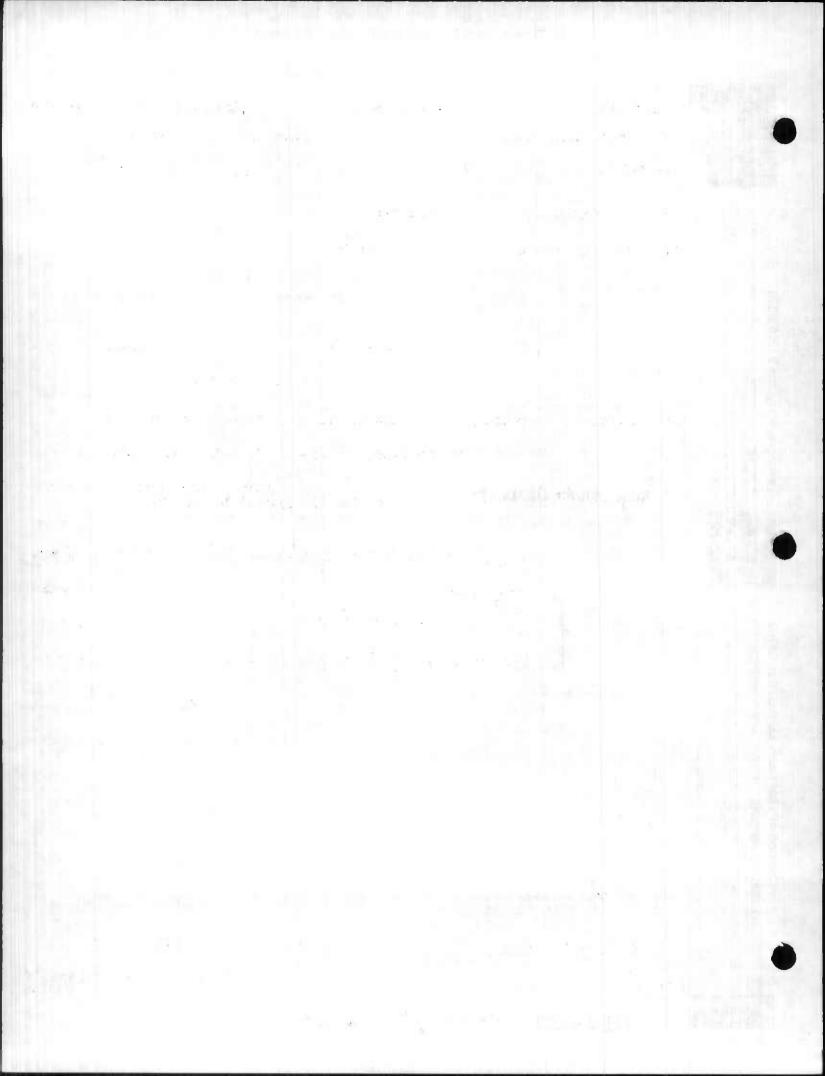
29d. Date signed (Month, Dey, Year)

LDERS BURG, ha

28e. Plece of Injury - At homa, ferm, straat, factory, office building, etc. (Specify)

within 24 hor To the Fune completely fi

ş



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3 Time of Death WHITE 5:06 am 455 MARGANET 02 23 1999 4a Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Harford Memorial Hospital Harford Havre de Grace 8. Date of Birth (Month, Day, Year) Mar. 19, 1 If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) Months Days Hours 1 □ M 2 🖾 F Yrs. 1932 213-28-0005 66 Maryland Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits TX Yes 2 No Maryland Harfrod Aberdeen 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 122 Harford Street 21001 U.S.A. 12. Wes Decedent Ever in U,S Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No Specify: Specify: White 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Bus Driver Board of Education 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Hurdle Wood Thelma Smith 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) William F. White (Spouse) 122 Harford Street, Aberdeen, Maryland 21001 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a Method of Disposition Date 20c. Location - City or Town, State 1 ☑Burial 2 ☐ Cremation 3 ☐ Removal from State 2/26/99 4 ☐ Donation 5 ☐ Other (Specify) Church of the Ascension Cem. Street, Maryland 21. Signature of Fungual Service Licenses 22. Name and Address of Facility Tarring-Cargo Funeral Home, P.A Aberdeen, Maryland 21001-3399 23a. Part1. Enter the disease, or complications that cause if the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each limit Approximate Intervat Between Onset and Death Immediate Cause (Final disease or condition resulting in death) MRUFFICIE TENSION Premonture Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 250 No

Physician /Medical Examiner

physician and s the burial-tran

bengs be de

this

certificate be executed

Box

Records,

Vital

of

Attanding

6

death.

after deat Director:

24 hours

To the To the To the

Morganet

**Physician** 

/Medical

Examiner

**Funeral** 

Director

28a-f ahow

ŏ

Herna 23a

ò

Il Hygiene.

permit. Peges 1 and 2 should be filed Department of Health and Mental Hygic Important: If Itam 27 is marked other: any Injury or other traumatic avant.

altimore, Maryland 21215-0020

0

0

0

122

F

Completed

Be

10

Physician/Medical Examiner

P

Be Completed

Certification: To

Medical

25. Wa

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

24a. Was an autopsy performed?

24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☐ No ce of Death (Check only one)

1 Yes 2 No

s case referred to medicai				26. Place of Death (C	theck only one)	
miner? Yes 21 No	Hospital:	2 ER/Outpatient	3□ DOA	Other: 4 Nursing Home	5 Residence	6 ☐Other (Specify)

27. Manner of Death 1 Whatural 28a. Date of Injury (Month, Day Year) 5 Pending investigation 2 Accident

6 Could not be

28b. Time of

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury at Work? 1 Yes 2 No

28d. Describe how injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Cartifier (Check one)

3 ☐ Suicide

4 Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signa

29c. License number

29d. Date signed (Month, Day, Year)

tely

WOITE 31. Date filed (Month, Day, Year) FEB 25

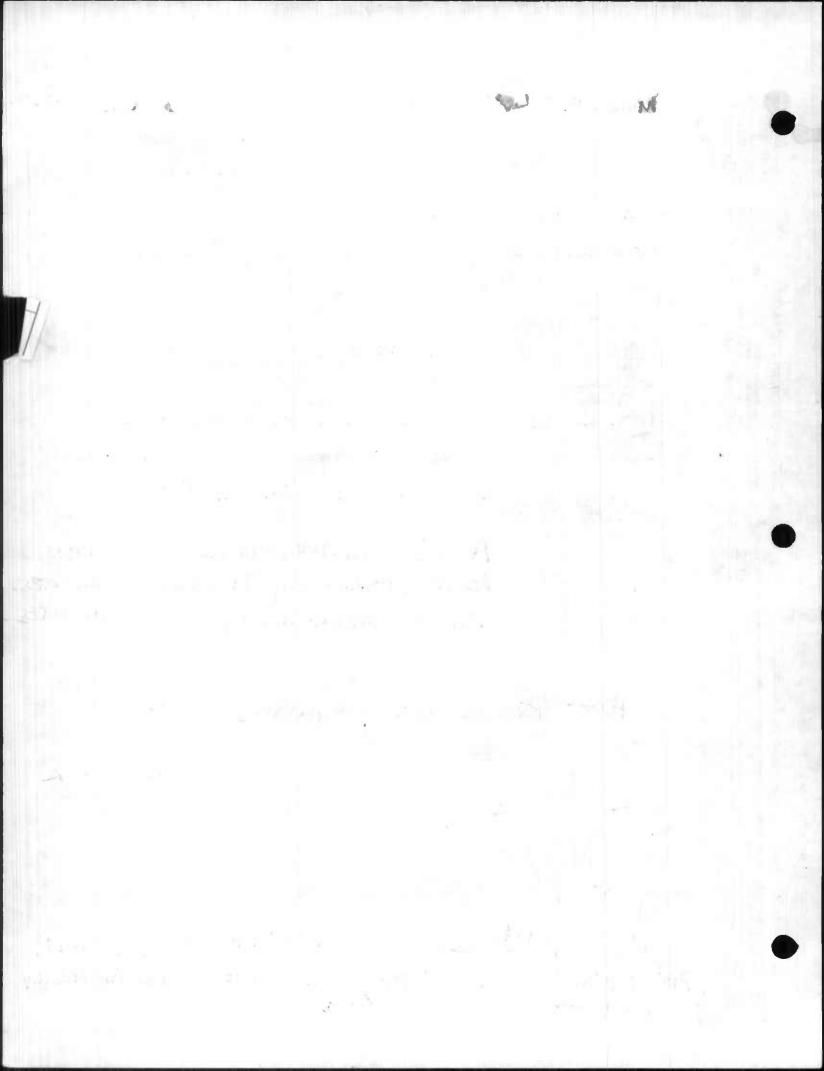
30. Name end address of person who

32, Registrar's Signature

completed cause of death (Item 23a) (Type, Print)

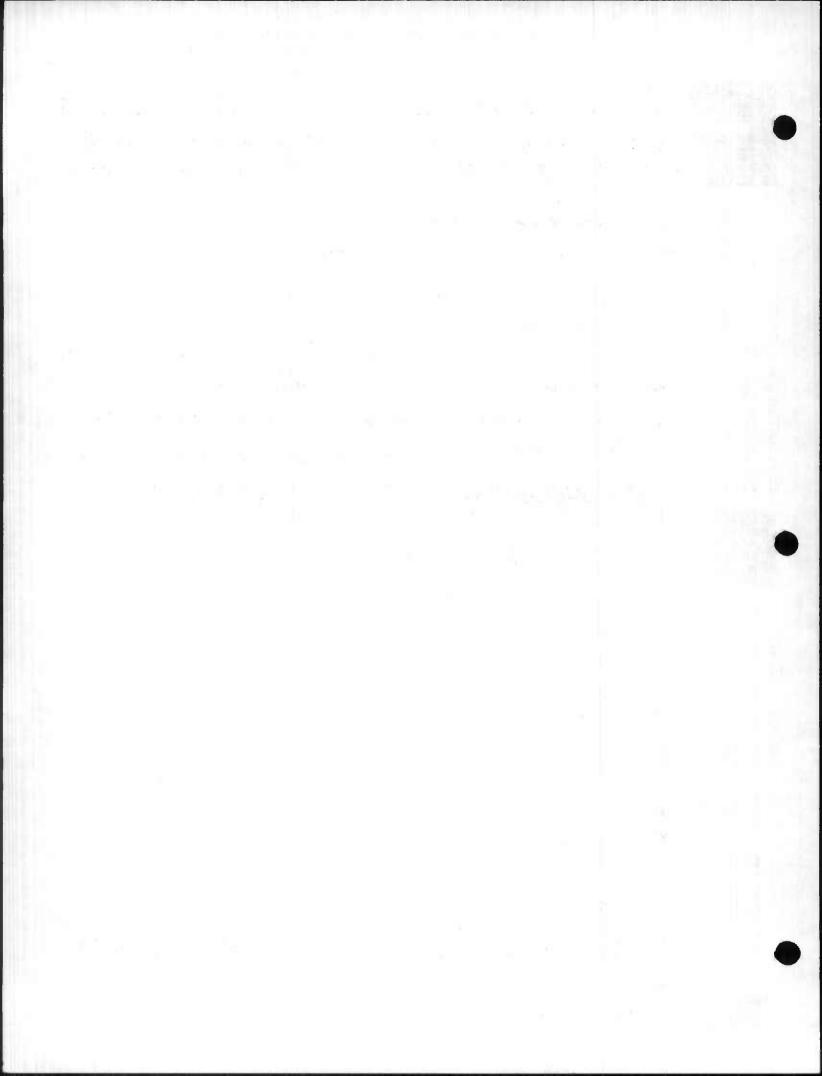
MARPHANI Rd. STUTE 206 Bel AR, MOZIOIY

State Registrar



State of Maryland / Department of Health and Mental Hygiene 9 9 0 7 7 7 8

				Otato of Ma	i yiaila i	Certifica		Death	Montaning	Reg. No.	0 /	10
	Physic /Medi		1. Decement's Name (First, Middle, Last	Henry	· L	vid	ON		2. Dete of De Month Fek	Day	Year 1999	Time of Death
	Examir	ner	4a. Facility Name (If not institution, give	ey R	OAd	rthday) If Unc	ler 1 Year s Days		. 8. Date of Bi	le	AA	State or Foreign an
4	Director		Usual Residence of Decedent						05/2/	/1934		
	Meryle H shov	tor	MD Anne Aru		10c. City, Tow Crowns	sville						Side City Limits  Yes 2 No
	ath with the 23s or 28s	Funeral Director	10e. Street and Number 817 Valley Drive				2ip Code 21032	2		10g. Citizen of V USA	What Country?	
020	filed within 72 hours efter death with the Meryland Hygiene. ther than "natural", or flems 23a or 28a-f show brt, the Medical Examines must be notitled at	by	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent Ev Armed Forces? 1 X Yes 2 □ No If Yes, Give Year or Detes:	1952-		edent of I becify Cub	Hispenic Origin? (Sean, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)	Specify	e - American Inc ck, White, etc. Whit	
Maryland 21215-0020	within 72 ho ene. than "natur na Magical	Completed	15. Decedent's Edu (Specify only highest grad Elementary/Secondary (0-12)	cation e completed) College (1-4or 5+	A	Decedent's Us (Give kind of v life. DQ NOT VIATION	ual Occup vork done use retire Elec	pation during most of wo d) ctronics	rking		usiness/industry	strv
pu	2 4 5	Be	17. Fether's Neme (First, Middle, Last)		E	ngineer		The second secon		, Maiden Suman		Stry
ıryla	d 2 should but and Menta Menta T is marked traumatic ex	To	Henry Hank Widor  19a. Informant's Name/Relationship (Ty		198	. Maillno Addre	ss (Street	Mary F		per City or Town	State Zin Code	)
	nd 2 sith e 27 is r tre		Christine Moody			3884 He	arths	stone Dr/				
Baltimore,	Peges nent of ant: If it ury or c		20e. Method of Disposition  1 □ Burial 2 ☑ Cremation 3 □ F  4 □ Donation 5 □ Other (Specify)		cemete	of Disposition (A lary, crematory of politan	rother pla		2/25/99		City or Town, S Idria VA	
Bal	permit. Departrimportu		21. Signature of Funeral Service Licens  Mulanue Wilk	elm Nage	He-	Adven	t Fur	ess of Facility neral & ( MD 21401		n Servic	es	
68760,	Physician /Medical Examiner  sa the puriel-transit	edical Examiner	23e. Part1. Enter the disease, or complishock, or heart failure. List only or immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	INA CARC	witi ue to (or as a 1 2 8 1 ue to (or as a		f):				Onse	val Between of end Death
Box		Physician/M	Part II. Other significant conditions con		not resulting i	n the undarlying	cause gi	ven in Part I.	23b. Did	tobacco use co	ntributa to the c	ausa of death?
cords, P.O.	requires seen sign hould be	by	Alcoholism						24a. Was	Yes 2 No s en autopsy ormed?	24b. Were au	4 Unknown
Re	The lev ate hes page 2	Completed							1 🗆	Yes 2 No	of death'	? 2□ No
Vita	Physician: The tris certificate and director, pag	Be	25. Was case referred to medical examiner?	lospital:			Otl		ath (Check only			
Division of Vital Records,	Attending Physic death.  actor: After this by the funeral di	ation: To	27. Manner of Death 1 Natural 5 Pending 2 Accident Investigation	1 ☐ Inpatient  28a. Date of Injury (Month, Day )		utpatient 3□ I Time of Injury M	28c. Inju Wo	ry at		Idence 8 Oth how injury occur		
Divis	To the Hospital or Attending Ph within 24 hours effer death. To the Funeral Director: After th completely filled in by the funeral	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injury building, etc.	/ - At home, fa (Specify)	ırm, street, fact	ory, office			(Street and Numb wn, State)	per or Rural Rout	e Num <i>ber</i> ,
	e Hosp 24 ho e Fune detely f	edicai	29a. Certifier  (Check only one)  1 Certifying Physical Continuous Control on the	ilclan: To the best of a ner: On the basis of ea and manner state	xamination an	e, death occurre d/or investigation	d at the ti	me, date and place opinion, death occi	e, and due to the urred at the time,	cause(s) and ma date and place,	anner as stated. and due to the c	ause(s)
	within To the	Me	29b. Signature end title of certifier	D	2put	7		se number		29d. Date signe		'ear)
)			30. Name and address of person who do	numbered cause of dee	th (Item 23e)	(Type Print)	D	0603 5 Am	74	2/1	8/99	,
			William 1	LOW .	- 4	N.J	199	5 Am	eria	A 21	055	
	Sta Registr		31. Date filed (Month, Day, Year) FFR 2 5 1999	32. Registrar	s Signature	4 /		,				



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month Year LOUISE B. February 27, 1999 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Union Hospital of Cecil County E1kton Cecil If Under 1 Yaar If Under 24 Hrs. Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) Birthplaca (Stata or Foreign Country) 1 ☐ M 2 🖾 F Yrs 80 242-40-5058 January 26, 1919 North Carolina Usual Rasidance of Decedent 10c. City, Town or Location 10b. County 10d. Inside City Limits 1 ☐ Yes 2 ☑ No Maryland Ceci1 North East 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 105 Louise Court 21901 United States Was Decedant Ever in U,S. Armed Forces? 14. Race - American Indian, Black, Whita, atc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 1 ☐ Yas 2 ☑ No If Yes, Give Year or Dates: 1 Never Married 257 Married 1 ☐ Yes 2 ☒ No Specify: White Specify: 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade complated) 16b. Kind of Business/Industry Tag and Label Elementary/Secondary (0-12) College (1-4or 5+) Tag Operator Manufacturer 17. Father'a Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Fred Gard Cora (unknown) 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 241-13 Smalley's Dam Road, Newark, DE George G. Ward / Son 19702 20b. Place of Disposition (Neme of cematary, cremetory or other piece) 20c. Location - City or Town, State 20a. Method of Disposition March 2 1 ⊠ Burlal 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) North East Methodist Cem. 1999 North East, Maryland 21. Signature of Funeral Service Licenses 22. Name and Addrass of Facility Crouch Funeral Home 127 South Main Street, North East, MD 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final Cordiopulmonory disaasa or condition rasulting in death) Due to (or as a consequence of): 7 pertonsion Due to (or as a consequence of): Due to (or as a consequence of): art I 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? thee surgery. 1 Yes 2 No 1 ☐ Yes 2 ☐ No 26. Place of Death (Check only one)

**Physician** /Medical Examiner

physician and the burial-transit

signed by the a

cartificata

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this cartifice

pletaly filled in by

by

Completed

Be

0

Certification:

Medical

Records, P.O. Box 68760,

Division of Vital

**Physician** 

/Medical

**Examiner** 

10a. State

Director

Funeral

þ

Completed

Be 2

**Funeral** 

Director

item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Marical Examinar mast by notified at

permit. Pages 1 and 2 should be filed within 72 hours after death a Department of Health and Mantal Hygiena. Important: if term 27 is merked other than "natural", or items 28a any injury or other traumatic avant

Baltimore, Maryland 21215-0020

the Maryland

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Physician/Medical

art II. Oth	er significa	nt conditions	contributing	to death but	not resulting	in the underly	ying cause (	jiven in Pa
Hy	per	tens	0					
7								

25.	was case referre	
	Mannar of Death	
	₩ Natural	5 Pending

5 Pending investigation 6 Could not be determined

1 ☐ Inpatient 2 ☑ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dey Year)

28b. Time of

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 28c. Injury at Work? 1 ☐ Yas 2 ☐ No

28d. Describe how injury occurred 28f. Location (Street end Number or Rural Roule Number, City or Town, Stete)

Bow Street Elhon, MD

29a. Certifier

Union

2 Accident

3 Sulcide

4 Homicide

🕊 certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signatura and titla of certifier

29c. License number

29d. Data signed (Month, Day, Year)

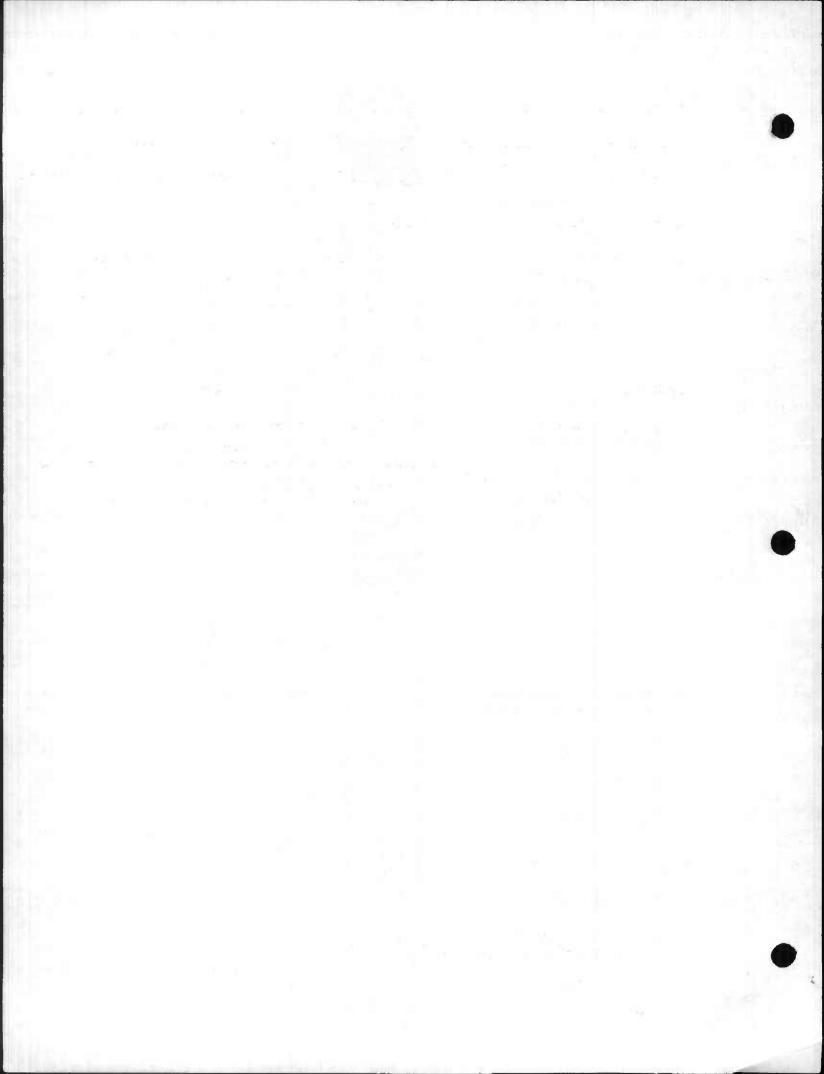
30. Name and address of person who completed cause of death (hern 23a) (Type, Print)

State Registrar

31. Date filed (Month, Day, Year) MAR 0 2 1999

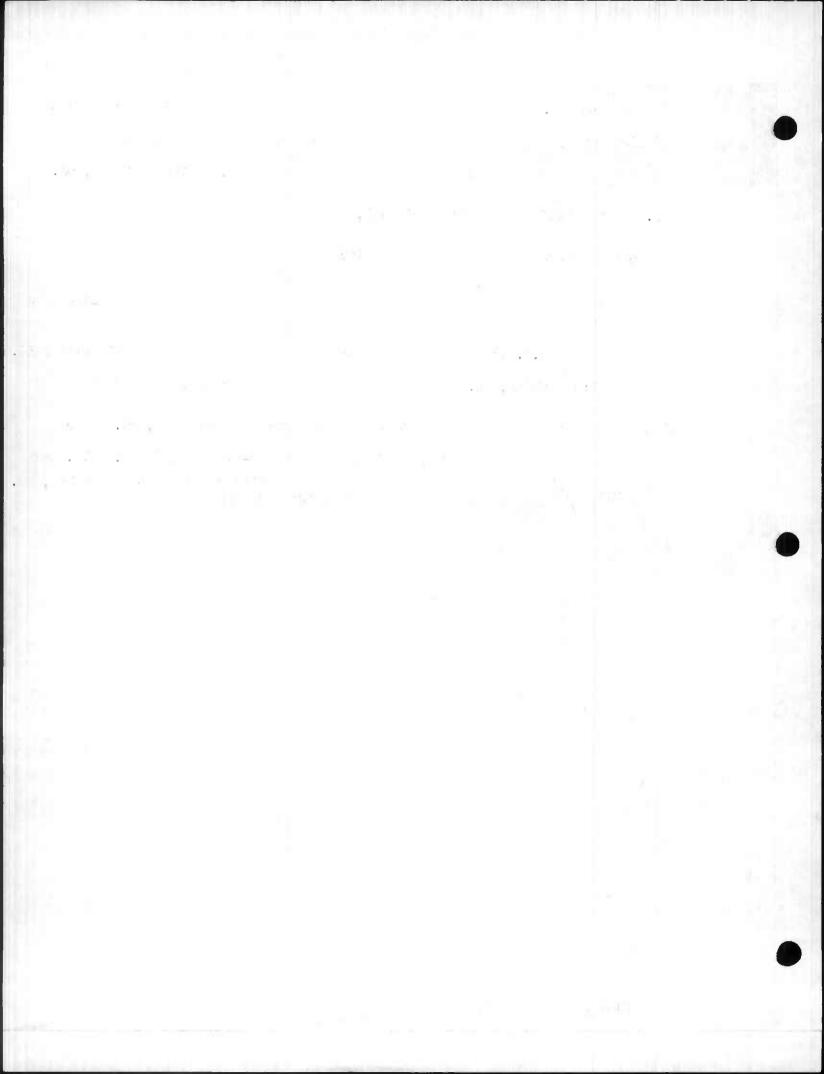
Huspital

Emergency Ve Dent

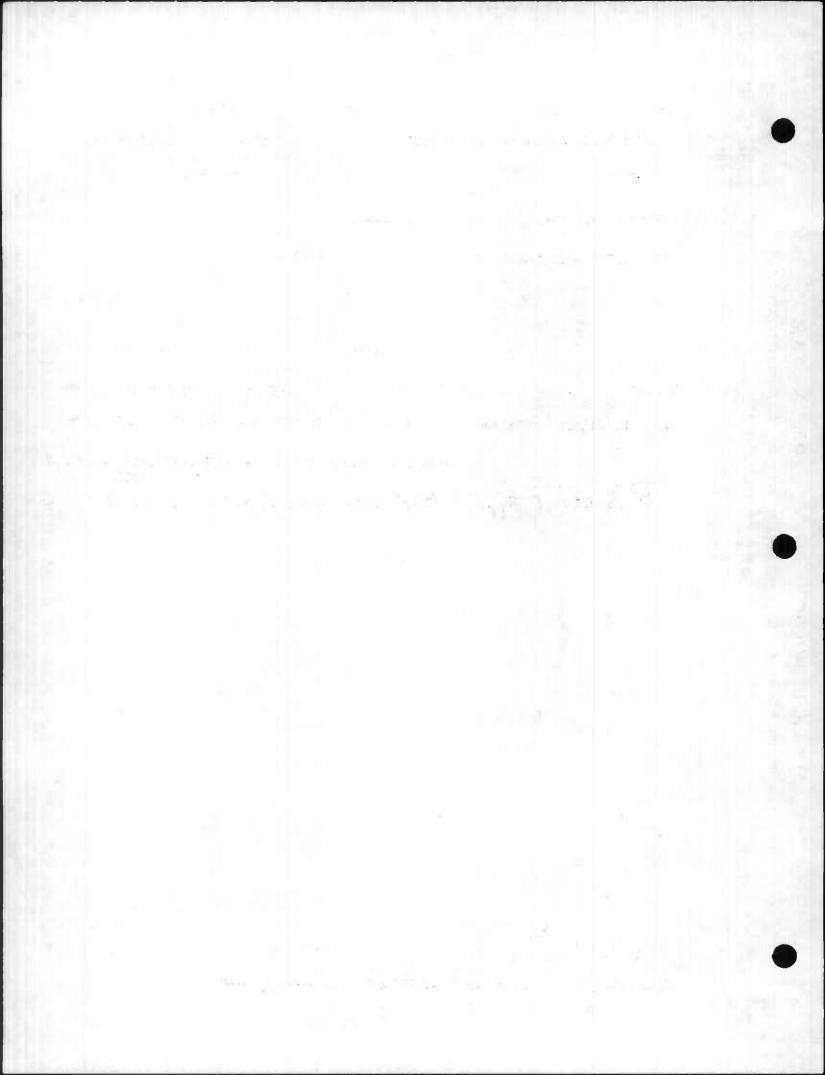


State of Maryland / Department of Health and Mental Hygiene 🔾 🔾

				,	Certificate of			eg. No.	U	1/80
	Physic	an	Decedent's Nama (First, Middle, Last)				2. Data of Dear Month	h	Year	3. Time of Death
ı	/Medi	cal	OTHO R. WATERS  4a. Facility Name (If not institution, give street end number)			th City Town and	-	2°1	799	10:00 AM
1	Examii	ner	2 28448 VENTON ROAD			4b. City, Town, or Lo PRINCESS		4c. County SOME		
	Funeral Director			ge (In yrs. lest i	birthdey) If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Dey, DEC • 2,	1946	9. Birthpl	lace (State or Foreign
	Marylend H show	tor	10a. State 10b. County MD SOMERSET		SS ANNE,				10	0d. Inside City Limits 1 ☐ Yes 2 ☐ No
	ath with the 23e or 28e	Funeral Director	10e. Street and Number 28448 VENTON ROAD		10f. Zip Code 21853		1	10g. Citlzen of Whet Country? USA		try?
020	be filed within 72 hours efter death with the Maryland tal Hyglene. Id other than "natural", or itema 23a or 28a-f show event, the Medical Examiner must be notified.	by	11. Maritel Status  1 Never Marriad 2 Married  3 Widowed 4 Opivorced  12. Was Decedent Armed Forces?  1 Yes, Give Year or Dates:	s? If Yes, specify Cuban, Mexicar MNo 1 □ Yes 2 N No Specify:						an Indian, etc. D-AMERICAN
Maryland 21215-0020	within 72 ho ene. than "natur in Medical	Completed	15. Decedent's Education (Specify only highest grade completed)  Elementary/Secondary (0-12)  Collega (1-4or the secondary sec		6a. Decedant's Usual Occup (Give kind of work done life. DO NOT use ratire MINISTERAL	during most of work	ing	16b. Kind of Bu		lustry
and 2	l be filed ntal Hygi of other event,	Be	17. Fathar's Nama (First, Middle, Last) WILLIAM RHOCK, SR		THINIOTENIE	18. Mother's Name			a)	
aryl	should be nd Mental marked c	2	19a. Informant's Name/Relationship (Type, Print)		9b. Mailing Address (Street	end Number or Run				
Baltimore, Ma	permit. Peges 1 and 2 should Department of Health end Men Important: If Itam 27 is marke any Injury or other traumatic. Once.		ELIJAH HOLBROOK  20e. Method of Disposition  1X Burial 2 Cremation 3 Removel from State 4 Donation 5 Other (Specify)	20b. Placa	28479 VENTO of Disposition (Name of tery, cremetory or other ple ITY CHURCH/GR	N ROAD: P	RINCESS	ANNE,	MD. 2 City or Tov	21853
Baltir	permit. P Departme Importen any Injur		21. Signature of Puneral Service Lieunsee		22. Name and Addre	4 5 - 141	13 JERSI			ISBURY, MD
	Physician /Medical Examiner	Control of the second	23a. Part1. Enter the disease or complications that cause shock or heart failure. List only the cause on each limmediate Causa (Final disease or condition resulting in death)	ndia				est,		Approximete Interval Batween Onset and Death
Box 68760,	The lew requires that the death certificate be executed ate has been signed by the ettending physician and page 2 should be deteched for use as the burlet-transit	in/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Diseasa or injury that initiated avants rasulting in death) Lest		a consequence of):					(191)
	thet the death ce ed by the ettendi deteched for use	Physician/	Part II. Other significant conditions contributing to death b	ut not resulting	g in the underlying cause given	ven in Pert I.	23b. Did to	bacco use con	itribute to	the cause of death?
s, P.O	es that the igned by t be detech	by Phy	HIV demou	tea			1 🗆 Y	2 No	3 □ Prob	ebly 4 Unknown
Records,	lew requir	Completed					24a. Was a perform		ava	re autopsy findings illable prior to inpletion of cause death?
	n: The licate I rr, pag		OF W	h			1 □ Ye	s 20 No	1□	Yes 2□ No
$\equiv$	Physician: r this certific and director,	To Be	25. Was case referred to medical examinar?  1 Yes 2 No Hospital: 1 Inpatia	ant 2□ER/	Outpatient 3 DOA Oth	26. Place of Deatl	me 5-Rasida		ar (Specify	,)
Division of Vital	Attending Physic death.  actor: After this by the funeral di		27. Manner of Death  Danatural 5 Pending  2 Accident Investigation	ry y Year) 28b	7. Time of Injury M 1		28d. Dascribe ho			
Divis	To the Mospital or Attending Physician: The lev within 24 hours effect death.  To the Funeral Director: Affect this certificate hes completely filled in by the funeral director, page 2	Certification:			farm, street, factory, office		28f. Location (St City or Town	, Stata)		
	Hosk 24 ho Fune letely fi	edicai	29a. Certifier (Check only one)  Certifying Physician: To the best of and manner steepensor.	f examination a	ge, death occurred at the tir and/or Investigation, In my c	me, date and placa, a opinion, death occurr	and due to tha ca ed at the time, da	use(s) and ma ate end place, s	nnar as sta ind due to	atad. the cause(s)
	vithir comp	Me	29b. Signeture end title of cartifler	160	29c. Licens	se number	21	Date signed	Month S	Year)
2	howar		30. Name and addrass of person who complated cause of d	laath (Nam 23a	(Type: Print)	ON I	ms	2/0	1/2	/
,	Sta	te	31. Data filed (Month, Day, Year) 32. Registro	ars Signature	114/100	2) /10/0	-,1160	0/0	20	
	Registr	_	FEB 2 3 1999	wa	19 100					



				State of Mary			of Deat	and Mental F	Reg. No.	d U	781
	Physic	cian.	Decedent's Nama (First, Middla, Last)			ITI CON		2. Date of Month	Day	Yaar	3. Tima of Death
- 4	/Med		MARY LOU LA Facility Name (If not institution, give			WILSON	4b. City,	Town, or Location of D			0626
	Exam	IIIIEI	PENINSULA REGION		CENTER		S	ALISBURY	WI	COMICO	
	Funera		5. Social Sacurity Number 6. Sax	THE ATTE	n yrs. last birthday)	If Undar 1 Months I	Yaar If Und Days Hours	er 24 Hrs. 8. Data of (Month,	Birth Day, Year)	9. Birthplac	e (State or Foreign
	Directo	r	Usual Rasidance of Decedant	/	1 Yrs.			OCT.1	6,1927	VIRGIN	11A
	yland		10a. Stata 10b. County	10	c. City, Town or Lo	cation				10d.	fnside City Limits
	the Marylan r 28a-f show	ctor	MARYLAND WICOMIC	)	FRUI	TLAND					Yas 2□No
	vith th	Director	10e. Street and Number			10f. Zip Co			10g. Citizen of		?
	deeth with the Maryland ms 23a or 28a-f show	era	117 COVERED BRIDG	E LANE  12. Was Decedent Eval	rin IIS 13 1	Was Decedan	21826	Orloin? (Specify Vas or		. S . A .	fndian
	5 22	by Funeral	11. Marital Status  1 □ Never Married 2 ☒ Married 3 □ Widowed 4 □ Divorced	Armad Forcas?  1 Yes 2 No If Yas, Giva Year or Dates:		f Yas, specify		Orlgin? (Specify Yas or an, Puerto Rican, atc.) fy:	Bia Specil	ck, Whita, atc	
20	21215-0020 d within 72 hours of piene. It han "natural", or the material or the wedge of Emm	eted	15. Decedant's Edu (Specify only highast grade	cation a complated)	16a. Deced	dant's Usual C	Decupation	ost of working	16b. Kind of B	lusinass/Indus	itry
34	within see.	Completed	Eiamantary/Secondary (0-12)	Collaga (1-4or 5+)		CATOR	retired)	ost of working	RELIG	TON	
5	offied withing Hygiene.	ပိ	12 17. Fathar's Nama (First, Middla, Last)	4	EDO	CATOR	18. Mol	thar's Nama (First, Mio			
28	re, Maryland 2 is 1 and 2 should be filed f Health and Mental Hygi fem 27 is marked other other traumatic event.	To Be	ELLIOT BRYA	N HA	AZELGROVE			LOUISE	PERKINS	ON	
(4.)	Alary 2 short and N is me		19a. Informant's Name/Ralationship (Ty	pe, Print)				ber or Rural Routa Nu			
231	or Health item 27 other tr		BARRY P. WILSON -						RUITLAND,		
0	altimore, mit. Pages 1 el partment of Heal portant: If Item 2		20a. Mathod of Disposition 1 ☐ Burial 2X☐ Cramation 3 ☐ R	tamoval from Stata	20b. Place of Dispo cematary, crar			Data	20c. Location		
	Baltimol permit, Pages Department of Important: If it any Injury or or	à	4 ☐ Donation 5 ☐ Other (Specify)  21. Signature of Funeral Service License		CAMBRIDGE		TORY	2-24-99	CAMBRID 705 E. M		
	Balt permit. Department any infe		P. Kert	DP.	Or-n						D 21804
			23a. Part1. Entar the diseasa, or complishock, or haart failura. List only or	cations that caused the	a daath. Do not ant	ar tha moda o	FUNERA.	L HOME, INC	y arrest,		pproximata itarval Between
	Physician	1	SHOCK, OF HEART TERIORE. LIST OFFING OF	la causa on aach ima.						Ö	nsat and Death
	/Medica Examine		fmmediata Causa (Final disaasa or condition rasulting in daath)	A	ASCUT						Zyrs
		10 0	rasoling in deality	Due	a to (or as a consec	quanca of):					- 11-15
C	outed ansit	Examiner	Sequentially list conditions	)	e to (or as a consec	nuance of):					
Usan	. Box 68760, deeth certificate be executed e attending physician and of or use as the buriel-transit	Exa	Sequantially list conditions, if any, laading to immadiata cause. Entar Underlying			,5					
1	8760, cata be exemply sician a the buriel.	dical	Causa (Disaasa or injury that initiated avants resulting in death) Last	Dus	a to (or as a conseq	uance of):					
3	Box 6			1			- 83				
1	Box deeth cert attendin d for use	Iclar	Part II. Other significant conditions con	tributios to death but o	ot reculting in the u	ndadvina cau	ea given in Da	d 1 23h 1	Nd tobacco usa co	ontributa to th	ne cause of death?
19	dS, P.O. I	Physician/M			ot rasulting in tha u	ridariyirig cau	sa givaii iii Fa		Yes 2 No	6.4	bly 4 Unknown
X	as tha as the igned be de	by		Anemia						,	
nary	Records, P.O The law requires that the tte has been signed by the	Completed		HTW				24a. V	Vas an autopsy erformed?	availe	autopsy findings abia prior to pletion of cause
5	Rec has b	mpl					****			of da	ath?
realities	Vital Recolden: The law		25. Was casa rafarrad to medical				-		Yas 2 No	101	ras 200 No
	of Vita Physician: ribis certific	To Be	axaminar?	lospital:	2 ☑ ER/Outpatier	nt 3□ DOA	Other	aca of Daath (Check or Nursing Home 5 F		har (Specify)	
	On of ding Phys. After this funerei d		27. Mannar of Death	28a. Data of Injury (Month, Day Ye			. Injury at Work?		be how injury occu		
	SiOr andin eath. or: Aft	catio	1 A Natural 5 ☐ Panding 2 ☐ Accidant invastigation 3 ☐ Sulcida 6 ☐ Could not be	(moral, buy to	, injury	М	1 Yas 2				
	Division of Vital Records, to Attanding Physician: The law requires to after death.  Director: After this certificate has been signed in by the funered director, page 2 should be to a fine by the funered director, page 2 should be to a should be to a signer than the signer to be the funered director, page 2 should be to a signer than the signer tha	Certification:	3 Sulcida 6 Could not be datarmined	28a. Place of Injury - building, atc. (S	- At homa, farm, str Spacify)	eat, factory, o	ffice		on (Street and Num Town, Stata)	ber or Rural F	louta Number,
	Division O To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th complataly filled in by the funeral	edicai C	29a. Certifiar (Check only one) Cartifying Physical Examfrons	alcien: To the best of m ner: On the basis of axe and manner stated	amination and/or in	n occurred at vastigation, in	tha tima, data my opinion, d	and place, and dua to laath occurred at tha ti	tha causa(s) and man, data and place	annar as stat , and dua to th	ad. na causa(s)
	Vithin Fo the	Me	29b. Signatura and titla of certifie			29c. L	icansa numbe	or .	29d. Date sign	ed (Month, Da	y, Year)
			I ( lu S.	9.0.			4501	497	2/23	199	
	X		30. Nama and addrass of person who co	empleted causa of death		Print)	10.101	ury, mo			
	10		Chris Snyger  31. Data filad (Month, Day, Year)	108 PINO 32. Ragistrar's		KO.	SAUISA	ury, mo			
	S Regis	tate trar	FEB 2.4 19	200	Signatura	4	1				



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Date of Deeth Month **Physician** Genevieve Loretta Wagner PM 18, 1999 4c. County of Death Feb. 11:50 /Medical 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street and number) Examiner Garrett Garrett Co. Memorial Hospital Oakland If Under 1 Year Birthplace (State or Foreign Country) Age (In yrs. last birthday) 5. Social Security Number 8. Date of Birth (Month, Day, Year) Funeral\* 1 M 2 STF Months Days Hours 94 Director 214-07-2586 Sept. 23, 1904 Maryland Usual Residence of Deceden the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits r 28a-f show ehow Md 1 Yes 2010 Allegany Director Westernport 10e. Streef and Number 10f. Zip Code 10g. Citizen of What Country? with "natural", or items 23s or edical Examiner must be a 25801 Shady Lane, Apt 217 21562 United States Pages 1 and 2 should be filed within 72 hours after death nent of Health and Mental Hygiene.
nt: If Item 27 Ia marked other than "natural", or Items 23. Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Black, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Never Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: by 3 Widowed 4 □ Divorced White Completed 7 la marked other than "natur traumatic event, tre Medical 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Celanese Corp. Unknown Laborer 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Father's Name (First, Middle, Last) Be William H. Berry Mary Ellen DeVault 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) George William Wagner 104 Kalbaugh St. Westernport, MD 21562 of Disposition (Name of Date 20c. Location - City or Town, State item 2 20a. Method of Disposition 20b. Plece of Disposition (Name of cemetery, crematory or other place) permit. Pages Department of Important: If it any injury or o Burial 2 Cremation 3 Removel from State 4 Donetion 5 Other (Specify) Rocky Gap 2/22/99 Flintstone, MD Md. Veterans Cemetery

22. Name and Address of Facility 21. Signature of Funeral Service Licenses 111 Church Street 24 Boal Funeral Home Westernport, MD 21562 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heert feilure. List only one cause on each line. Approximete Intervel Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical Acute Influenza Examiner l week Due to (or as a consequence of): Examiner physician and s the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or as a consequence of). Box 68760. Physician/Medicai Due to (or es a consequence of) 98 esn Po ed by the a 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 4 Unknown 1 Yes 2 No 3 Probably Congestive Heart Failure, Glaucoma, Angina Division of Vital Records. þ 24b. Were autopsy findings 24a. Was an autopsy performed? Completed completion of cause of death? certificate has b 20 No 1 ☐ Yes 2 ☐ No director, 25. Wes case referred to medical examiner? Be 26. Plece of Death (Check only one) To Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Unpatient 2 ER/Outpatient 3 DOA this funeral 28d. Describe how Injury occurred 27. Manner of Deatt 28c. Injury at Work? 28e. Date of Injury (Month, Day Year) 28b. Time of Certification: Affer or Attending 1 Natural
2 Accident 5 Pending 1 Yes 2 No investigation after death. octor. 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital or A within 24 hours after To the Funeral Directompletaly filled in by edicai 1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, end due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) D26650 2/19/99 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) PO Box 486 Margaret A. Kaiser, M.D. Oakland, MD 21550 31. Date filed (Month, Day, Year) 32. Registrar's Signature State 4 1999 Registrar

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Feb 25 1399 9:00 pm Minnie G. Whitacre /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Death **Examiner** Cuppett-Weeks Nursing Home Oakland Garrett 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 87 Yrs. if Undar 1 Yaar If Undar 24 Hrs. 6. Sax Birthplaca (Stata or Foreign Country)
 Md **Funeral** Days Hours 1 M 2 R F Director Usual Rasidance of Dacedant the Maryland show 10b. County 10c. City, Town or Location 10d. insida City Limits r than "natural", or items 23a or 28a-f should be Medical Examiner must be notified at Garrett Kitzmiller Director 1 Yas 2 No 10a. Street and Number 10f. Zip Code 10g. Citizan of What Country? 455 Pee Wee Rd 21538 USA Funeral death 12. Was Dacadant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No Was Dacedant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 14. Raca - Amarican Indian, permit. Peges 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene. Important: If Itam 27 Is merked other than "natural", or free any Injury or other traumatic event Black. Whita, atc. 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: þ Specify: White 3 Widowad 4 Divorcad Be Completed 16a. Dacedent's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacadant's Education 16b. Kind of Businass/Industry (Spacify only highast grade complated) Elementery/Secondery (0-12) Collage (1-4or 5+) Housewife Homemaker 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middla, Malden Sumama) Birdie Wilson William Harvey 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, Steta, Zip Coda) Robert Whitacre 455 Pee Wee Rd Kitzmiller, Md 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of camatary, crematory or other placa) 20c. Location - City or Town, Stata 1X Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Spacify) Feb 28 1999 IOOF Cemetery Elk Garden W.Va 21. Signature of Femeral Service Licens 22. Name and Addrass of Facility David A. Burdock FH 23a. Puri. Entar tha disaasa, or complications that caused tha daath. Do not antar tha mode of dying, such as cardiac or respiratory arrast, s lock, or heart failure. List only one cause on each line. LINGOCK Kitzmiller Md Approximata Intarval Batwaan Onsat and Death **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in deeth) congestive heart failure years Examiner Dua to (or as a consequanca of) Physician/Medical Examiner The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata cause. Entar Underlying Ceusa (Disaase or Injury that initiated evants rasulting in death) Last and Dua to (or as a consequence of) the buriel-tre P.O. Box 68760, attending physician for use es the burie Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 2 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records, by 24b. Wara autopsy findings available prior to Completed 24e. Was an autopsy peen complation of cause of death? this certificate hes 1 🗆 Yas 2) No I or Attending Physician: after death. Director: After this certifica 25. Was casa rafarrad to medical axaminar? Be 26. Placa of Death (Check only ona) Hospital: 1 Yas 2 No Other: 4 Nursing Homa 5 Rasidanca 6 Other (Specify) 2 1 ☐ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Death Certification: 28a. Deta of Injury (Month, Dey Year) 28b. Time of Injury 28c. injury et Work? 28d. Dascribe how injury occurred 1 Natural
2 □ Accidant 5 Panding invastigation 1 ☐ Yas 2 ☐ No the 6 ☐ Could not ba detarminad 3 Suicida Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 28f. Location (Straat and Number or Rural Route Number, City or Town, State) 2 4 Homicida filled in 24 hours a 1 Cartifying Physician: To tha best of my knowledga, daeth occurred at tha tima, dete and place, and due to the causa(s) and mennar as stated.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at tha tima, date and place, and due to the cause(s) and mennar as stated. Medical 29a. Cartifier within 2 To the 29b. Signatura and title of centil 29c. Licansa number 29d. Data signed (Month, Day, Year) 2/26/99 D23979 30. Name and address of person who completed causa of death (Item 23e) (Type, Print) Robert A. Goralski, M.D. 311 N. Fourth St Oakland, MD

**DHMH 16 Rev 6/95** 

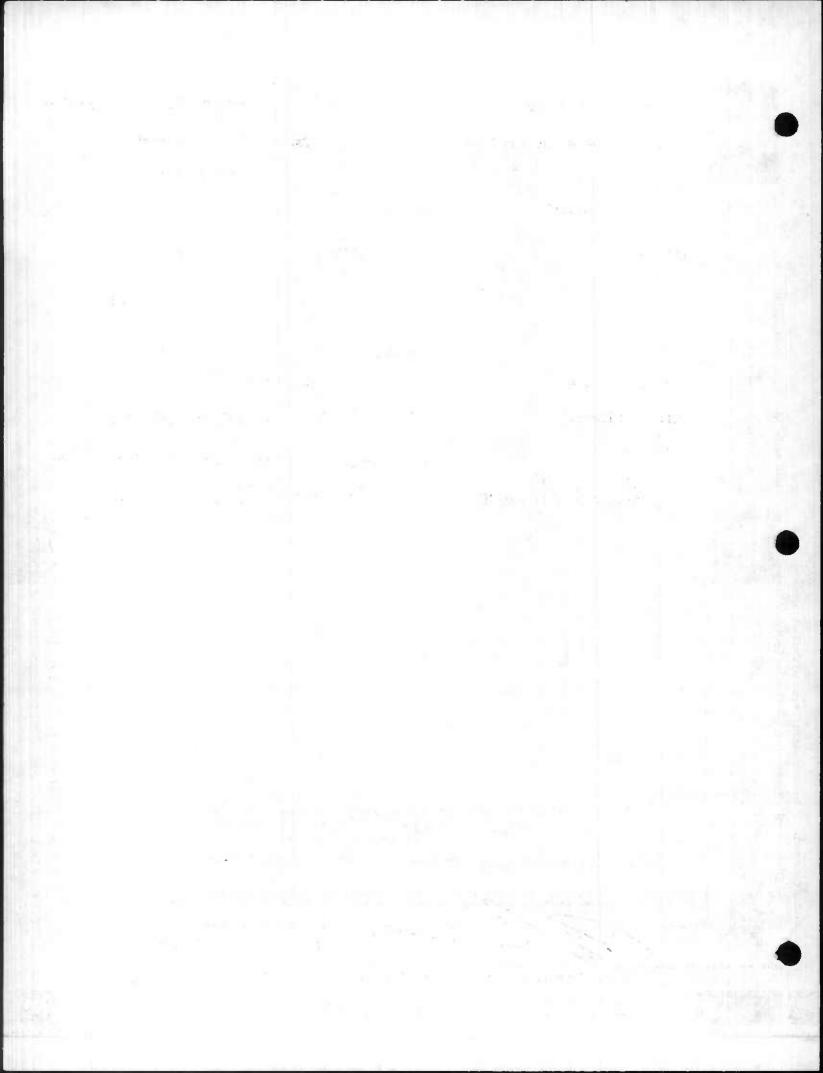
State

Registrar

31. Data filed (Month, Day, Year)

1 1999

32. Registrar's Signature



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Deeth 3. Time of Death **Physician** William Page February 21,1999 Zimmerman, Jr. 5:50 am /Medical 4b. City, Town, or Location of Death 4a Facility Neme (If not Institution, giva street and number) 4c. County of Deeth Examiner Anne Arundel Severna Park 301 Sycamore Road If Under 1 Yaar | If Undar 24 Hrs. 8. Data of Birth Month, Day, Year) July 11, 1912 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign **Funeral** Months Days Hours Min. 11XM 2□ F 215-07-9434 86 Yrs. Maryland Director Usuel Residence of Decedant with the Meryland r 28a-f show a netthed at 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Severna Park Anne Arundel MD 1 ☐ Yes 2X No Directo 10g. Citizen of Whet Country? USA 10e. Street end Number 10f. Zip Code "naturel", or items 23e or edical Exercise must be r 21146 301 Sycamore Road permit. Pages 1 and 2 should be filed within 72 hours after death 1 Department of Health and Mental Hygiene. Important: If item 27 is marked other than "naturel", or items 23 any injury or other traumatic event, in Mind self-min man many injury or other traumatic event, in Mind self-min min Funeral 12. Was Decedant Evar in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexicen, Puarto Rican, etc.) 14. Race - Amarican Indian. 11. Maritel Status Bleck, Whita, etc. 1 Tyes 2 No If Yes, Give WWII Yaer or Dates: 1 Naver Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐No white Specify: Aq 3 ☐ Widowed 4 ☐ Divorced Completed 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highast grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) College (1-4or 5+) Elementery/Secondary (0-12) Income Tax Division Chief Auditor 5+ 18. Mother's Name (First, Middla, Melden Sumeme) 17. Fathar's Neme (First, Middle, Last) Edna Borchers William P. Zimmerman, Sr. 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 301 Sycamore Road, Severna Park, MD 21146 19a. Informent's Name/Reletionship (Type, Print) Doris Zimmerman/ wife 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stata 20e. Method of Disposition Feb 25 1 XBurial 2 Cremetion 3 Removal from State Lorraine Park Cemetery Baltimore, MD 4 ☐ Donetion 5 ☐ Other (Specify) 1999 mrut Suneral Service 22. Name end Address of Fecility Barranco & Sons, P.A. Severna Park Funeral Home 495 Gov. Ritchie Hwy., Severna Park, MD Do not enter the mode of dying, such as cerdiac of respiretory errest. 1118060 21146 a ceuse on each line. Approximate Interval Between Onset end Deeth the diseese, or of the diseese of th **Physician** 1 el Kemia Immediate ausa (Finel disease or condition in deeth) /Medical Examiner asia Examin ettending physician end for use as the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated evants resulting in deeth) Lest Dua to (or es e consequence of) Division of Vital Records, P.O. Box 68760. Physician/Medical Dua to (or es a consequence of): signed by the e 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 2 No 3 Probably 4 Unknown 1 Yee þ 24b. Were autopsy findings aveilable prior to should I Completed 24e. Wes en eutopsy performed? completion of cause of deeth? certificate hes b or Attending Physician: director, 25. Was case referred to medical exeminer? Be 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1□ Yes No 10 2 ER/Outpetient 3 DOA 1 Inpatient this funeral 27. Manner of Deeth 28d. Describe how injury occurred 28e. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? Certification: Affer 1 Natural
2 Accident 5 Pending Investigation death. 1 TYes 2 TNo ector: A 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) n 24 hours effer on Funeral Directors of Funeral Directors of the Funeral Directors of Funeral Property Filled in Br 4 | Homicide Hospital Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, end due to the ceuse(s) end manner as stated.

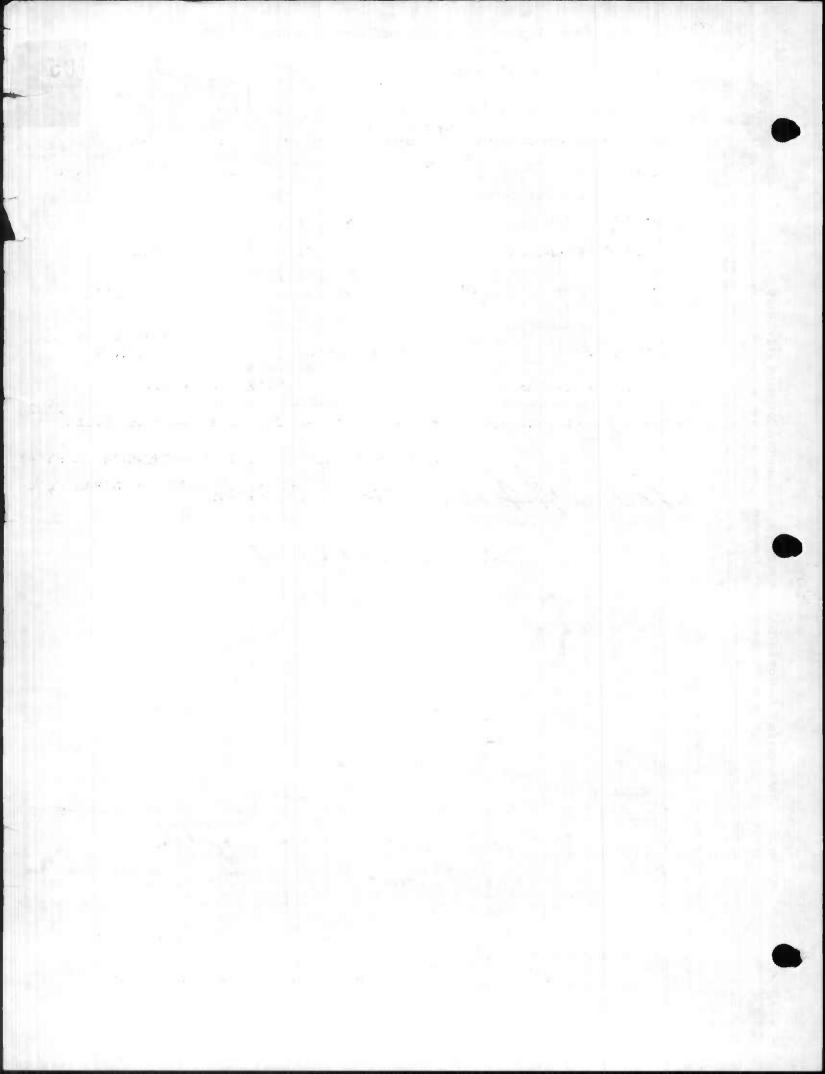
Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end menner stated. 29a. Certifier edical To the Hosp within 24 ho To the Fune completely fi (Check only one) 29b. Signeture and the of certif 29d. Dete signed (Month, Day, Year) 29c. License number 30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print) 900 Bestgate Road, Annapolis, MD Peter R. Graze, M.D. 21401 31. Date filed (Month, Day, Year) FEB 2 3 32. Registrer's Signature

**DHMH 16 Rev 6/95** 

Registrar

1999

		Decedant's Nam			0 G-769	3/11/99	rebice	er linica	ale or	Death		2. Data of Da		U /	3. Time (	f Death
ysician		RON	NALD		ANTHO	NY A	LEXAN	NDER	JR			Month MARCH	Day 5. 1990	Yaar	1607	DM.
fedical aminer	40	Fecility Nama (	(If not institutio	on, giva st	treet and nur	nber) MARY	LAND (	GENERAL		4b. City, Tov	vn, or Lo	ocation of Deat	-	y of Death	1007	
		600 BLO	CK W. A	<del>VORTI</del>		<del>UE-</del>	HOSPIT	TAL		BALTIN				/A		
eral ctor	2	Sociel Sacurity N	-3878	8. Sax	M 2□ F	7. Age (In yrs.	26 Yrs.	y) If Und Month	dar 1 Yaar Is Days	If Under 2 Hours	Min.	8. Dete of Bir (Month, De DEC	T. 0°197	9. Birthpl Count 2 MAF	aca (Stata (N) (YLA)	or Foreig
		sual Rasidance o la. Stata	f Decedant 10b. County	,		10c Ci	ty, Town or	Location	-					10	d. Insida (	ity I imits
rector		MARYLAN		I/A			ALTIN		CTTV	v						2 N
Directo	10	e. Street and Nu		/ Δ		D.	VIII		Zip Code	L			10g. Citizen of	What Count	rv?	
2 0	"	314		LAS	CT.			101. 2		231				S.A.	,,,,	
era	11	I. Maritel Status				edent Ever in U	J.S. 13	B. Was Dad	cedant of H	lispanic Orio	oln? (Sp	ecity Yas or No		ce - Amarica	en Indian,	
by Funeral		Nevar Mari		rried	Armed For 1 Yas If Yas, Give Yaar or D	rces? 2 DNN a				an, Maxican Specify:	Puerto	ecity Yas or No Rican, atc.)		ick, Whita, 6 fy:BLAC		
Completed		(Sne	15. Decedar	nt's Educa	ation		16a. Dec	cedent's Us	sual Occup	oation during most	of work	ina	16b. Kind of E	Businass/Ind	lustry	
ple		Elementary/Sec	ondary (0-12)	si grada	Collega (1	-4or 5+)	- lifa	. DO NOT	usa retired	d)	OI WOIN	w.y	EXTEN	DED S	TAY	
Con		10th c	grade				NI	GHT	CLE					ERICA	4	
Be		. Fathar's Name							100				, Maidan Suma	ma)		
2		RONALI	ALEX	AND:	ER SR					JA	NIC	E MAR	IA LEE			
		9a. Informant's N											er, City or Town		4	122
	-	Janice		exa	nder/					las C	t.,			-		
	20	a. Mathod of Dis	Cremetion	3 □Ra	moval from		Place of Dis cematary, co	ramatory o	r other pla	ce)	i	Data	20c. Location			
		4 Donation			1		ETRO	CREN	IOTAN	RY	3	-9-99	BALTI	MORE,	MAI	YLA
9	21	1. Signature of Fi	uneral Service	Licenses	11			22. Nama WILI	and Addre	c BR	OWN	COMMI	UNITY	FUNEF	AT. F	
al er	In di	3a. Part1. Entar shock, or has nmadiata Causa isaasa or conditi ssulting in daath)	(Final			eusad tha daa ach line.		antar tha m	noda of dyir	ng, such as	cerdiac	or raspiratory e			Approxima Interval Bo Onsat and	te tween
Examiner	Im di re	nmadiata Causa isaasa or conditi esulting in daath)	(Final on			Hyske Dua to (		antar tha m	oda of dyir	ng, such as	cerdiac	or raspiratory e			Approxima Interval Be	te tween
dicai Examiner	In di re	nmadiata Causa isaasa or conditi esulting in daath)	(Final on on on on on on on on on on on on on			Dua to (	Gu for as a cons	antar tha m	noda of dyir	ng, such as	cerdiac	or raspiratory e			Approxima Interval Be	te tween
dicai	In di re	nmadiata Causa isaasa or conditi- ssutting In daath) equantially list or any, laading to ir ause. Enter Und ausa (Disaasa o iat initiated avant isulting in daath)	(Final on on on on on on on on on on on on on	a. b. c.	Mu	Dua to (c	Gu or as a cons	anter the m	oda of dyin	Mow	cerdiac	or raspiratory e	errast,		Approxim Interval B Onsat and	ite itween Death
Physician/Medical	In di re	nmadiata Causa isaasa or conditi- ssutting in daath) equantially list co any, laading to ir ause. Enter Und- ausa (Disaasa tat initated avant	(Final on on on on on on on on on on on on on	a. b. c.	Mu	Dua to (c	Gu or as a cons	anter the m	oda of dyin	Mow	cerdiac	or raspiratory e		ontribute to	Approxim Interval B Onsat and	of death
by Physician/Medical Examiner	In did re	nmadiata Causa isaasa or conditi- ssutting In daath) equantially list or any, laading to ir ause. Enter Und ausa (Disaasa o iat initiated avant isulting in daath)	(Final on on on on on on on on on on on on on	a. b. c.	Mu	Dua to (c	Gu or as a cons	anter the m	oda of dyin	Mow	cerdiac	23b. Did	tobacco use c	ontribute to	Approxim Interval But Onsat and Onsat and Onsat and Onsat and Onsat and Onsat and Onsat and Onsat and Onsat and Onsat and Onsat and Onsat and Onsat and Onsat and Onsat and Onsat and Onsat and Onsat and Onsat and Onsat a	of death  Junknow
by Physician/Medical Examiner	In did re	nmadiata Causa isaasa or conditi- ssutting In daath) equantially list or any, laading to ir ause. Enter Und ausa (Disaasa o iat initiated avant isulting in daath)	(Final on on on on on on on on on on on on on	a. b. c.	Mu	Dua to (c	Gu or as a cons	anter the m	oda of dyin	Mow	cerdiac	23b. Did	tobacco use co	ontribute to 3 Prot	Approximination Interval Biometric Interval Biometr	of death Unknow
Completed by Physician/Medical Examiner	In dire	nmadiata Causa isaasa or condition ssutting in daath) equantially list or any, laading to in ause. Enter Undausa (Disaasa or lat initiated avant isulting in daath) art II. Other significant of the state of the sta	(Final on monditions, mmadiata eriying r Injury s Last	a. b. c. d.	Mu	Dua to (c	Gu or as a cons	anter the m	oda of dyin	Wow.	uds	23b. Did	tobacco use college 200 No.	ontribute to 3 Prot	Approximation of the cause pably 4 [ara autops; aliabla prior mplation of death?	of death Unknow
ৰ ছ o Be Completed by Physician/Medical Examiner	Im di re	nmadiata Causa isaasa or conditi- ssutting in daath) equantially list or any, laading to ir ause. Enter Und ausa (Disaasa or at initiated avant issulting in daath)	(Final on on on on on on on on on on on on on	a.  b. c. d. ons contr	Mu.	Dua to (c	Gu or as a cons	antar tha m	oda of dyinother the state of t	van In Part I.	of Deat	23b. Did 1 □ 24a. Was perf	tobacco use college 200 No.	ontribute to 3 Prot	Approximation of the cause obly 4 [  are autops; aliable prioring death?  ] Yas 2 [	of death  Of death  Unknow  findings to causa
To Be Completed by Physician/Medical Examiner	Im did re	nmadiata Causa isaasa or condition issulting in daath) equantially list or any, leading to in ause. Enter Undausa (Disaasa or alt initiated avant issulting in daath) art II. Other significant in the condition of the condition o	(Final on onditions, madiata eritying rinjury signature) ast	a.  b. c. d. one contri	ributing to de	Dua to (c	or as a consor as	equance of equance of	of 2	van In Part I.	of Deat	23b. Dld 1 □ 24a. Was perf 1 □ h (Check only)	tobacco use colyes 20 No an autopsy ormed?	ontribute to 3 Prot	Approximation of the cause obly 4 [  are autops; aliable prioring death?  ] Yas 2 [	of death Unknow
To Be Completed by Physician/Medical Examiner	Im did re	equantially list or any, leading to its ause. Enter Undausa (Disaasa or atl initiated avant is ultimated avant is ultimated avant initiated avant is ultimated avant in its ause. Enter Undausa (Disaasa or atl initiated avant is ultimated avant in its ultimated avant in its ultimated avant is ultimated avant in its ult	(Final on on on on on on on on on on on on on	a.  b. c. d. fons contri	ributing to de	Dua to (compatient and continuous)	or as a consor as a consor es	equance of equance of	of DOA Ott	van In Part I.	of Deat	23b. Dld 1 □ 24a. Was perf 1 □ h (Check only)	tobacco use contrast,  Yes 2000 No san autopsy ormed?  Yes 2 No ona)	ontribute to 3 Prot	Approximation of the cause obly 4 [  are autops; aliable prioring death?  ] Yas 2 [	of death  Of death  Unknow  findings to causa
To Be Completed by Physician/Medical Examiner	India re	nmadiata Causa isaasa or condition soutting in daath) equantially list or any, laading to in ause. Enter Undausa (Disaasa or at initiated avant soutting in daath) art II. Other significant of the soutting in daath)  5. Was casa rafa axaminar? 17 Yas 2	(Final on on on on on on on on on on on on on	a.  b. c. d. one contri	ributing to de	Dua to (compatient as a final partial to form the partial to form	or as a consor a consor as a consor as a consor as a consor as a consor as a c	equance of equance of	oda of dyinoda an In Part I.	of Deat	23b. Did 1 24a. Was perf 1 17) h (Check only ma 5 Ras 28d. Dascribe	tobacco use college an autopsy ormed?  Yes 2 No ona) Idanca Total how Injury occurred.	ontribute to 3 Protein (Specif)	Approximation Interval Bionsat and Onsat and O	of death  of death  Unknown  findings to causa  No	
To Be Completed by Physician/Medical Examiner	India re	equantially list or any, leading to it ause. Enter Undause. (Disease or at initiated awant is ultimated awan	(Final on on on on on on on on on on on on on	a.  b. c. d. one contri	ributing to de 28a. Data (Monius) 2/5/28a. Place buildi	Dua to (c)  Dua to	or as a consor or a consor or a cons	equance of equance of	DOA Ott	van In Part I.  26. Place har: 4 Nu ny at rk? 1 Yas 2 54	of Deat	23b. Did 1 24a. Was perf 1 10 10 10 10 10 10 10 10 10 10 10 10 10	tobacco use college an autopsy ormed?  Yes 2 No ona) Idanca Total how Injury occurred.	ontribute to 3 Prot  24b. Wa avi coi of 11  ther (Specify arred	Approximation of the cause obey 4 [ Ara autopsy aliable prior plation of death? ] Yas 2 [ Ara autopsy	of death  of death  Unknow  findings to causa  No
To Be Completed by Physician/Medical Examiner	Indirection of the second of t	equantially list or any, leading to it ause. Enter Undause (Disease or eat initiated avant is utility in dauth)  art II. Other significant of the control of	(Final on on ditions, madiata eritying injury is Last on on on on one of the	a.  b. c. d. ons control igation not ba mined igation ing Physic	ributing to de 28a. Data (Monius) 2/5/28a. Place buildi	Dua to (c)  Dua to	or as a consor or a consor or a cons	equance of equance of	DOA Ott	van In Part I.  26. Place har: 4 Nu ny at rk? I Yas 2	of Deat	23b. Did 1 24a. Was perf 1 10 10 10 10 10 10 10 10 10 10 10 10 10	tobacco use college of the college o	ontribute to 3 Protein (Specify arred Inter (Specify arred Inter or Rura to Drussen, and dua to	Approximination of the cause obly 4 [ Ara sutopsy aliable prior mplation of death? ] Yas 2 [ Ara sutopsy aliable prior mp	of death  of death  Unknow  findings to causa  No
orrector, page 2 should be detached for use as the bunal-transit	Indirection of the second of t	equantially list or any, leading to it ause. Enter Undausa (Disaasa or atl initiated avant lisulting in daath)  art II. Other significant lisulting in daath)  art II. Other significant lisulting in daath)  Type of the control of th	(Final on on ditions, madiata eritying injury is Last on on on on one of the	a.  b. c. d. ons control igation not ba mined igation ing Physic	ributing to de 28a. Data (Monius) 2/5/28a. Place buildi	Dua to (c)  Dua to	or as a consor or a consor or a cons	equance of equance of	DOA Otto	van In Part I.  26. Place har:  1787  1788  2944  2944  2944  2956  2957  2958	of Deat	23b. Did 1 24a. Was perf 1 10 10 10 10 10 10 10 10 10 10 10 10 10	tobacco use c Yes 20 No s an autopsy ormed?  Yes 2 No ona) Idanca TO (Straat and Num wm, Stata) 2 3  Or M cause(s) and n data and place	24b. Wa ave con financial as so, and dua to the (Month, wed)	Approximinterval Bionsat and onsat a	of death  of death  Unknow  findings to causa  No
pletery filled in by the tuneral director, page 2 should be detached for use as the but edical Certification: To Be Completed by Physician/Medical	Indirection of the second of t	equantially list or any, leading to it ause. Enter Undause (Disease or eat initiated avant is utility in dauth)  art II. Other significant of the control of	(Final on on ditions, madiata eritying injury is Last on on on on on on one of the one o	a.  b. c. d. ons control igation not ba mined ig Examined	ributing to de 28a. Data (Monius) 2/5/28a. Place buildi	Dua to (c)  Dua to	or as a consor a consor as a consor as a consor as a consor as a consor as a c	equance of equance of	DOA Ott  DOA Ott  DOA, Ott  DOA, Ott  Cory, office  ad at tha tir  con, In my cory  COM	van in Part I.  26. Place har:  yat rk?  I Yas 2 4 4 5 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	of Deatrsing Ho	23b. DId  1 24a. Was perf  1 1 2 2 2 2 3 2 3 2 3 2 3 2 3 2 3 3 2 3	tobacco use comestal tobacco u	24b. Wa ave con of a sure (Specif) arred	Approximinterval Bionsat and onsat a	of death  of death  Unknow  findings to causa  No



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Dete of Deeth Month **Physician** March RAVMOND ANTHONI 10 /Medical 4a Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** BALTIMORE HOSPITA MERC If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) If Under 1 Year Birthplece (Stete or Foreign Country) 7. Age (In yrs. last birthday) 5. Sociel Security Number **Funeral** 1⊠M 2□ F 36 Days Yrs. Director UNKNOWN Usual Residence of Decedent the Maryland r 28a-f show 10e. State 10b. County 10c. City, Town or Location 10d. fnside City Limits BALTIMORE 1 XYes 2 □ No Directo MARYLAND 10e. Street and Number 10g. Citizen of What Country? with 1 I is marked other than "natural", or items 23s or traumatic event, the Medical Examiner must be 1 2202 AVENUE USA, 14. Race - American Indian, Bleck, White, etc. ROSE Funeral Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U.S. Armed Forces? 11. Marital Status Pages 1 and 2 should be filed within 72 hours after name of Health and Mental Hygiena. 1 Yes 2 No If Yea, Give Year or Dates: 1 Never Merried 2 Married 1 ☐ Yes 2 1 No Specify: by 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Cottege (1-4or 5+) OTHGRADE UNEMPLOYED 18. Mother's Neme (First, Middle, Maiden Sumeme) 17. Fether's Name (First, Middle, Last) Be HARRI ANNIE 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) CHARLES J. ANTHONY (BROTHER) 2202 PENROSE AVE., BALTIHORE, MD. 2 1223 DOB. Method of Disposition | 20b. Pleca of Disposition (Name of Date | 20c. Location City or Town, Stele 20b. Pleca of Disposition (Neme of cemetery, cremetory or other placa) 20a. Method of Disposition 1⊠Buriel 2 □ Cremetion 3 □ Removel from State 4 Donetion 5 Other (Specify) ZION CEMETERY LANSDOWNE, MD, H. BROWN JR. FUNERAL HOME 21. Signature of Funeral Service Licensee 23e. Peril. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory a shock, or heart failure. List only one ceuse on each line. Approximate intervel Between Onset end Death **Physician** Immediate Ceuse (Finet diseese or condition resulting In death) /Medical mankon Due to (or as e consequenca of): Examiner Physician/Medical Examiner physician and the burial-transit The law requires that the daath certificate be axecuted Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or as a consequence of): Due to (or es e consequenca of): 98 HSH I 23b. Did tobacco use contribute to the cause of death? Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown signed t þ 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed page 2 s certificate has 1 ☐ Yes 2 ☐ No 26. Place of Death (Check only one Sella Maris At Mescy 25. Wes case referred to medical exeminer? Be Hospitat: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpetient 1 Yes 2 No 3□ DOA After this 28e. Dete of tnjury (Month, Dey Year) funaral 28d. Describe how Injury occurred 27. Manger of Deeth 28b. Time of 28c. Injury et Work? To the Hospital or Attending Pr within 24 hours aftar death. To the Funeral Director: After it completely filled in by the funara Certification: 5 Pending Investigation Neturel 2 Accident 1 Yes 2 No 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, date end pleca, end due to the cause(s) and manner es steted. Medical Examiner: On the basis of exeminetion end/or investigetion, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) and manner stated. 29e. Certifier Medical (Check only one)

Paul Anthony

Baltimore,

P.O. Box 68760.

Division of Vital Records,

State Registrar

31. Dete fited (Month, Dey, Year)

29b. Signeture and title of certifier

32. Registrer's Signeture

SOL

30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

book

St Parl

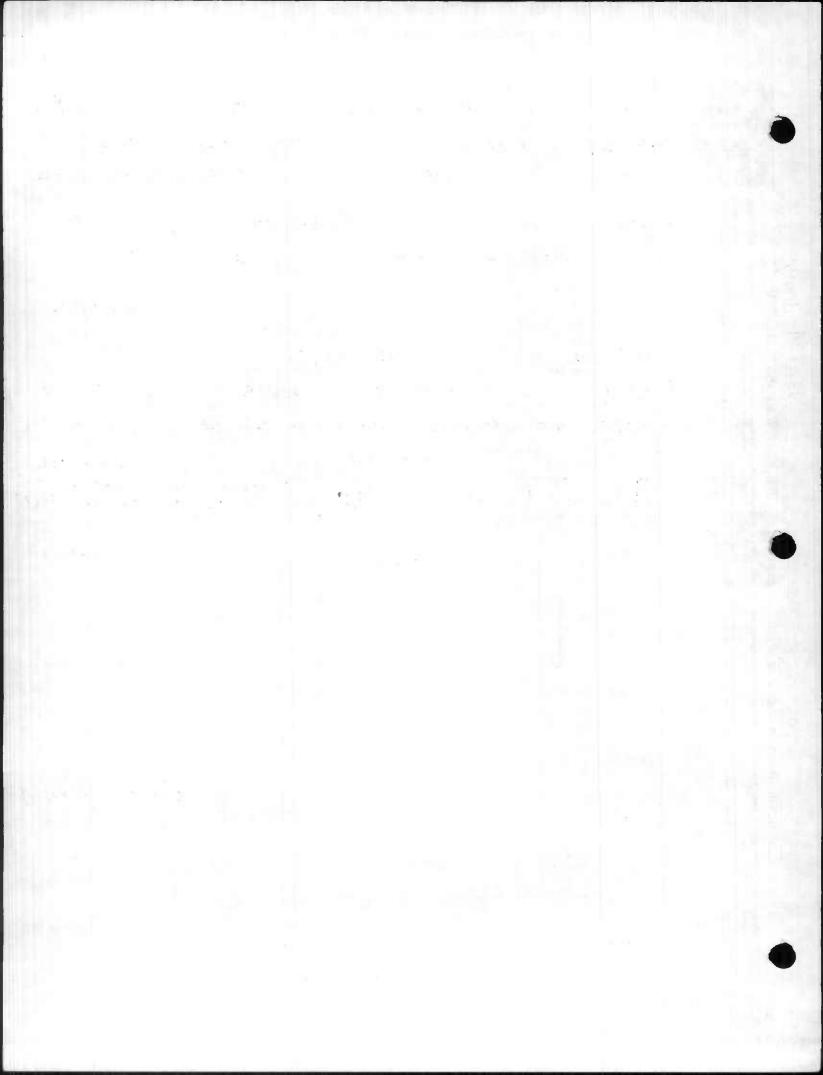
29c. License number

Bultima

D40854

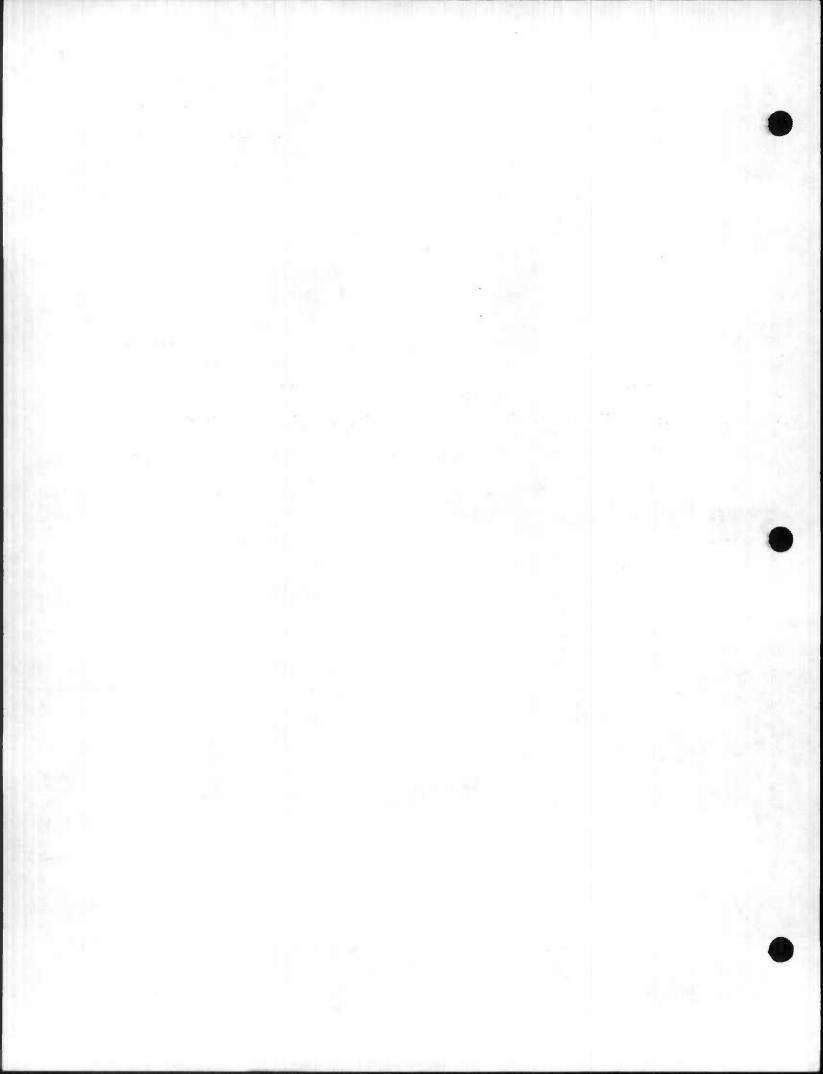
21202

29d. Date signed (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene 9 07787

			C	ertificat	e of	Death	,	Reg. No.	01101	
Dhysisian	1. Decedent's Name (First, Middle, Las	st)					2. Date of De Month	ath	3. Time of Death	
Physician Medical	MARY ARMSTRONG	3					FEBRU	ARY 23	, 1999 7:30PM	
Examiner	4a Facility Neme (If not institution, give	e street and number)			0	4b. City, Town, or		,		
	HOPKINS BAYVIE			1 46 41 4	4.11	BALT			/A	
Funeral . Director	2101-12	□M 2NTE	yrs. last birthde	Months	Days	If Under 24 Hrs Hours Min.		th y, Year) 1893	Birthplace (State or Foreign Country)     MARY LAND	
P	Usual Residence of Decedent  10a. State 10b. County	10	c. City, Town or	Location					10d. finside City Limits	
Alery A	MD N/A			IMORE	e.				1 M Yes 2 □ No	
or 28a-f s be notified Director	10e. Street and Number			10f. Zig				10g. Citizen of What Country?		
ter death with the Maryle thems 23s or 23s-1 short the mat be notified at uneral Director	5505 HOPKINS				2	21224		.A.		
O20 ors st	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent Ever Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:	ff Yes, specify Cuban, Mexican, Pue			to Rican, etc.)	Specify	e - American Indian, ck, White, etc.		
5-0 72 7 72 7 72 7 72 7 72 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	15. Decedent's Ed (Specify only highest gra		16a. De	cedent's Usu	af Occup	pation during most of wo	rkina	16b. Kind of Bu	usiness/Industry	
1 21215-0 ed within 72 ho typiene. wer than 'naturn it, the Medical.	Elementary/Secondary (0-12)	College (1-4or 5+)	life	e. DO NOT u	se retire	d)		CANC	OMPANY	
Cor Cor	O Control Name (Free Addition to an		F.F	ACTORY	c wc					
Be state and and and and and and and and and and	17. Father's Name (First, Middle, Last) FRANK SOMME					MARY	me <i>(First, Middle,</i> unkno		10)	
To To	19e. Informant's Name/Relationship (1		10h 14	niting Address	- (Street	and Number or Ri	State 7in Code)			
Ma dd 2 s d f f s	MS. GINGER BLE			the same					LTO, MD21224	
	20e. Method of Disposition	2	0b. Place of Dis	sposition (Na	me of		Date		City or Town, Stete	
Baltimore, semit. Pages 1 a Separament of Nes mportant: if Nesn my injury or othe MOS.	1 Buriel 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specify	Removel from State		VN CEI		ERY 2/2	6/99	BALTIM	ORE, MD.	
Balt permit Depart import any inj ance	21. Signature of Funerel Service Lican	Conto				SKI FUNI				
	23a. Part1. Enter the disease or comp shock, or heart failure. List only	olications that caused the one cause on each line.	deam. Do not	enter the mod	de of dyi	ng, such as cardia	c or respiratory a	rrest,	Approximate Intervel Between Onset and Death	
Physician /Medical Examiner	Immediate Cause (Final disease or condition resulting in death)	. Seps	is				P1.3		3 days	
Je Je		Due	to (or as a cons	sequence of)						
ficate be executed physician and a the burish-transit edical Examiner										
- 5 Ord -										
Box eath cert attendin for usa		d							1	
Sic	Pert if. Other significant conditions co	ontributing to death but no	t resulting in the	e underlying o	ause gh	ven in Part f.	23b. Did	23b. Did tobacco use contribute to the cause of		
S, P.O. BOX set that the death cer gned by the attendir be detached for usa by PhysiclanA	Dementia					37	10	Yss 2⊠No	3 Probably 4 Unknown	
Cord require been si should								an autopsy med?	24b. Were autopsy findings evailable prior to completion of cause of death?	
The ite has beginned and the items of the it							10	Yes 2 No	1 Yes 2 No	
Vital Resident The law sicient The law sicertificate has lirector, page 2 o Be Comp	25. Was case referred to medicat					26. Place of De	ath (Check only	one)		
Of Vita Physician: this certific ral director.	examiner?	Hospital: 1 ☐ Inpatient	2 ER/Outpat	tient 3 D	DA Ott	ner: 4 Nursing I	Home 5 ☐ Resi	denca 6 □Oth	er (Specify)	
on o ding Ph th. After th funeral	27. Menner of Death  1 Natural 5 Pending 2 Accident investigation	28a. Dete of Injury (Month, Day Yea	28b. Time (njur	e of y	28c. Inju Wo 1	ry at rk? Yes 2 ☐ No	28d. Describe	how injury occur	red	
Division of Vital Records to the Hospital or Attending Physician: The law within 24 hours after death.  To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2  Wedical Certification: To Be Comp	3 Suicide 6 Could not be determined		At home, ferm, pecify)	street, factor			28f. Location ( City or To		per or Rural Route Number,	
he Hospit in 24 hour he Funera pletely fill:		yelcian: To the best of my inner: On the besis of exa- and manner steted.								
Meithin Meithin	29b. Signature and title of certifier	100				se number			d (Month, Day, Year)	
1	> Styasu,	MD		B.7613662				2/24/99		
	JHGC, 5505 HOP				BA:	LTIMORE	, MD. 2	21224		
State Registrar	31. Dete filed (Month, Day, Year) MAR 1 1	1999 Registrat's S	Signeture	1.	Los	alle)				



Item: 8 per F.H G-769 3/16/99 reb 1. Decedent's Name (First, Middle, Last) **Physician** Day ALICE LORAINE GOINGS BAKER 3,1999 MARCH /Medical 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner CHURCH HOME HOSPITAL 8. Date of Birth (Month, Day, Year) BALTIMORE Year) 964 5. Social Security Number # Under 1 Year 7. Age (In yrs. last birthday) If Under 24 Hrs. **Funeral**  Birthplece (State or Foreign Country) 1□ M 2□¥F Months Days Hours 248-351379 Yrs 35 Director Usual Residence of Decedent the Marylend 10e State 10b. County 10c. City, Town or Location 28a-f show 7 Is marked other than "natural", or items 23a or 28a-f show traumatic svent, the Moores Examiner must be notified as Director MD. BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? with 238 USA 508 N. Bouldin Street 21205 death Funeral 12. Was Decedent Ever In U,S. Armed Forces? Wes Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian Bleck, White, etc. e filed within 72 hours after al Hygiene. other than "natural", or ite 1 ☐ Yes 2 🕱 No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: by Specify: 3 ☐ Widowed 4 ☐ Divorced BLACK Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) DOMESTIC HOUSE WORK 11 permit. Pages 1 and 2 should be file Department of Health and Mentel Hy, Important: If item 27 is marked othe any injury or other traumatic event, pages. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be FRANCES GOINGS WILLIAM SUTTON 2 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Baltimore, MD. FRANCES WARE (MOTHER) 3324 Lawnvien Ave. 20b. Placa of Disposition (Name of cametery, crematory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete Date 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 3/9/99 CATONSVILLE, Md. WESTERN STAR 21. Signature of Funeral Service Licenses 22. Name and Address of Facility 108 West North Avenue Lea TRI-STATE FUNERAL SER. Baltimore, Md. nely male 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** /Medicai Immediate Cause (Final disease or condition resulting in death)

Examiner

physicien end s the buriel-transit

80 use Por ed by the e

signed by t d be detech

should l

page 2 hes

funeral director,

in by

pellil

completely

this

After

þ

Completed

Be

Certification: To

Medical

that the death certificete be executed

P.O. Box 68760.

Records.

Division of Vital

Hospital or Attending Physician:

death.

24 hours after deat Funeral Director:

within 2 To the

Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in death) Last Physician/Medical

PANCREATITIS Due to (or as a consequence of) CHOLECYSTITIS Due to (or as a consequence of)

Due to (or es e consequença of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco usa contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown

3:17 P.M

MD.

10d. Inside City Limits

Approximate Intervel Between Onset and Death

24b. Were autopsy findings eveileble prior to completion of cause of deeth?

1 Ves 2 □ No

29d. Date signed (Month, Dey, Yeer)

MARCH 4, 1999

1 Yes 2 No

24a. Was an autopsy performed? 1 Yes 2 □ No

25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 X Yes 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Date of Injury (Month, Day Year) 27. Menner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1XXVatural 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, end due to the cause(s) and manner as stated.

2 Madical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one)

29c. License number

O.C.M.E.

completed ceuse of death (Item 23e) (Type, Print) nd addr

111 Penn Street, Baltimore, Maryland 21201

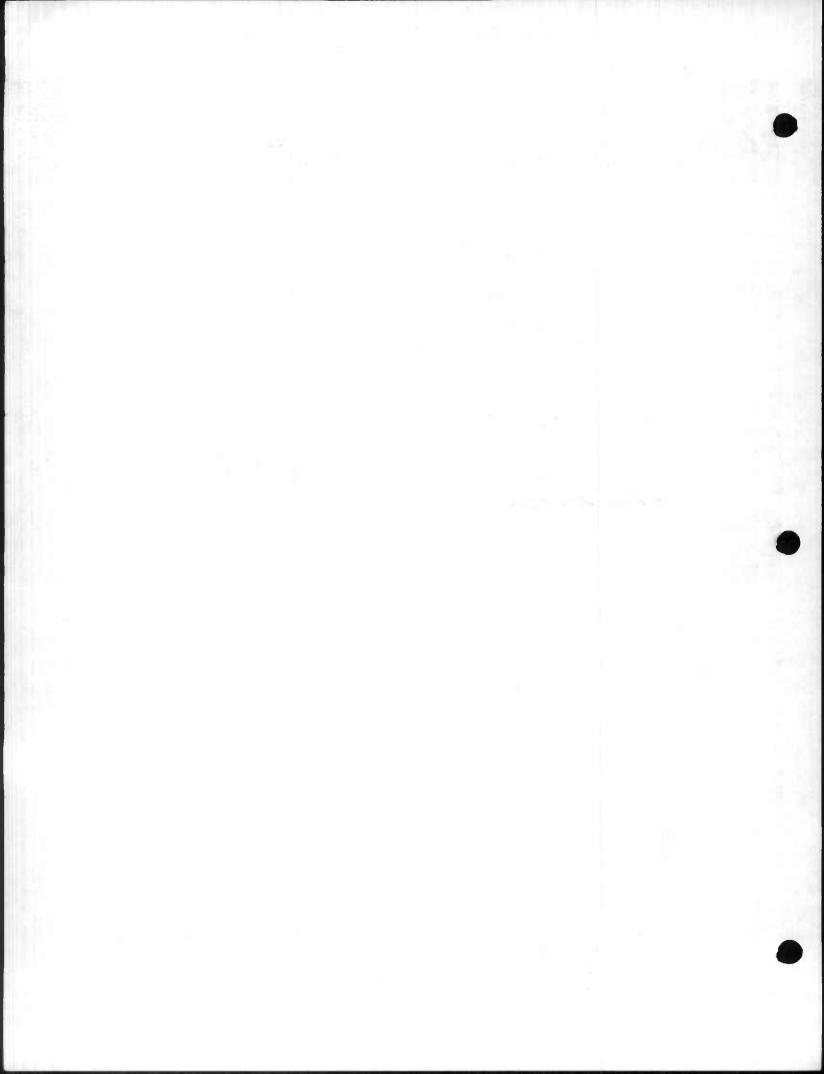
State Registrar

1999 MAR 1

29b. Signature and title of certifie







**Physician** 

/Medical

Examiner

**Funeral** 

Director

28a-f show

death

filed within 72 hours after

Baltimore, Maryland 21215-0020

Director

Funeral

þ

Be

7 is marked other than "natural", or items 23s or 28s-f sho treumstic event, the Medical Experient must be notified at

Hygiena.

Pages 1 and 2 should be filt mant of Health and Mental Hy mit: If item 27 is marked oth jury or other treumstic even

Department of Important: If any injury or once.

**Physician** 

/Medical

Examiner

Examiner

Physician/Medical

þ

Completed

Be

Certification: To

edical

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Date of Death 3. Tima of Death Day Month Larry E. Blouin, Jr. March 09, 1999 6:19 A.M. 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Greater Laurel Beltsville Hospital Prince George's If Under 1 Year | If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) Birthplaca (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) Days Hours Months 100 M 2□ F SEP. 19, 1973 007-62-9019 Maine Usual Residence of Deceden 10c. City. Town or Location 10d. Inside City Limits 10a. State 10b. County 1 Yes 2 No MF Cumberland Standish 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code P. O. Box 604 USA 04084 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No Was Decedent of Hispanic Origin? (Specify Yas or No-ff Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Marital Status Black, White, etc. 1 Naver Married 2 ☐ Married 1 ☐ Yes 2 X No Specify: Specify: white 3 Widowed 4 Divorced Year or Dates: Completed 15. Decedent's Education (Specify only highest grada completed) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) College (1-4or 5+) 12 3 Distributor Beverage Delivery 18. Mother's Name (First, Middle, Maiden Surnama) 17. Fathar's Nama (First, Middle, Last) Larry E. Blouin, Sr. Simone Castonguay 19a. Informant's Neme/Raiationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) P. O. Box 478, Newport, Maine 04953 Larry E. Blouin, Sr. - father 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition Date 3/13/99 Livermore Falls, Maine 1X Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Othar (Specify) Holy Cross Cemetery Cary L. Kaufman Funeral Home @ Meadowridge MP, Inc. 21. Signature of Funeral Service Ligenser 7250 Washington Blvd., Elkridge, Md. 21075 23e. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intarvai Batween Onsaf and Death Immediate Cause (Final disaasa or condition resulting in death) 0 Due to (or as a consequence of) Sequantially list conditions, if any, leading to immediata cause. Entar Undarlying Causa (Disease or Injury that Initiated events resulting in daath) Last Dua to (or as a consequence of): Dua to (or as a consequence of): Part II. Other elgnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the ceuse of deeth? 1 ☐ Yee 2 ☑ No 3 ☐ Probably 4 ☐ Unknown 24b. Were autopsy findings available prior to 24e. Was an autopsy completion of cause of death? 1 Yes 2 No 2 No 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: Othar: 4 ☐ Nursing Homa 5 ☐ Residenca 6 ☐ Other (Specify) 1 Yes 2□ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28d. Describe how injury occurred Sue ject Fello 27. Mannar of Death 28a. Date of Injury (Mgnth, Day Year) 28b. Tima of Injury 28c. Injury at Work? from back 1 Natural 5 Pending investigation 2 No 3/ 9/99 0520 1 X Yes Location (Street and Number of Rural Route Number, City or Town, Staje) truck 2 Accident 6 Could not be determined 28e. Placa of Injury - At home, farm, streat, factory, offica building, atc. (Specify) 3 Suicida 4 Homicide Laure 29a. Certifies 1 Certifying Physician: To the bast of my knowledge, death occurred at tha tima, date and placa, and due to the cause(s) and manner as stated. Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the fime, date and place, and dua to the cause(s) and manner statad. (Check only one)

certificate be axec Box 68760 Division of Vital Records, 8

physician and s the burial-trans use as t signed by t page 2 s certificate has After this funeral death. s after death the filled in by Hospital 24 hours a completely To the Vithin 2

> State Registrar

4 25 aner 2

1999

en

O.C.M.E.

29c. License number

29d. Date signed (Month, Day, Year) March 10, 1999

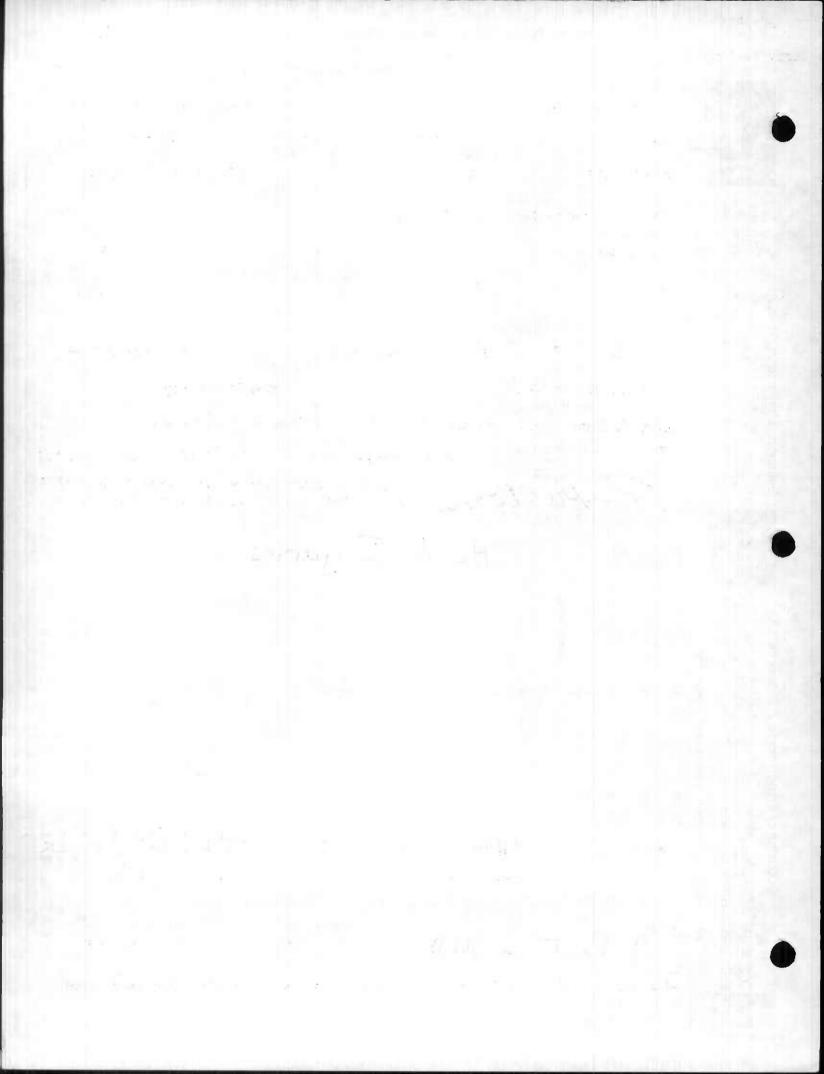
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

0 31. Date filed (Month, Day, Year)

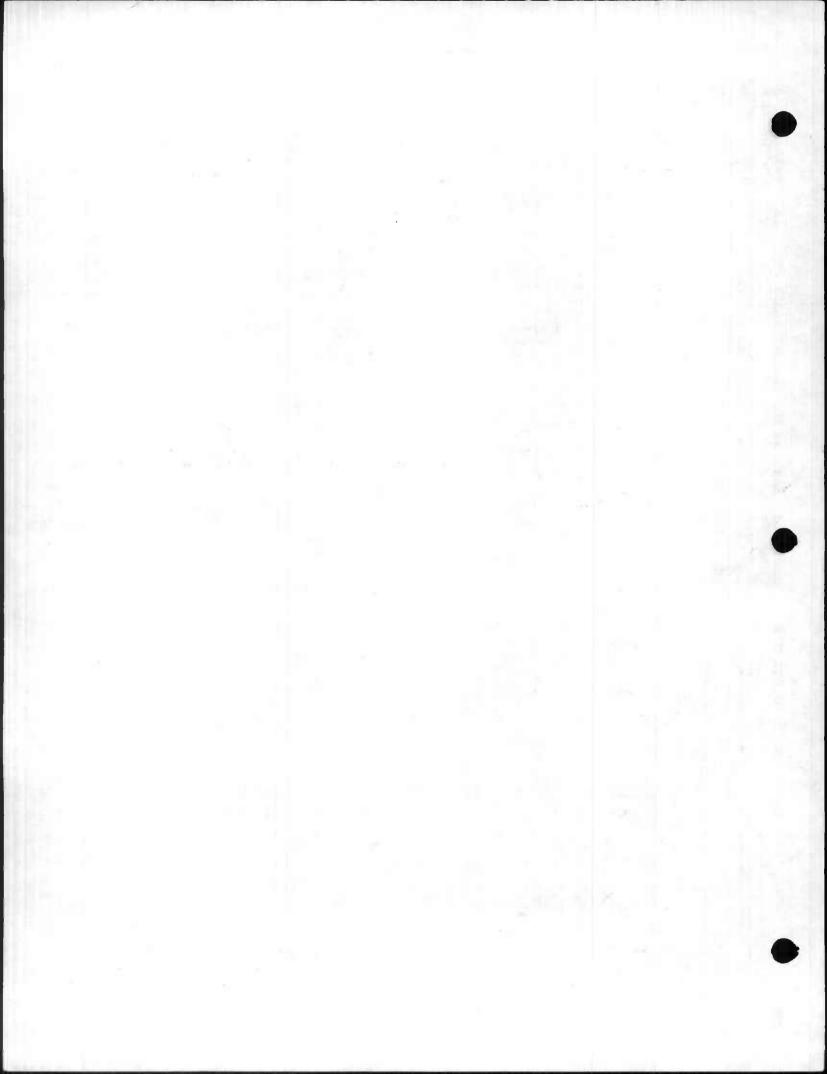
29b. Signature and title of cartifier

32. Registrar's Signature men



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** 8 1999 Bobby Lee Burch 8:25 A.M. /Medical 4a Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltimore 807 Glade Court If Under 1 Yaer | If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 8. Data of Birth (Month, Day, Year) **Funeral** Days Months Hours 10 M 20 F 249-46-8260 66 Va Director Usual Residence of Deceden the Meryland 10a. Stata 10b. Counts 10c. City, Town or Location permit. Peges 1 end 2 should be filed within 72 hours after death with the Merylan Department of Health end Merilel Hygiena. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any highry or other traumatic event, the Medical Exercises must be northed at once. 10d. Inside City Limits Md 1 ☐ Yes 2 ☐ No N/A Director Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 807 Glade Court 21225 USA Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 1 ∑) Yas 2 □ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14 Race - American Indian 11. Meritel Status 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced 16b. Kind of Business/Industry Unk Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) Elementary/Secondary (0-12) 6th grade College (1-4or 5+) Brick Layer 17. Fathar's Nama (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Sumama) | | nk Be 19a. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Yvette Burch-Daughter 807 Glade Court Baltimore, Md 21225 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, crematory or other place) 20c. Location - City or Town, Steta 1) Burial 2 Cramation 3 Remove from Stata 4 Donetion 5 Other (Specify) Garrison Forest Vet 3-12-99 Owings Mills, Md 21. Signature of Funeral Service Licensee 22. Nama and Addrass of Facility March F/H West 23a. Part. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilura. List only one cause on each line. lad. Baltimore, Md 21215 Approximate Interval Between Onset and Death **Physician** Immediete Causa (Final diseasa or condition rasulting in deeth) /Medical SUDDEN CARDIAC DEATH SECONDS Examiner Due to (or as a consequence of): Examiner MINUTES FATAL ARRHYTHMIA, MYOCAMOIAL INFARCTION burial-transit Sequentially list conditions, if any, laeding to immadiate causa. Entar Undarlying Cause (Disaase or Injury that initiated evants rasulting in death) Last Dua to (or as a consequence of): and attending physician for use as the buria Box 68760. CORONARY ARTERY DISEASE Physician/Medical Dua to (or as a consequence of) HYPERTENSION UNIZNOWN Part It. Other significant conditions contributing to death but not resulting in the undarlying causa givan in Part I. P.0. 23b. Did tobacco use contribute to the cause of death? 1 Yea 2 No 3 Probably 4 Unknown CEREBROVASCULAR DISENSE Records, þ 24b. Ware autopsy findings available prior to completion of cause of death? Completed 24a. Wes an autopsy performed? Jas 1 ☐ Yas 2 XNo 1 □ Yas 2 □ No Division of Vital 25. Was casa rafarred to medical axaminar? Be 26. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yas 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) To 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28h. Time of 28c. Injury at Work? 28d. Describe how injury occurred To the Hospital or Attending Pi within 24 hours after deeth. To the Funeral Director: After the completely filled in by the funera After ! Certification: ...ter death. 1 Natural 5 Pending invastigation 1 Tyes 2 No 2 ☐ Accident 8 Could not be 3 ☐ Suicide 281. Location (Street and Number or Rural Routa Number, City or Town, State) Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the tima, deta and place, and due to the cause(s) and mannar as stated.
2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. edicai 29a. Certifier (Check only one) 29b. Signatura and titla of certifier 29c. License number 29d. Date signed (Month, Day, Year) M.D MD D18882 30. Name and address of parson who completed cause of death (Item 23a) (Type, Print) 10 NORTH GREENE JENNIFER HAMILTON M.D., DVA MEDICAL CENTER, BALTIMORE, MO 21201 31. Data filed (Month, Day, Year) 32. Registrar's Signetura State MAR 1 Registra

DHMH 16 Rev 6/95



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Dete of Death 3. Tima of Death Month 043. Jarch 6 Martha Brunson 4a Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death LTimorecity MARYLAND GENERAL HUSPITAL If Undar 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 6. Sex Birthpiace (State or Foreign Country) 1□ M 2| F Months Days Hours 250-30-8807 06 10 S.C Usual Residence of Decedent 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits Yes 2 No MD NA Baltimore 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? U.S.A. 604 North Dennison St 21229 Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian. 12. Was Decedent Evar in U.S. Armed Forces? 1 Yas 2 XNo If Yes, Give Yaar or Datas: Black, White, atc. 1 Navar Married 2 Married Specify: Black 1 Yes 2 No Specify: 3 □ Widowed 4 □ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Eiementary/Secondary (0-12) College (1-4or 5+) 5th grade 17. Father's Name (First, Middle, Last) na Domestic Home 18. Mother's Name (First, Middle, Maiden Surneme) Joseph Fordom Mary Briggs 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 819 Kevin Road, Baltimore Md Annie Stephens-Daughter 21229 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 3/12/99 Randallstown, MD King Memorial Park 21. Signatura of Funaral Service Licensaa 22. Nama and Addrass of Facility March F/H West 23a. Part 1. Enter the disease, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. 21215 Approximate Interval Between Onset and Death Immediete Cause (Final disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contributa to the causa of death? 1 Yes 2 No 3 Probably 4 Donknown 24b. Were autopsy findings available prior to 24a. Was an autopsy completion of cause of death? 1 Yes 2 10 No 1 ☐ Yes 2 ☐ No 25. Was cese referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Dinpatiant 2 □ ER/Outpatient 3 □ DOA 28a. Date of Injury (Month, Day Year) 27, Menner of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 1 De Neturel 5 Pending 1 Yes 2 No investigation 2 Accident

**Physician** /Medical Examiner

Examiner

Physician/Medical

à

Completed

Be

Certification: To

edical

**Physician** 

/Medical

Examiner

Directo

Funeral

þ

Completed

Be

**Funeral** 

Director

7 is marked other than "naturel", or flems 23a or 28a-f show trsumstic event, the Medical Examinar must be notified at

the Maryland

with

death

Peges 1 and 2 should be filed within 72 hours after nent of Health end Mentel Hygiene.

Health 8m 27 i

Hem

= 5 permit. Pege Department of Important: If eny Injury or pace.

Baltimore,

Partha Brunson

physician and s the buriel-transit that the death certificate be executed attending pt signed by the a page 2 certificate this

Division of Vital Records, P.O. Box 68760 Hospital or Attending Physician: funeral director, deeth. efter deet Director:

Registrar

State

29b. Signatura and titla of certifier Swaminathan

6 Could not be determined

M.D.,

28e. Ptace of Injury - At home, farm, street, factory, office building, etc. (Specify)

29c. Licensa number

1E Cartifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) and manner es steled.
2 Madical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Date signed (Month, Day, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)
To: 11 ANAR. SINAMINATHAN, m.S. % mary land freneral

31. Date filed (Month, Dey, Year)

MAR 1

3 Suicide

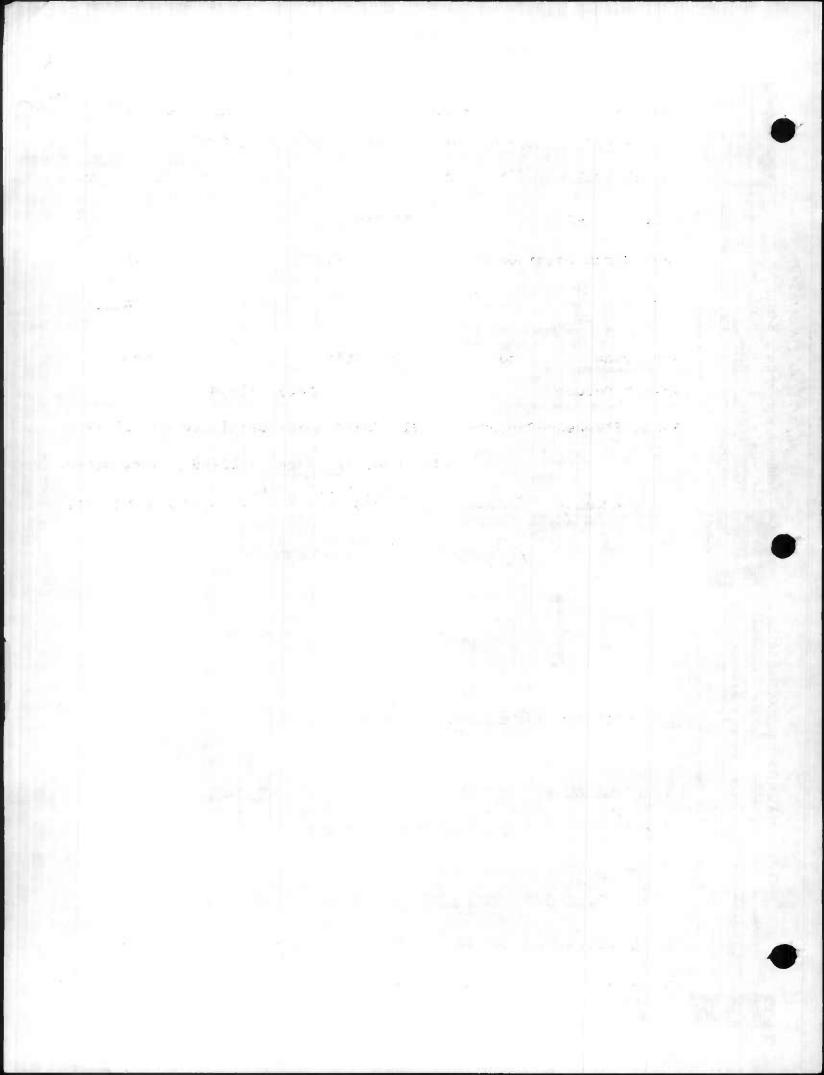
29a Certifier

4 - Homicide

32. Registrar's Signature

24 hours

To the Hospi within 24 hou To the Funer completely fil



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 7792 State of Maryland / Department of Health and Mental Hygiene

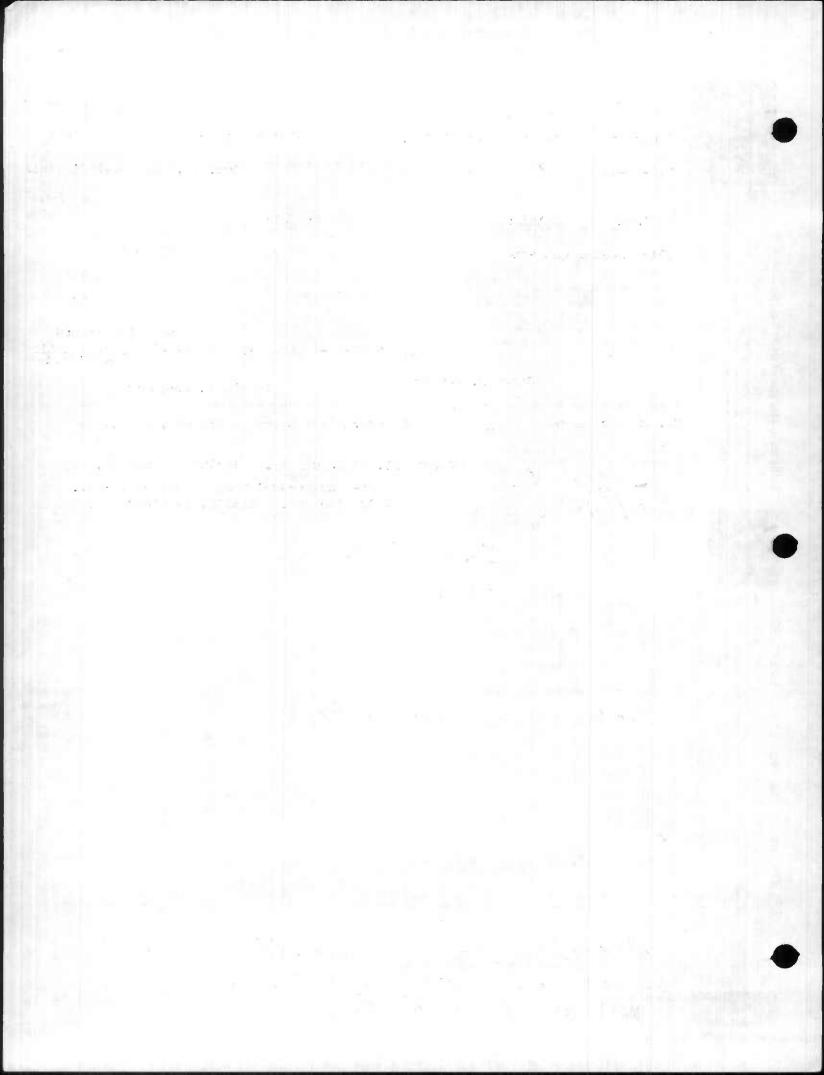
Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Bennett 4:08 pM March ar /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Johns Hopkins Bayview Medical Ctr. Baltimore City N/A If Undar 1 Yaar If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Dec. 29, 1912 9. Birthplaca (State or Foreign 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) **Funeral** Months Days Hours West Virginia 11XM 20 F 86 219-05-7683 Director Usual Residence of Decedent the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside Cltv Limits 7 is marked other than "naturel", or items 23s or 28s-f ehow treumstic event, the Medical Examiner must be notified at 1 ☐ Yas 2 No Director Dundalk Maryland Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21222 United States 8216 Watersedge Road Funeral 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specity Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, 11 Marital Status Black, Whita, etc. 1 Yes 2 No If Yes, Give Yaar or Detas: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2 XNo Specify: Specify: by White 3 NWidowed 4 Divorced "naturel", Completed 16a. Dacedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry pernit. Pages 1 and 2 should be filed within Desirtment of Health and Mental Hygiene. Important: If from 27 is marked other than "runy injury or other treumetic event. In a market in the company in the Installation and Elementary/Secondary (0-12) College (1-4or 5+) Steam Fitter | Repair Heating & Air

18. Mother's Name (First, Middle, Maiden Sumama)

Conditioning Pipe Fitter -12 Years 17. Father's Name (First, Middle, Last) Be Jesse G. Bennett Bertha E. Saunders 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Raletionship (Type, Print) Brother in Mr. Marvin Singer 2108 Northcliff Drive Baltimore, MD 21209 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Burial 2 □ Cramation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Sacred Ht. of Jesus Cem. 3/11/1999 Dundalk, MD 22. Name and Address of Facility Duda-Ruck Funeral Home of Dundalk, Inc.. 10 7922 Wise Ave. Dundalk, Maryland or or completions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, List only one cause on each line. 21222 23a. Part1. Enter the disease shock, or heart failure. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Finel (ardismyspathy disease or condition resulting in death) Examiner Due to (or as a consaquanca of) Examiner Athlerosclerosis sician and buriai-transit Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or injury that initiated evants resulting in death) Last Due to (or as e consequenca of): physician s the burial P.O. Box 68760. Physician/Medical Due to (or as a consequenca of): attanding signed by the at d be detached for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Jevere Pariphene Uase. 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Ware autopsy findings available prior to completion of cause of death? should Completed 24a. Was an autopsy cartificata has 1 ☐ Yas 2 No 1 Yes Division of Vital Be 25. Was case referred to medical 28. Placa of Death (Chack only one) Other: 4 Nursing Home 5 Residence 8 Othar (Specify) 1 Yes 2 No 2 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funarai 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred Certification: Aftar 5 Panding Investigation 1 DiNatural Hospital or Attending 24 hours after death. Funeral Director: Afte 1 ☐ Yes 2 ☐ No 2 Accident 6 ☐ Could not be determined To the Hospital or Atterview within 24 hours after der To the Funeral Directo completely filled in by the 3 ☐ Sulcide 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 - Homicide 12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, end due to the causa(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner stated. 29a. Cartifian Medical 29c. Licanse number 29d, Data signed (Month, Day, Year) 29b. Signature and title of certifier 46053146 REB 30. Nama and addrass of person who completed cause of deeth (Itam 23a) (Type, Print) Robert McKinney, Do Bayview Circle, Balt., MD 5505 31. Date filed (Month, Day, Year)
MAR 1 1 1999 32 Registrar's Signatura State Registrar

DHMH 16 Ray 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible, State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death 1629 March 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Hospital BALTIMORE parla If Under 24 Hrs. Security Number If Under 1 Year 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) Birthplece (State or Foreign Country) 1 M 20 F Months Days Hours 217-24-6315 Yrs. MHD JUNE 10b. County 10c. City, Town or Location 10d. Inside City Limits BALTimore 1 Yes 2 No MUD 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 3713 21215 USA Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ Ho Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indien, Bleck, White, etc. 11. Marital Status 14. Rece 1 ☐ Never Married 2 ☐ Married 1 Yes 2 No Yes, Give eer or Dates: Specify. Africian American 3 ₩idowed 4 Divorced 16e. Decedent's Usuat Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Cotlege (1-4or 5+) 12 SeamsTress NA 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Surnar JOHN 19e. Informent's Neme/Reletionship (Type Print) Daughter 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3713 Barrington Rd. BATImore, MD. 21215 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20c. Locatton - City or Town, Stete 1 ■ Buriel 2 □ Cremetion 3 □ Removal from Stete God Lawn Cemetery 3-13-99 Wood Laux. MD. 4 ☐ Donetion 5 ☐ Other (Specify) 21 Signature of Funeral Service Licenses 23a. Pertf. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or shock, or heart lailure. List only one ceuse on each line. Approximete Intervet Between Onset end Deeth Immediate Cause (Finel Metastatic Breast Carcinoma disease or condition resulting in deeth) Due to (or as a consequence of): Malignant Pleural-Pericardial Effuscion Due to (or as e consequenca of): Multiple Bone and Hepatic Lesions Due to (or as e consequence of) Poorly Differentiated Adenocarcinoma of The Breast Pert II. Other algnificant conditione contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? No 3 Probably 4 ☐ Unknown 1 Yes Hypertension 24b. Were eutopsy findings eveitable prior to completion of cause of deeth? Atherosclerotic Cardiovascular disease 24a. Was en eutopsy performed? Pneumonia 1 ☐ Yes 2 No 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 1 Inpatient ER/Outpetient 3□ DOA 6 ☐Other (Specify) 28e. Dete of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred 1 Yes

**Physician** /Medical Examiner

physician 8

the

signed by t

pege 2 s

P

Medical Certification:

certificate

To the Mospital or Attanding Physician: within 24 hours efter death.

To the Funeral Director: After this certifica

in by the

**Physician** 

/Medical

Examiner

10e State

Director

Funerai

by

Completed

Be

**Funeral** 

Director

28a-f ehow

7 is marked other than "natural, or items 23s or 28s-f shov traumatic event, the Madical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 1 Department of Health and Mental Hygiene, important: if Item 27 is marked other than "n any injury or other traumatic avant

the Maryland

death

Baltimore, Maryland 21215-0020

Box 68760,

P.O.

Records,

Division of Vital

Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or tnjury thel initieted events resulting in death) Lest Physician/Medical þ Be Completed

25. Was case referred to medicat examiner? 1 ☐ Yes 20 No 27. Manner of Deeth

1 Natural 2 Accident 5 Pending Investigation 3 Suicide 4 Homicide

6 Could not be determined

1 0 1999

28e. Plece of Injury - At home, ferm, street, lactory, office building, etc. (Specify)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29a. Certifier

Certifying Phyalcian: To the best of my knowledge, death occurred et the time, date and place, and due to the ceuse(s) and manner as stated. 2 Medical Examine: On the basis of examination end/or investigation, in my opinion, death occurred el the time, date end place, end due to the cause(s) end menner steted.

29b. Signeture end title of certifier

29c. License number D30309

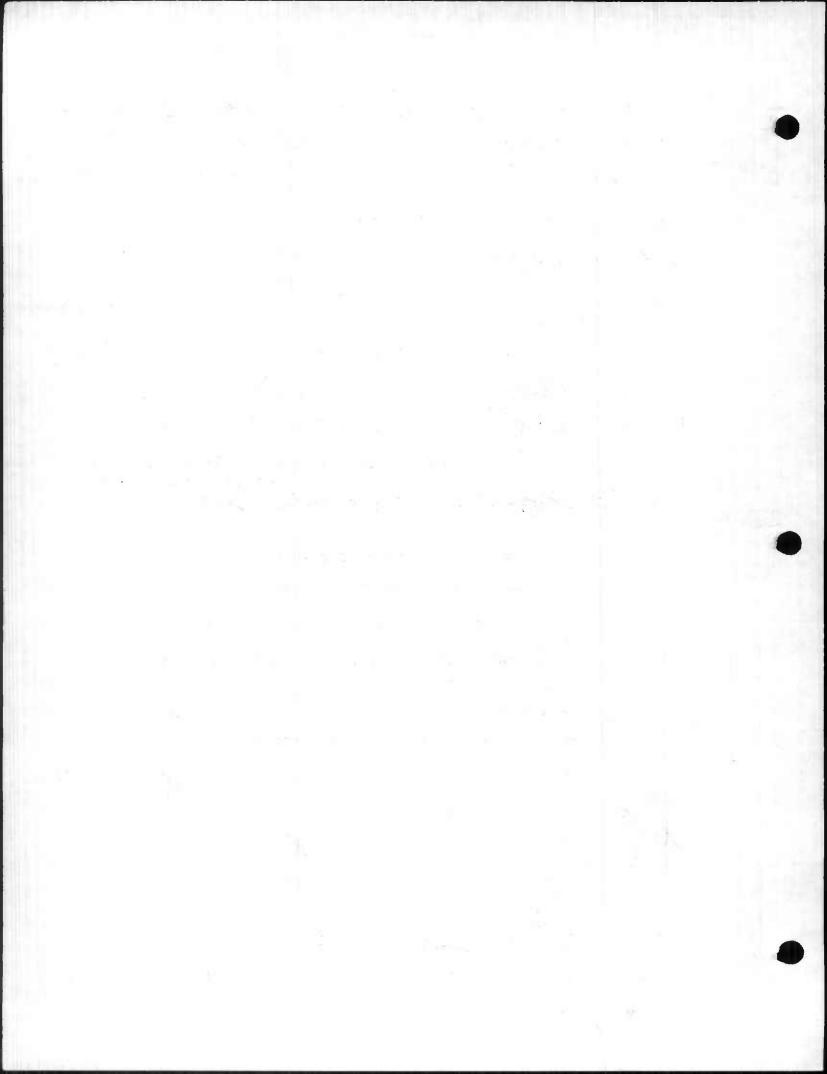
29d. Date signed (Month, Dey, Year)

30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print)

Joseph A. Nkwanyuo, MD 821 N. Eutaw St., Ste 305, Balt., MD 21201 31. Dete fited (Month, Day, Year)

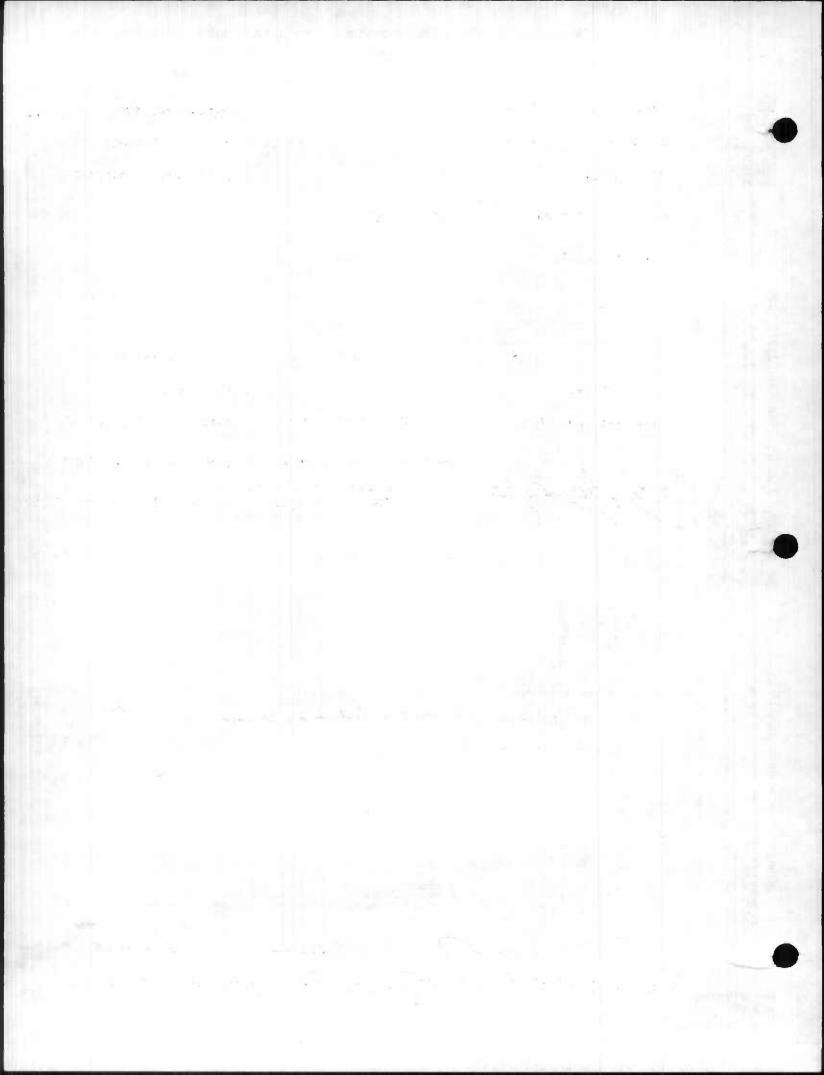
State Registrar





	1. Deced	ent's Neme	First, Mid	1. Decedent's Neme (First, Middle, Last)							2. Date of De	Reg. No.		3. Time of Death	
cian												Month	Dey	Yeer	
dical	Albert Leroy Bridges  4e Facility Name (If not institution, give street and number)  4						Ab City Toy	un orlo	FEBRUA	RY 24,	1999 unty of Death	8:29 AM			
iner															
					£	7.4	// b-a4	6 hab ato at	If Under 1 Yaa				AL	legany	(Otata 5i
		Security No		6. Se	ex OXM2□F		(In yrs. last	Yrs.	Months Deys		Min.	(Month, De	y, Yeer)		plece (State or Foreigntry)
		3-38-0					58	113.				May 10	, 1940	Mar	yland
	10e. Stat	sidence of	10b. Coun	itv			10c. City, To	own or Loc	cation					1	0d. Inside City Limit
Examinet must be notified at by Funeral Director		MD Alleghany Mt. Savage										1 ☐ Yes 2 X N			
-															
	10e. Street and Number					10f. Zip Code					10g. Citizen	of Whet Cour	ntry?		
	116	601 R	ollevi	ille	Road				21545				USA		
	11. Marit	el Status			12. Was De	ecedent Ev Forcas?	var in U,S.	13. V	Vas Decedent of Yes, specify Cul	Hispanic Orlg	gin? (Spe	ecify Yas or No Ricen, etc.)	14.	Rece - Americ Black, White,	
	101	lavar Marri	ed 2 Ma	arried		s 2 No			☐ Yes 2 No			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ite
I	3□ V	Vidowed	4 XX ivorce	ed	Year or	Dates:			L 165 2 22140	у оросну.			Specify: White		100
		/6	15. Decede	ent's Edi	ucetion	al)	1:	6a. Deced	ent's Usuel Occu	upation	t of work	ina	16b. Kind	of Business/In	dustry
	Fleme		ndary (0-12)	1	de com <i>plate</i>	a) (1-4or 5+	)	life. D	kind of work done OO NOT use retir	ed)	OI WORK	nig			
	10	y, 06001	(5-12,		Ø	- ( - +01 07		Brick	yard Fi	reman			Fire	fighti	ng
	-	er's Neme (	First, Middle	e, Last)			,				r's Name	e (First, Middle			
	Lo	iis Br	ridges	6						Aman	da A	gnus Wi	right		
			me/Relation		vpe. Print)			9b. Mailin	g Address (Stree					own, State, Zig	Code)
			nank/I						Foundr						
		hod of Disp					20b. Plece	of Dispos	sition (Neme of		T	Date		ion - City or To	
	1 🗆	Buriel 25	Cremetion		Removel from	m State	ceme	etery, crem	netory or other pl		1				
		-0	5 Other				Balt		Washin			3/5/99	Laure	1, Mar	yland
	21. Sign	ature of Fu	neral Service	Lioene	2			22. F	Nema end Addi	rass of Fecilit	y Home	Inc			
	1	Nas	496	V.C.	8-	_		1					1		1 1 2070
1	1 andan	11	417	780				/		av anr	ing	Road .	aurel	. Marv	land /U/U
cian C	23g. Paj	Approximate Intervel Between Onset and Deeth  Approximate Intervel Between Onset and Deeth										or respiratory a	rrast,	, mary	Approximate
-	1	Sck, or heaf	failure. Li	or comp ist only o	oficetions the	t caused to n eech line	he death. [	Do not ente	er the mode of dy	ying, such es	ing cardiac	or respiratory a	Laurel rrast,	, mary	Intervel Between
1	Immedia	ite Cause (l	Final	or comp ist only o				Do not ente	er the mode of dy	ying, such es	cardiac	Road, I	Laurel	, mary	Approximate Intervel Between
	Immedia diseese		Final	or comp ist only c				Do not ente	er the mode of dy	ying, such es	cardiac	Road, I	Laure L	, mary	Approximate Intervel Between
-	Immedia diseese	ite Cause (l	Final	or comp ist only o				Do not ente	y 8 rhy	ying, such es	cardiac	Road, I	Laure I	, mary	Approximate Intervel Between
	Immedia diseese resulting	ate Cause (l or condition in deeth)	Final 1	or comp		Cara	Lia C Due to (or es	Do not ente	y 8 Mhy uence of):	ying, such es	cardiac	Road, I	LaureI	, mary	Approximate Intervel Between
	Immedia diseese resulting	ate Cause (l or condition in deeth)	Final 1	or complist only o		Cara		Do not ente	y 8 Mhy uence of):	ying, such es	cardiac	Road, I	Laurel	, mary	Approximate Intervel Between
	Immedia disease resulting Sequent if eny, le ceuse. If Cause (I	ate Cause (I or condition in deeth) ielly list cor eding to ime Enter Unde	Final  nditions, mediate rhying injury	or complete only of		2 ord	Uia C Que to (or es	Do not ente	y & Yhy uence of):	ying, such es	cardiac	Road, I	Laure L	, mary	Approximate Intervel Between
	Immedia diseese resulting  Sequent if eny, le ceuse. E Cause (It thet Initie	ite Cause (l	Final  nditions, mediate rlying injury	or complist only of		2 ord	Lia C Due to (or es	Do not ente	y & Yhy uence of):	ying, such es	cardiac	Road, I	Laurel	, mary	Approximate Intervel Between
	Immedia diseese resulting  Sequent if eny, le ceuse. E Cause (It thet Initie	ite Cause (I or condition in deeth) ielly list con eding to im Enter Under Disease or i	Final  nditions, mediate rlying injury	{	a	2 ord	Uia C Que to (or es	Do not ente	y & Yhy uence of):	ying, such es	cardiac	Road, I	Laurel	, mary	Approximate Intervel Between
	Immedia diseese resulting  Sequent if eny, le ceuse. E Cause (It thet Initie	ite Cause (I or condition in deeth) ielly list con eding to im Enter Under Disease or i	Final  nditions, mediate rlying injury	{		2 ord	Uia C Que to (or es	Do not ente	y & Yhy uence of):	ying, such es	cardiac	Road, I	Laurel	, mary	Approximate Intervel Between
The second secon	Immedia diseese resulting Sequent if eny, le cause. [Cause (thet initie resulting	ite Cause (I or condition in deeth) ielly list con eding to im Enter Under Disease or i sted events in death) L	Final  nditions, mediate rlying injury .ast	{	a	D	Due to (or es	Do not ente	y & Yhy uence of):	ing, such es	cardiac	or respiratory a	rrast,		Approximate Intervel Between Onset and Deeth
The second secon	Immedia diseese resulting Sequent if eny, le cause. [Cause (thet initie resulting	ielly list coreding to immediate the condition in deeth) list coreding to immediate the coreding to immediate the coreding to immediate the coreding to immediate the coredinate of the coredinate in death) L	Final nditions, mediate hying njuryast	{	a	D D	Lica C  uue to (or es  uue to (or as  not resultin	Do not enter	y & Yhy uence of):  uence of):	Hum  Hum  given in Part I.	cardiac	or respiratory a	rrast,	a contribute t	Approximate Intervel Between Onset and Deeth  Manual Parks and Deeth  Approximate Intervel Between Onset and Deeth  The Course of the Cause of death
The state of the s	Immedia disease resulting Sequent if eny, le ceuse. I Cause (I thet initie resulting	ielly list coreding to immediate the condition in deeth) list coreding to immediate the coreding to immediate the coreding to immediate the coreding to immediate the coredinate of the coredinate in death) L	Final nditions, mediate hying njuryast	{	a	D D	Lica C  Due to (or es  Due to (or es  Due to (or as	Do not enter	y & Yhy uence of):  uence of):	Hum  Hum  given in Part I.	cardiac	or respiratory a	tobacco use	a contribute t	Approximate Intervel Between Onset and Deeth  Manual Parks and Deeth  Approximate Intervel Between Onset and Deeth  The Course of the Cause of deeth
a) injercalcalcal	Immedia disease resulting Sequent if eny, le ceuse. I Cause (I thet initie resulting	ielly list coreding to immediate the condition in deeth) list coreding to immediate the coreding to immediate the coreding to immediate the coreding to immediate the coredinate of the coredinate in death) L	Final nditions, mediate hying njuryast	{	a	D D	Lica C  Due to (or es  Due to (or es  Due to (or as	Do not enter	y & Yhy uence of):  uence of):	Hum  Hum  given in Part I.	cardiac	23b. Did	tobacco use Yes 2 1	o contribute t	Approximate Intervel Between Onset and Deeth  Places  to the cause of death  bably 4 Unknown to the cause of death
in a manufacture of a	Immedia disease resulting Sequent if eny, le ceuse. I Cause (I thet initie resulting	ielly list coreding to immediate the condition in deeth) list coreding to immediate the coreding to immediate the coreding to immediate the coreding to immediate the coredinate of the coredinate in death) L	Final nditions, mediate hying njuryast	{	a	D D	Lica C  Due to (or es  Due to (or es  Due to (or as	Do not enter	y 8 /hy uence of): uence of):	Hum  Hum  given in Part I.	cardiac	23b. Did	tobacco use	contribute t	Approximate Intervel Between Onset and Deeth  Pharms  to the cause of death  the beby 4 Unknown Unknow
in a manufacture of a	Immedia disease resulting Sequent if eny, le ceuse. I Cause (I thet initie resulting	ielly list coreding to immediate the condition in deeth) list coreding to immediate the coreding to immediate the coreding to immediate the coreding to immediate the coredinate of the coredinate in death) L	Final nditions, mediate hying njuryast	{	a	D D	Lica C  Due to (or es  Due to (or es  Due to (or as	Do not enter	y & Yhy uence of):  uence of):	Hum  Hum  given in Part I.	cardiac	23b. Did	tobacco use Yes 2 1 is an autopsyomed?	24b. Was confident of the confidence of	Approximate Intervel Between Onset and Deeth Plants of the cause of death bably 4 Unknown Unknown Unknown of causa death?
	Immedia disease resulting  Sequent if eny, le cause. (I cause (I thet initie thet initie resulting)  Pert II. Or	ite Cause (if or condition in deeth)  ielly list condition in the condition in deeth)  ielly list condition in the condition in the condition in the condition in death) L	Final nditions, mediate rlying injury ast	{  ittlons co	a	D D	Lica C  Due to (or es  Due to (or es  Due to (or as	Do not enter	y & Yhy uence of):  uence of):	the spirit of th	iA	23b. Did 1 □ 24a. Was perfo	tobacco use Yes 2 1	24b. Was confident of the confidence of	Approximate Intervel Between Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset
	Immedia disease resulting Sequent if eny, le ceuse. It Cause (It that Initia resulting) Pert II. Or	ite Cause (if or condition in death)  ielly list condition in the condition in death)  ielly list condition in the condition in death or condition in death) L  ther significant cause referringer?	Final nditions, mediate ritying injury ast	fillons co	a	D D D D D D D D D D D D D D D D D D D	Lia C  Due to (or es  Due to (or as  not resultin	Do not enter	y 8 rhy uence of):  uence of):  uence of):	the prince of th	iA	23b. Did 1 □ 24a. Was perfo	tobacco use Yes 2 ! sen autopsy pmed?  Yes 2	24b. Was of	Approximate Intervel Between Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset Ons
	Immedia disease resulting Sequent if eny, le ceuse. I Cause (I thet initie resulting) Pert II. Or	ielly list coreding to immediate Cause (in deeth) ielly list coreding to immediate under linear in deeth) ther signification case referring case referring case referring a 25-	Final nditions, mediate rlying injury asst	fillons co	a	D D D D Inpatien	Lia C  Due to (or es  Due to (or es  Due to (or as  Down to (or as	Do not enter  Do not enter  e consequence consequence consequence g in the un	y 8 /hy uence of):  uence of):  uence of):	given in Part I.  26. Place Other: 4   Nu	cardiac	23b. Did 1 □ 24a. Was perfe	tobacco use Yes 2 1 sen autopsy primed?  Yes 2 2 1 one) idence 6 [	24b. Was of 1	Approximate Intervel Between Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset
	Immedia disease resulting Sequent if eny, le cause. (I their inflier resulting) Pert II. Of the cause (I their inflier resulting)  25. Was exert	ielly list cor eding to im- inter Under eding to im- inter Under eding to im- inter Under Disease or interest of the state of earth. L	inditions, mediate rhyling injury cast	tions co	a	D D D D D D D D D D D D D D D D D D D	t 2 ER	Do not enter	uence of):  uence of):  uence of):  uence of):  uence of):  28c. Inj	given in Part I.  26. Place Other: 4 □ Nu	cardiac	23b. Did 1 □ 24a. Was perfo	tobacco use Yes 2 1 sen autopsy primed?  Yes 2 2 1 one) idence 6 [	24b. Was of 1	Approximate Intervel Between Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset
	Immedia disease resulting Sequent if eny, le ceuse, [Cause (I thet initie resulting)  Pert II. Or  25. Was exert	ielly list coreding to imperior of the control of t	inditions, mediate regions asst	tilons co	a	D D D D D D D D D D D D D D D D D D D	true to (or estable t	Do not enter  Do not enter  Do not enter  e conseque e	uence of):  uence of):  uence of):  uence of):  uence of):  uence of):  uence of):  uence of):	given in Part I.  26. Place Other: 4   Nu	cardiac	23b. Did 1	tobacco use Yes 2 1 en autopsy ormed? Yes 2	24b. Was a contribute to the c	Approximate Intervel Between Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset
	Immedia disease resulting Sequent if eny, le ceuse. I Cause (it that inflier resulting) Pert II. Of the ceuse of the ceuse	ielly list cor eding to im- inter Under eding to im- inter Under eding to im- inter Under Disease or interest of the state of earth. L	rinal nditions, mediate riying injury .ast	tilons co	a	D D D D D D D D D D D D D D D D D D D	t 2 ER/Year) 28	Do not enter  Do not enter  Do not enter  e conseque e	uence of):  uence of):  uence of):  uence of):  uence of):  28c. Inj	given in Part I.  26. Place Other: 4   Nu	cardiac	23b. Did 1	tobacco use Yes 2 1 en autopsy ormed? Yes 2	24b. Was a contribute to the c	Approximate Intervel Between Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset Ons
commence to be completed by rugalcinedical	Immedia disease resulting Sequent if eny, le ceuse. I Cause (it that inflier resulting) Pert II. Of the ceuse of the ceuse	ielly list coreding to immediate Cause (in deeth)  ielly list coreding to immediate to immediate to immediate the case referriner?  Case referriner?  Yas 2  Fer of Death Caucident Sulcide	rinal nditions, mediate riying injury .ast	fittons co	a	D D D D D Inpatien te of Injury	t 2 ER/Year) 28	Do not enter  Do not enter  Do not enter  e conseque e conseque a conseque a conseque de c	uence of):  uence of):  uence of):  uence of):  uence of):  uence of):  uence of):  uence of):	given in Part I.  26. Place Other: 4   Nu	cardiac	23b. Did 1	tobacco use Yes 2 1 sen autopsy omed?  Yes 27 home) idence 6 how injury o	24b. Was a contribute to the c	Approximate Intervel Between Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset
commence to be completed by rugalcinedical	Immedia disease resulting Sequent if eny, le ceuse. (E Cause (I thet initial resulting) Pert II. Or  25. Was exert 1 1 27. Manct 27. Manct 29a. Cer	ielly list coredition in deeth)  ielly list coreding to improve the control of th	rinal nditions, mediate riving a state of the conditions of the co	cal ding stigetion id not be mined	a. C. b. C. d. C. C. M. C. C. C. C. C. C. C. C. C. C. C. C. C.	D D D D D D D D D D D D D D D D D D D	t 2 ER/Year) 28  Try At home (Specify)	Do not enter  Do	t 3500A Coocurred et the	given in Part I.  26. Place Other: 4   Nu ury at ork?   Yes 2	of Deet	23b. Did 1	tobecco use Yes 2 1 sen autopsy omed?  Yes 2 1 sen autopsy one) idence 6 1 how injury o  (Street and A wn, State)	24b. Was confident of the course of the cour	Approximate Intervel Between Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Onset
management of paradiment of the management of th	Immedia disease resulting Sequent if eny, le ceuse. (E Cause (I thet initial resulting) Pert II. Or  25. Was exert 1 1 27. Mance 1 27. Mance 1 29a. Cer	ielly list coreding to imperior of the control of t	rinal nditions, mediate riving a state of the conditions of the co	cal ding stigetion id not be mined	a	D D D D D D D D D D D D D D D D D D D	t 2 ERVYear) 28  The tomagnetic system of the system of th	Do not enter  Do	t 3000A Company of the mode of dy String unice of):  uence of):  t 3000A Company of the company	given in Part I.  26. Place Other: 4   Nu ury at ork?   Yes 2	of Deet	23b. Did 1	tobecco use Yes 2 1 sen autopsy omed?  Yes 2 1 sen autopsy one) idence 6 1 how injury o  (Street and A wn, State)	24b. Was confident of the course of the cour	Approximate Intervel Between Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Onset
manager of the second manager of the second	Immedia disease resulting Sequent if eny, le ceuse. (Eny, le ceuse) (I thet initial resulting) Pert II. Or 25. Was exert 1 27. Mang. (Ch. on 29a. Cer. (Ch. on 20a. Cer. (Ch. on 29a. Cer. (Ch. on 29a. Cer. (Ch. on 29a. Cer. (Ch. on 29a. Cer. (Ch. on 29a. Cer. (Ch. on 29a. Cer. (Ch. on 29a. Cer. (Ch. on 29a. Cer. (Ch. on 29a. Cer. (Ch. on 29a. Cer. (Ch. on 29a. Cer. (Ch. on 29a. Cer. (Ch. on 29a. Cer. (Ch. on 29a. Cer. (Ch. on 29a. Cer. (Ch. on 29a. Cer. (Ch. on 29a. Cer. (Ch.	ielly list coredition in death)  ielly list coreding to import Under the Color of t	rinal nditions, mediate riving a state of the conditions of the co	ding stigetion and not be rmined ying Physical Examples	a	D D D D D D D D D D D D D D D D D D D	t 2 ERVYear) 28  The tomagnetic system of the system of th	Do not enter  Do	t 3500A Cocurred et the rastigation, in my	given in Part I.  26. Place Other: 4   Nu ury at ork?   Yes 2	of Deet	23b. Did 1	tobacco user Yes 2 1 sen autopsyormed?  Yes 2 1 sen autopsyormed?  Yes 2 1 sen autopsyormed?  Yes 2 1 sen autopsyormed?  Yes 2 1 sen autopsyormed?  Yes 2 1 sen autopsyormed?  Yes 2 1 sen autopsyormed?  Yes 2 1 sen autopsyormed?  Yes 2 1 sen autopsyormed?  Yes 2 1 sen autopsyormed?	24b. Was confident of the course of the cour	Approximate Intervel Between Onset and Deeth Deeth Onset and Deeth D
	Immedia disease resulting Sequent if eny, le ceuse. (Eny, le ceuse) (I thet inite resulting  Pert II. Or  25. Was exert  27. Mang.  27. Mang.  27. Mang.  29a. Cer (Ch. on)	ielly list coredition in death)  ielly list coreding to import Under the Color of t	inditions, mediate rhyling injury cast conditions.  Cant conditions, mediate rhyling injury cast conditions.  Cant conditions, mediate rhyling injury cast conditions.	ding stigetion and not be rmined ying Physical Examples	a	D D D D D D D D D D D D D D D D D D D	t 2 ERVYear) 28  The tomagnetic system of the system of th	Do not enter  Do	t 3500A Cocurred et the rastigation, in my	26. Place Other: 4 Nu ury at ork? Yes 2 1	of Deet	23b. Did 1	tobacco user Yes 2 1 sen autopsyormed?  Yes 2 1 sen autopsyormed?  Yes 2 1 sen autopsyormed?  Yes 2 1 sen autopsyormed?  Yes 2 1 sen autopsyormed?  Yes 2 1 sen autopsyormed?  Yes 2 1 sen autopsyormed?  Yes 2 1 sen autopsyormed?  Yes 2 1 sen autopsyormed?  Yes 2 1 sen autopsyormed?	24b. Was a contribute to the c	Approximate Intervel Between Onset and Deeth Deeth Onset and Deeth D
manager of the second manager of the second	Immedia disease resulting Sequent if eny, le ceuse. [Cause (I thet inflier resulting)  Pert II. Or  25. Was exem 1 27. Many 1. 27. Many 1. 27. Many 1. 29. Cer (Chon) 29b. Sign	ielly list cor eding to implement the cause (in deeth) list cor eding to implement the cause of the cause of the cause of the cause referritiner?  Case referritiner?  Case referritiner?  Case referritiner?  Case referritiner?  Case referritiner?  Case referritiner?  Case referritiner?  Case referritiner?  Case referritiner?  Case referritiner.	red to medic  No  S Pence invested to determine title of certifit	cal ding stigetion id not be milned lexamined.	a	D D D D D D D D D D D D D D D D D D D	t 2 ERV  Year) 28  The property of the total and the total	Outpetiening of the mand/or inv	t 3500A Coccurred et the rastigation, in my	26. Place Other: 4 Nu ury at ork? Yes 2 1	of Deet	23b. Did 1	tobacco user Yes 2 1 sen autopsyormed?  Yes 2 1 sen autopsyormed?  Yes 2 1 sen autopsyormed?  Yes 2 1 sen autopsyormed?  Yes 2 1 sen autopsyormed?  Yes 2 1 sen autopsyormed?  Yes 2 1 sen autopsyormed?  Yes 2 1 sen autopsyormed?  Yes 2 1 sen autopsyormed?  Yes 2 1 sen autopsyormed?	24b. Was a contribute to the c	Approximate Intervel Between Onset and Deeth Deeth Onset and Deeth D
Medical Certification: To Be Completed by Physician/Medical Examiner	Immedia disease resulting Sequent if eny, le ceuse. [Cause (I thet inflier resulting)  Pert II. Or  25. Was exem 1 27. Many 1. 27. Many 1. 27. Many 1. 29. Cer (Chon) 29b. Sign	ielly list cor eding to implement the cause (in deeth) list cor eding to implement the cause of the cause of the cause of the cause referritiner?  Case referritiner?  Case referritiner?  Case referritiner?  Case referritiner?  Case referritiner?  Case referritiner?  Case referritiner?  Case referritiner?  Case referritiner?  Case referritiner.	red to medic  No  S Pence invested to determine title of certifit	cal ding stigetion id not be milned lexamined.	a	D D D D D D D D D D D D D D D D D D D	t 2 ERV  Year) 28  The property of the total and the total	Outpetiening of the mand/or inv	t 3500A Coccurred et the rastigation, in my	26. Place Other: 4 Nu ury at ork? Yes 2 1	of Deet	23b. Did 1	tobacco user Yes 2 1 sen autopsyormed?  Yes 2 1 sen autopsyormed?  Yes 2 1 sen autopsyormed?  Yes 2 1 sen autopsyormed?  Yes 2 1 sen autopsyormed?  Yes 2 1 sen autopsyormed?  Yes 2 1 sen autopsyormed?  Yes 2 1 sen autopsyormed?  Yes 2 1 sen autopsyormed?  Yes 2 1 sen autopsyormed?	24b. Was a contribute to the c	Approximate Intervel Between Onset and Deeth Deeth Onset and Deeth D

DHMH 16 Rev 6/95

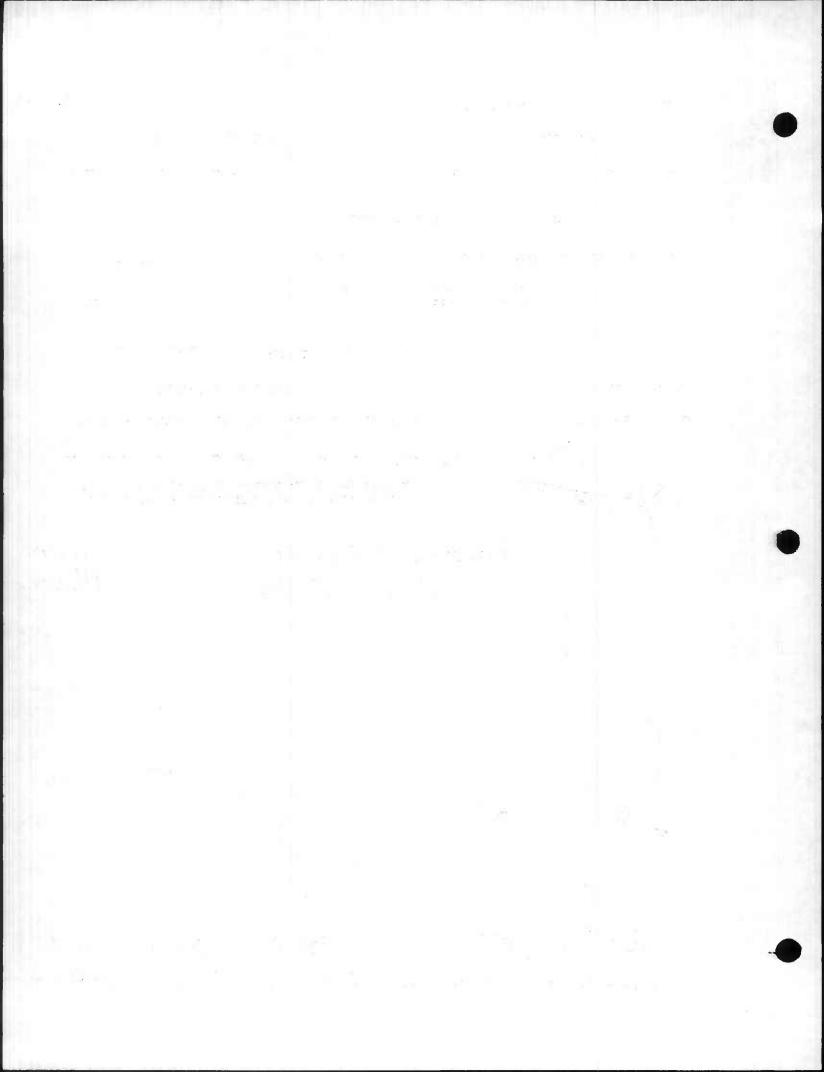


State of Maryland / Department of Health and Mental Hygien ( Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Month **Physician** 8:30 AM JOHN BARRELL, JR. MARCH /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** ST. AGNES HOSPITAL BALTIMORE 6. Sex 1 M 2 ☐ F 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Months Days Hours Min. Director 095-12-7792 75 JUNE 8, 1923 NEW YORK Usuel Residence of Decedent with the Maryland 10a. State 10b. County 10c. City. Town or Location "natural", or items 23s or 28s-f show 10d. Inside City Limits 1 Yes 2 □ No Director NY SUFFOLK WADING RIVER 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? death U.S.A. Funeral P.O. BOX 472 CENTRAL AVENUE 11792 Race - American Indian, Black, White, etc. 11. Marital Status 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) filed within 72 hours after 1 Never Married 2 Married 1 X Yes 2 □ No 1943-If Yes, Give Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☒ No Specify: by Specify: 3 ₩ Widowed 4 Divorced 1945 Year or Dates: WHITE Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry al Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) REAL ESTATE 12 PRESIDENT/PROPRIETOR 17. Father's Name (First, Middle, Last) Be 18. Mother's Name (First, Middle, Maiden Surname) Pages 1 and 2 should be fill ment of Health and Mental H tann 27 is marked oth jury or other traumatic even JOHN BARRELL 2 ELIZABETH BITTERLICH 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) EILEEN GIARDINA 12311 MICHAELSFORD ROAD HUNT VALLEY, MD 21030 20b. Placa of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State XXBurial 2 Cremation 3 Removal from State Department of important: If any injury or 4 ☐ Donation 5 ☐ Other (Specify) CALVERTON NATIONAL 3/12/99 CALVERTON, NY 21. Signature 22. Name and Address of Facility Service Licensee STERLING-ASHTON-SCHWAB FUNERAL HOME, INC. 736 EDMONDSON AVE. CATONSVILLE, MD 21228 the disease, or complications that caused the daath. Do not enter the mode of dying, such as cardiac or respiratory errest, sert failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medicai Imm mate Cause (Final disease or condition resulting in death) Examiner Examir Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Box 68760. Physician/Medical that initiated events resulting in death) Last Due to (or as a consequence of) P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? à 3 Probably 4 Unknown 1 Yes 2 No tigned the diff Records, ğ 24e. Was an autopsy periormed? 24b. Were autopsy findings evailable prior to completion of cause of deeth? Completed page 2 certificate 1 ☐ Yes 2 ☐ No of Vital 25. Was case referred to medical examiner? Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Impatient Certification: To 1 Yes 2 ER/Outpatient 3 DOA ä 28a. Date of Injury (Month, Day Year) Manner of Deaf 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? I or Attending F I shar death. I Director: After Division Natural 5 Pending 1 TYes 2 No investigation 2 Accident € Could not be 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide e Funeral ( Hospital Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29a. Certifie (Check only one) To the 7 To the 7 Complet 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name end andress of person who completed ceuse of deeth (Item 23e) (Type, Print) 4600 WILKELS AUB, SUITE 107, BOLTMUR, MD 21228 MA LOUNDN 2011 31. Date filed (Month, Day, Year) 32. Registrar's Signature State

Registrar

MAR 11



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death Reg. No. 2. Data of Death 1. Decedent's Name (First, Middle, Last) 3. Tima of Death March 10°ay 1999ear Jean **Physician** 2:40 AM Brazier Lois /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, giva streat and number) Examiner Baltimore Bowleys Quarters 3735 Clarks Point Road 8. Date of Birth (Month, Day, Year) If Undar 1 Year | If Under 24 Hrs. 9. Birthplaca (Stata or Foreign Country) Maryland 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) **Funeral** Months Days Hours 1 □ M 2 💢 F 216-30-9776 65 Yrs. 33 Director Usual Residence of Decedent with the Marylend 10d. Inside City Limits 10a. State 10b. County 10c. City, Town or Location r than "natural", or items 23s or 28s-f show the Medical Examiner near be notified at Bowleys Quarters Md. Baltimore 1 ☐ Yas 2 No Director 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number 3735 Clarks Point Road 21220 U.S. of America Funeral death 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Black, Whita, etc. permit. Pages 1 and 2 should be filed within 72 hours after the permit of Health and Mantal Hygiene.

Important if item 27 is marked other than any Injury or other than 100 marked other than 100 mar 1 ☐ Yes 2 ₹☐ No If Yes, Give Yaar or Datas: 1 Naver Married 2X Married 1 Yes X□ No Specify: Specify: White þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) 1 2 College (1-4or 5+) NA Secretary Office 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) ae Bishoff Lilly Shamberger William 2 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1 2 2 0 19a. Informant's Name/Relationship (Type, Print) 3735 Clarks Point Rd. Bowleys Quarters, MD Gilbert Brazier (HUSBAND) 20b. Place of Disposition (Name of cametery, crematory or other place) Date 20c. Location - City or Town, Stata 20a. Mathod of Disposition March Metro Baltimore, Md. 11 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Fufferal Se 22. Name and Address of Facility
W. Dabrowski-Chojnacki F.H.'s P.A. The the disease, or complications fall caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and failure. List only one can on each line. 1005 Dundalk, Maryland 21224 Approximate Interval Between Onset and Death **Physician** letastanic Caranoma /Medical Immediate Cause (Final 6 mo disaese or condition resulting in death) Examiner Due to (or as a consequenca of): Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that let its and executed the control of the con Due to (or as a consequenca of): physician sthat buriel that Initiated events Due to (or as a consequence of) resulting in death) Last usa es signed by the eld be dateched for Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Pres 2 No 3 Probably 4 Unknown by 24b. Ware autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Completed peen page 2 s 1 ☐ Yes 2 ☐ No 1 TYes 2 No cartificeta Hospital or Attanding Physician: 24 hours after death. Funeral Director: After this carifice director. 25. Wes case referred to medical Be 26. Place of Death (Check only one) Hospitel: 1 Inpatient Other: 4 ☐ Nursing Home 2 ☐ Residence 6 ☐ Other (Specify) 1 Yes 2 No 2 2 ER/Outpatient 3 DOA funeral 28a. Date of Injury (Month, Day Year) 27. Menner of Deeth 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? Certification: 5 Pending investigation tx Natural 1 ☐ Yes 2 ☐ No 2 Accident 3 ☐ Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

P.O. Box 68760 Division of Vital Records,

24 hours To the Hospi within 24 hou To the Funer complately fill

State Registrar

edical

29a. Certifier (Check only one)

29b. Signature and title partition

29c. Licensa number

Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, data and placa, and due to the cause(s) end manner stated.

29d. Data signed (Month, Day, Year)

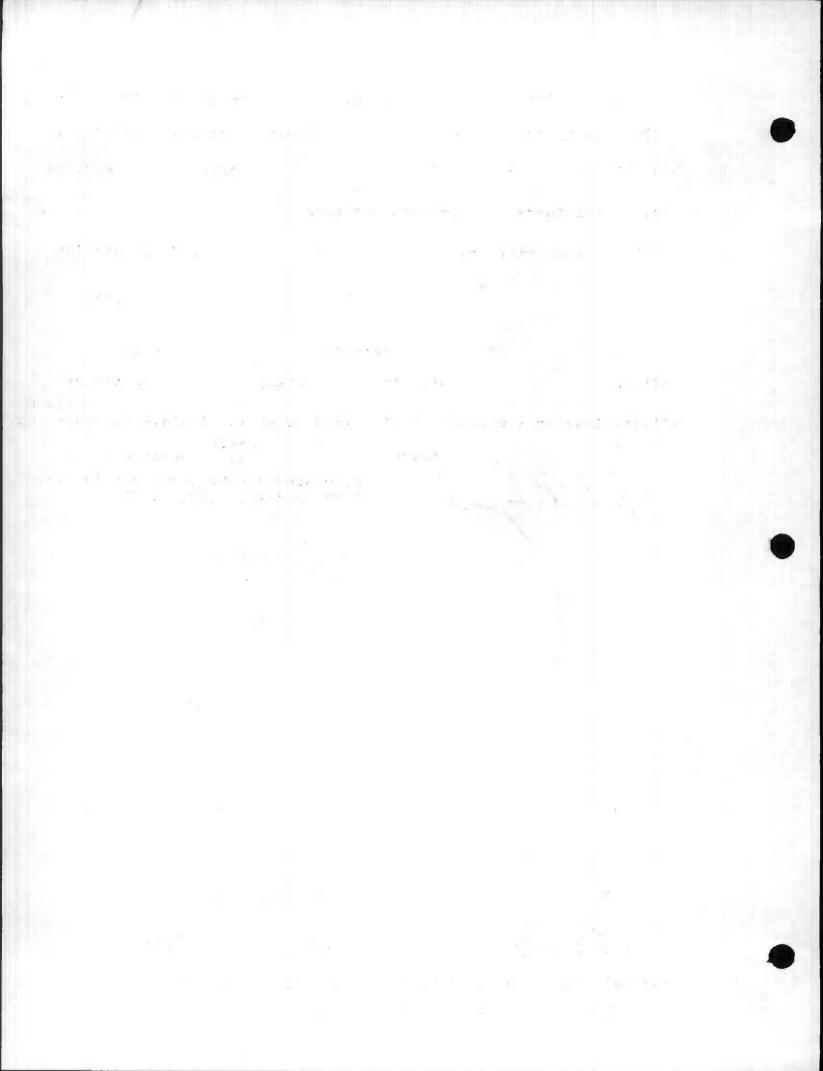
30. Neme and address of person who completed cause of death (Item 23a) (Type, Print)

Michael Suter M.D. 8100 Harford Rd. Balto., Md. 21234

31. Date filed (Month, Day, Year) MAR 1 0 1999





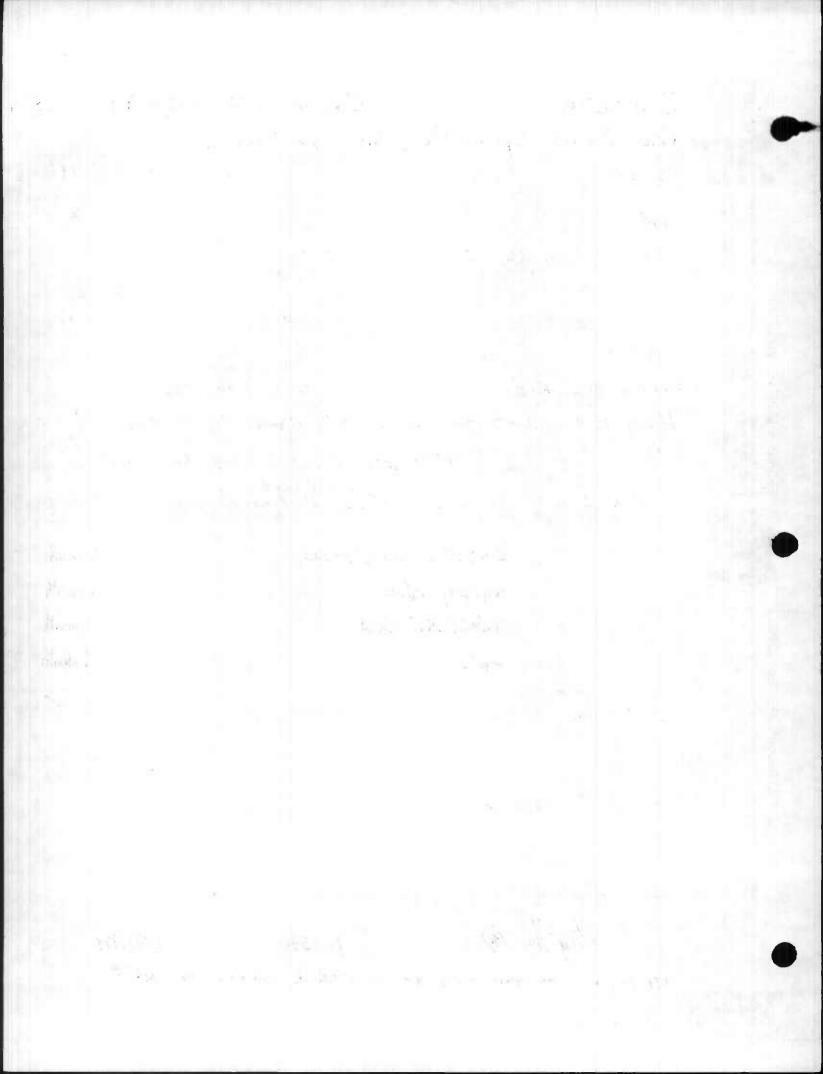


Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) Data of Death 3. Tima of Death March 12:050W **Physician** ornelia -havez /Medical 4c. County of Death 4b, City, Town, or Location of Death 4a Fecility Nama (If not institution, give street end number) Examiner Saltimore Johns Hospita HOPKINS If Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Day, Year) 5. Social Security Number 6. Sex 7. Aga (In yrs. lest birthday) 9. Birthpiaca (Stete or Foreign Country) **Funeral** 1□ M 2XF Months Days 193-36-3681 **Director** Usuel Residence of Decedent deeth with the Marylend 10a Stata 10c. City. Town or Location 10b. County 10d. Inside City Limits item 27 is marked other than "natural", or items 23s or 28s-f shor other treumstic event, the Madical Examiner must be notified at 1 Yes 2 No Directo Ma 1timore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? U.S. A 86 21244 Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 Ø No If Yes, Give Wes Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian. 11. Maritai Status Bleck, White, etc. permit. Peges 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiena. Important: If item 27 is marked other than "natural", or itan any injury or other traument. 1 Nevar Marriad 2 Married Specify: Black 1 ☐ Yas 2 No altimore, Maryland 21215-0020 Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation UNK (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Unil 15. Decedent's Education (Specify only highest grade complated) Elementary/Secondery (0-12) College (1-4or 5+) G.E.D NA 18. Mother's Name (First, Middla, Meidan Sumema) 17. Father's Name (First, Middle, Last) Be B.S. Elizabeth Vernon P Kowe 19a. Informent's Name/Retationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Sist Circle Balto, ma Mary 20b. Plece of Disposition (Neme of cemetery, cremetory or other) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Burial 2 Cramation 3 Removal from State □ Donation 5 □ Other (Specify) emetery 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility ·West 23e. Part1. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heart failure. List only one ceuse on each line. Md 21215 Approximete Interval Between Onsat and Death **Physician** /Medical tmmediate Cause (Final disaese or condition resulting in death) 6 months ymphoma Examiner Due to (or as a consequence of) Examiner month Tache ettending physician and for use as the buriel-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or as e consequence of) P.O. Box 68760, Jastrointestinal bleed Physician/Medical Due to (or es e consequenca of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? be datached 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown signed by tailure renal Division of Vital Records, þ 24b. Were autopsy findings evailable prior to completion of causa of death? 24e. Was an autopsy performed? Completed page 2 certificate hes 1 Yes 2 No 1 Yes 2 No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifical Be 25. Was case referred to medical 26. Place of Death (Check only ona) 1 ☐ Yes 2 ☑ No Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Naturat 5 Pending Invastigation aftar death. 1 ☐ Yes 2 ☐ No 2 Accident 28f. Location (Street end Number or Rurel Route Number, City or Town, Stefe) 6 Could not be 3 Sulcide 28e. Placa of tnjury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and menner stated. 29e. Certifier Medicai (Check only one) 29b. Signature end title of 29d. Date signed (Month, Dey, Year) 29c, Licensa number 03/07/1999 50576 Johns Hopkins Oncology Center 600 N. Wate St. 30. Name end eddress of person Batimore, HO, MI) 31. Data filed (Month, Day, Yeer) 32. Registrer's Signature State

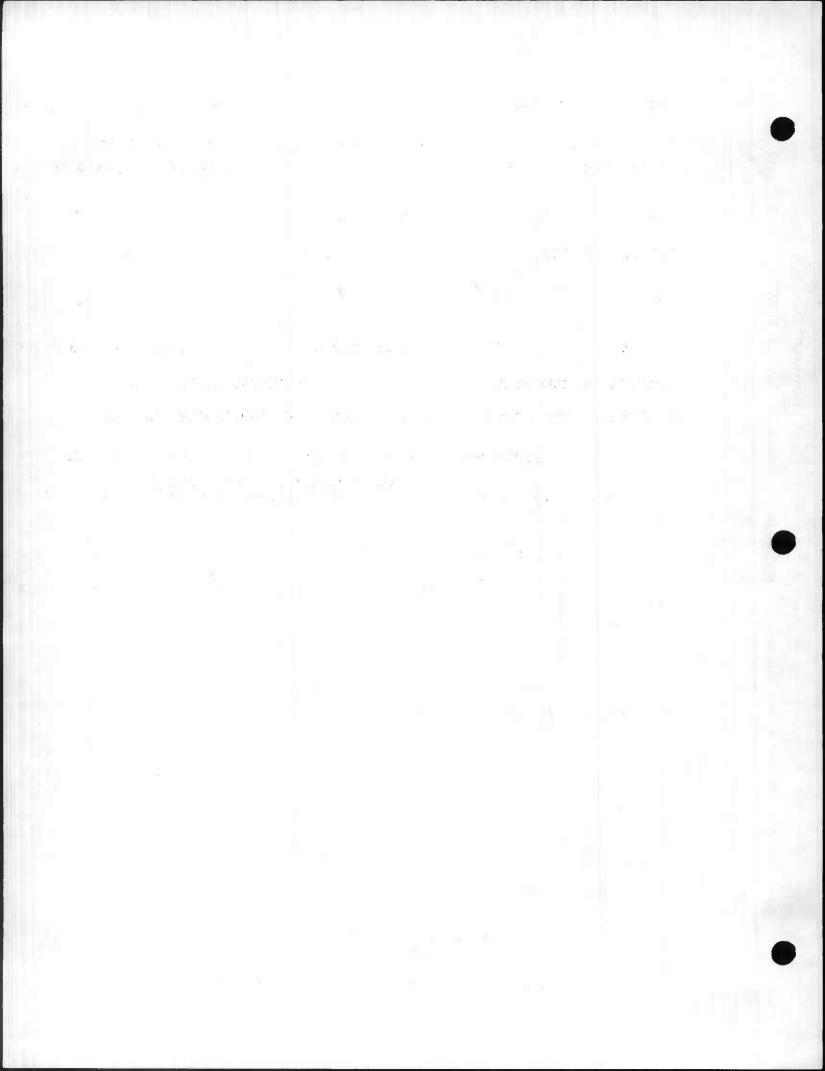
Registrar



State of Maryland / Department of Health and Mental Hygiene 07700

		Certificate of Death		leg. No.	01190	5					
		Decedent's Name (First, Middle, Last)	2. Dete of Dee	th	3. Time o	f Deeth					
	Physician	EMILY D. CZOSNOWSKI	Month	Day /	Year 999 /2:	45 AM					
	/Medical Examiner	4a Facility Name (If not institution, give street end number)  4b. City, Town, or I	ocation of Deeth	4c. County							
솀	•	Franklin Square Hospital Center Ros	edale	Bai	/ timore						
	Funeral	5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs.	8. Data of Birth	Year)	9. Birthplece (Stete Country) MARYLAND	or Foreign					
	Director	218-01-2596 1 M 2 F 83 Yrs. Months Days Hours Min.	(Month, Dex 2 / 1 1 /	16'	MARYLAND	)					
	P .	Usual Residence of Decedent  10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits									
	show	MD N/A BALTIMORE 1887 Yes 21									
	Serie Merica					20110					
	vith the Mar or 28s-f s be noutled	10e. Street and Number 10f. Zip Code	1	Og. Citizen of W							
	urs after deeth with the Manylan sit, or items 23a or 28a-f show Examinat must be notified at by Funeral Director	345 IMLA STREET 21224		U.S.							
	Rems Rems	11. Marital Status  12. Was Decedent Ever in U,S. Armed Forces?  13. Was Decedent of Hispanic Origin? (S If Yes, specify Cuban, Maxican, Puert	o Rican, etc.)	Black	- Americen Indian, k, Whita, etc.						
20	urs after	1 Never Married 2 Married 1 Yas 2 No If Yes, Give 1 Yes 2 No Specify: Year or Dates:		Specify:	ocity: WHITE						
21215-0020	within 72 hours aftar deeth with the Maryland ena. than "natural", or items 23s or 28s-f show fre Modeal Examiner must be notified at ompleted by Funeral Director			16b. Kind of Bu							
5	ed within 72 horygiena.  or than "natural, fre Madical I.	(Specify only highest grade completed) (Give kind of work done during most of work life, DO NOT use retired)	rking	TOD. KING OF BU	Sillosamiduatry						
12	jena. r than rr than	Elementery/Sacondary (0-12) College (1-4or 5+) FOOD PACKER		CROSSE	& BLACE	WELL					
	be filed d other event, I Be Cc		ne (First, Middle,								
Maryland	2 should be filed with end Mental Hygiena. s marked other than sumatic event, the M To Be Comp	LUDWIG JAISANOVICK ANTOI	NETTE E	LUSTEW	ITCZ						
7	2 should end Men is marke sumatic	19a. Informent's Name/Relationship (Type, Print)  19b. Mailing Address (Street end Number or Ru									
2	d2 sith er	MR. FRANCIS CZOSNOWSKI 8113 CANDLE LANE B.									
ā,	1 and Health Health 27 ion 27	20e Method of Disposition 20b, Place of Disposition (Neme of	Date		City or Town, State						
Baltimore,	Pages nent of nrt: If its iry or o	1 □ Burial 2 □ Cramation 3 □ Ramoval from State 4 □ Donetion 5 図Other (Specify)ENTOMBMENT GARDENS OF FAITH 3 /	1/99	Daltim	nore, MD						
Ħ	Depertment mportant: Pagent mportant: I any injury once.										
Baltim permit. Pag Depertment Important: I any Injury o	Deperment	KACZOROWSKI FUN	ERAL HO	ME P.A							
		Charles Tacyoroushi 1201 DUNDALK AV									
		23a. Part1. Enter the diseese, or complications that caused the death. Do not enter the mode of dying, such as cerdiac shock, or heart failure. List only one cause on each line.	or respiretory are	031,	Approxime Interval Be Onset and	tween Death					
	Physician /Medicai	tmmediate Cause (Final disease or condition e. Pulmonary Edema 12 hours									
1	Examiner										
	<b>E</b>	Due to (or es a consequence of):	arction			,					
	n and ial-transit	V. The state of th	archor	1	1/2/	jours					
,	Exa	Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or injury c.									
68760,		Cause (Disease or Injury that initiated events Due to (or as a consequence of):									
89	The law requires that the death certificate be labeled that been signed by the ettending physicial page 2 should be detached for use as the but completed by Physician/Medical	resulting In death) Last									
Box	eath cert ettending I for use clan/M	d									
m	et the death cer d by the ettendir etached for use Physician/A	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	23h Dida	nhacco usa con	tribute to the cause	of death?					
0	the ache		101		3 Probably 4□						
S, P	gned be det	Cardiac Arrhythmia		12.10							
rds	v requires that the de been signed by the should be detached leted by Physic		24e. Wes	an eutopsy	24b. Were autopsy available prior	findings					
8	sho sho		perlor	mear	completion of of deeth?	ceuse					
Record	The law requir		1 U Y	es 2 No	1 ☐ Yes 2 [	7 No					
B		25. Wes case referred to medical 26 Place of Dec	eth (Check only or		10 100 20	3110					
Vital	Physician: this certific ral director, TO Be (	examiner? , Hoepital: , Other:			or (Specify)						
o o	Phy rethis seal d	27. Manner of Death 28e. Date of Injury 28b. Tima of 28c. Injury at	Home 5 Residence 6 Other (Specify)  28d. Describe how Injury occurred								
O	th.: After s funer	1 Neturel 5 □ Pending (Month, Dey Yeer) Injury Work? 2 □ Accident investigation M 1 □ Yes 2 □ No									
Division	Attending or death.  •ctor: After by the fune iffication	3 Suicide 6 Could not be 28e. Plece of Injury - At home, farm, street, factory, office	28f. Location (Street end Number or Rural Route Number,			n <i>ber</i> ,					
Ö	tal or Attending P rs after death. at Director: After t ed in by the funers Certification:	4 ☐ Homicide building, efc. (Specify)	City or Town, State)								
	spits neuron y fille	29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end plece	, end due to the o	ause(s) end ma	nner as stated.						
	in 24 hours in 24 hours he Funer pletaly fill	(Check only 2 Medical Examiner: On the besis of examinetion end/or investigation, in my opinion, death occurrence) and menner stated.	irred et the time, o	date and place, a	and due to tha cause	s)					
	To the Hospital or Attending within 24 hours after death. To the Funeral Director: Aft completaly filled in by the funeral Director. Aft Medical Certification	29b. Signeture and title of certifier 29c. Licansa number		29d. Date signed	d (Month, Day, Year)						
		Course Marie V. le Coop nith n 1890	84 1	n AOCH	13, 190	79					
	10	30. Neme and eddress of person who completed ceuse of deeth (Item 23a) (Type, Print)	-,	·III	, )	-					
		Dr. Annemarie Mc Cabe 9000 Franklin Square Drive	Balt	more r	nD 2123	7					
	State	31. Date filed (Month, Day, Year) 32. Registrer's Signature		1							
	Registrar	MAR 1 1 1999 Diger B. Sports									

zonsnowski, Emily

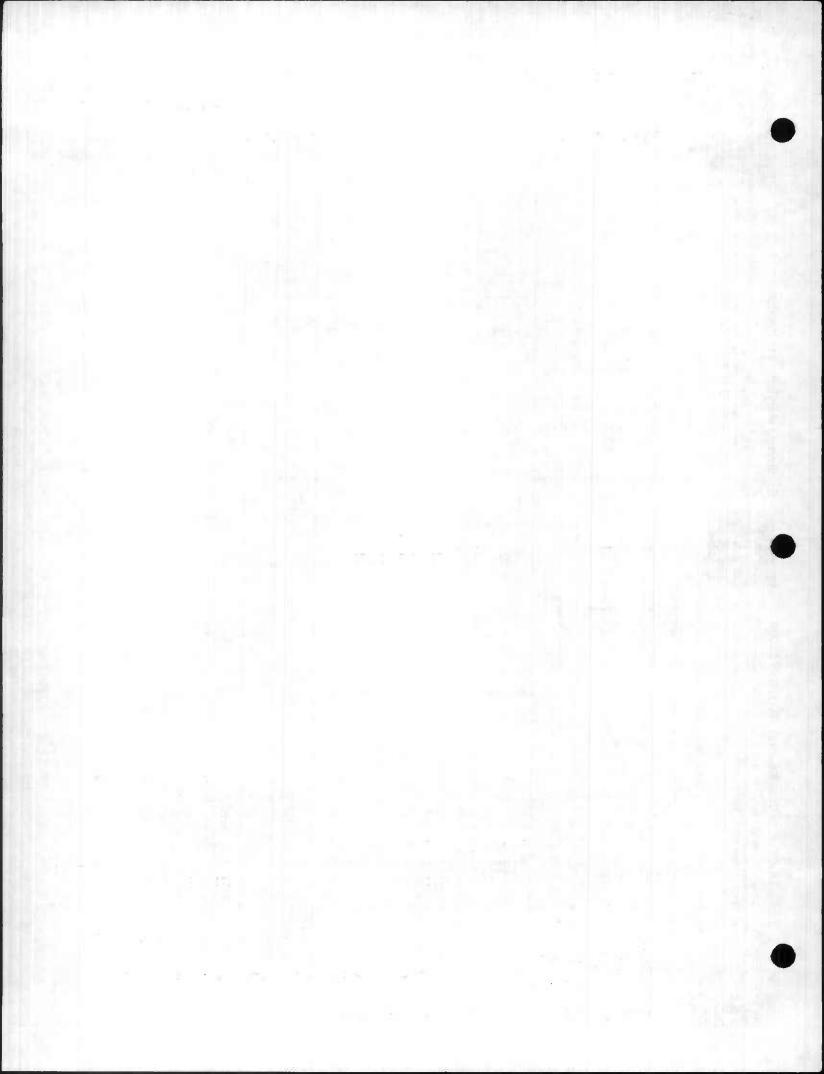


State of Maryland / Department of Health and Mental Hygiene, Certificate of Death Reg. No. 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death Month March **Physician** 8:10 pm/ Ruth E. Chaney /Medical 4a Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Multi Medical Genesis Eldercare Towson Baltimore If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) INOV. 21, 1904 9. Birthplaca (Stata or Foraign Country)
Maryland 5. Social Security Number 7. Age (In vrs. last birthday) **Funeral** 10 M 20 F Days Months Hours 217-05-3689 94 Director Usual Residence of Decedent the Maryland 10a. State "natural", or items 23a or 28a-f ahow solinal Examiner must be notified at 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 Yes 2 No Maryland Baltimore Reisterstown Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 101 W. Chestnut Hill Lane 21136 U.S.A. Funeral death 12. Was Decedent Ever in U,S. Armed Forces? 1 Yes 2 No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, permit. Pages 1 and 2 should be filled within 72 hours after c Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or item any injury or other traumatic event, the Hedgall Exercises once. Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: by Specify: 3 Widowed 4 Divorced White Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4gr 5+) Sales lady Dept. Store 18. Mother's Name (First, Middle, Maiden Sumama) 17. Fathar's Name (First, Middla, Last) William Henry Moser Ella Elizabeth Strine 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Ronald D. Long, Sr. - nephew 4200 Church Rd, Millers, Md. 21102 20a. Method of Disposition 20b. Place of Disposition (Name of cematary, crematory or other place) Dete 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State March 15, 1999 Druid Ridge Cem. Pikesville, Md. 4 Donation 5 Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Eckhardt Funeral Chapel Date 11605 Reisterstown Rd. Cwings Mills, Md. 21117 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical CEREBROVASCULAR ACCIDEN Examiner Due to (or as a consequence of): Physician/Medical Examiner ENTIN Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury that initiated events resulting in death) Last attending physician and The law requires that the death certificate be puby Box 68760. Due to (or as a consequence of): 98 080 P.O. 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 1 Yes 2 No 3 Probably 4 Unknown Records, by 24b. Ware autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? 1 Yes 20 No 1 ☐ Yes 2 No of Vital Physician: Be 25. Was case raferred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 Inpatient Other: Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 2 ER/Outpatient 3 DOA After this 28c. Injury at Work? 27. Mannar of Death 28d. Describe how injury occurred Division or Attending 5 Pending investigation 1 Natural 1 Yes 2 No death. 2 Accidant after deat 6 Could not be 3 Suicide 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28e. Place of Injury - At home, farm, street, factory, office building, atc. (Specify) 4 Thomicide Hospital 624 hours a 24 hours Medical 10 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) manner stated. 29a. Certifier within 24 hor To the Fune completaly fi To the 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier UBS MD 30. Nama and address of person who completed cause of death (Item 23a) (Type, Print) BALTIMORE, MD 21212 820 31. Date filed (Month, Day, Year) 32. Registrar's Signature State Registrar MAR 1

DHMH 16 Rev 6/95

partial description and the second 1,1 1-1-1-1 LONG JEST 

BIN DAVIS	TEMS: #23 PART I, 27, 28	State of Marylan 3-16 A-F PER MED G769	d / Departme	ent of Ho	ealth and Death	F	Reg. No.	071	300
Physician /Medical	ROBIN	D. DAY	115		-		3, <sup>Day</sup> 1999	Yaer (	Time of Death 710 AM
Examiner	4e Fecility Name (If not institution, give 2833 BOOKERT DRI				BALTIMO	Location of Deeth RE	4c. County	of Death	A
Funeral Director	5. Social Security Number 6. Se 215-94-9779	X 7. Aga (In yrs.	last birthday) If Un Month	der 1 Yeer ns Days	If Under 24 Hrs Hours Min.		5,1964	9. Birthplace Country) MAT	(State or Foreign
vith the Meryland or 28a-f show be notified at	10a. Stata 10b. County	10c. City	/, Town or Location	BA-	LTIHO		TY 10g. Gitizan of V		Insida City Limits
ter death with thems 23s or ner must be	11. Marital Stetus  1 Never Married 21 Marriad	ERT DR  12. Wes Decedant Evar in U, Armed Forces?  1  Yes, Give Year or Datas:	S. 13. Was De		2/2 (spanic Origin? (Spanic Origin? Puan Specify:	25 Specify Yas or No- to Rican, etc.)	us	5 A- e - Amarican II k, White, etc.	
d 21215-0020 filed within 72 hours aff Hygiene. They than "natural", or ent, in Medical Exam e Completed by F		icetion	lifa. DO NOT	work done di	uring most of wo		16b. Kind of Bu		ION Co.
	ROBERT		DAVIC	5	LEAT	ma (First, Middla, RICE	Maidan Sumam	MO	TEN
ther there	19e. Informent's Name/Ralationship (T)  TON VA DAVI  20a. Mathod of Disposition  1   Burial 2   Cremetion 3   F  4   Donation 5   Othar (Specify)	S CWIFE 20b. P. Removal from Stata	19b. Mailing Addri 2709 lace of Disposition (I emetery, cramatory of	Rou. Nama of or other place	NO RO		ALTIHORI 20c. Location -	E, MO. City or Town,	da) . 2/225 Steta HARVLANK
Baltimor permit. Peges Depertment of I important: if its any injury or or once.	21. Signature of Funeral Sarvice Licens	ea Brow	22. Name JO 3	end Addrass	HH. E FULTE	ROWN	JR. FL BALTO	INER!	AL HOME 21217
Physician /Medical Examiner	23a. Part1. Enter tha disaasa, or comp shock, or haert failura. List only o Immediate Ceuse (Finel diseasa or condition rasulting in deeth)	a. NARCOT	IC INTOXICAT	ION	, such as cercial	c or raspiratory ar	rasi,	Inte	proximata arval Batween sat and Death
.O. Box 68760, the death certificate be executed y the attending physicien end ached for use as the buriel-transit nysician/Medical Examiner	Saquentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or injury that initiated avents  Due to (or as a consequence of):  Due to (or es a consequence of):								
	rasulting in death) Last	Due to (or	es a consaquanca d	of):					
		n In Part I.				e cause of death?			
ecords aw requires as been sign 2 should be							an autopsy mad?	avallat	autopsy findings ble prior to ation of cause th?
						XX		1 X Ye	es 2 No
	XXVas 2□ No	26. Place of Death (Check only ona)  Hospitel: 1   Inpatient 2   ER/Outpatiant 3   DOA   Other: 4   Nursing Homa   MX Rasidence 6   Other (Specify)							
ng Phys ng Phys uneral di		28a. Data of Injury (Month, Day Year)	28b. Tima of Injury	28c. Injury Work		28d. Describe h			
ivisio r Attendi ther death leector: A n by the f	2 Accidant invastigation 3 Suicide 6 D Could not ba 4 Homicida datamined	Found: 3-3-99 28a. Place of Injury - At he building, atc. (Specify FOUND: RES	ctory, office 28f. L		City or Tou	UNKNOWN 28f. Location (Straat and Number of Rural Routa Number City or Town, Stata) 2833 BOOKERT DRIVE BALTIMORE, MARYLAND			
he Hospi in 24 hou he Funer pletaly fill edical		sician: To the best of my knowner: On the basis of examinal	wladga, daath occurrion and/or invastigati	ed at tha timi ion, in my op	a, data and place inion, daath occu	e, and dua to tha durred at the time,	causa(s) and ma date and piece,	nnar as state	d. a ceuse(s)
To the Hospital of within 24 hours el To the Funeral D completaly filled I	29b. Signatura and title of certifier	and menner stated.		29c. Licansa O. C	number .M.E.		29d. Data signe MARCH	(Month, Day 3, 199	, Year) 9
rest	11/2-00	ompleted ceuse of daeth fram	Penn Stre	eet, B	altimore	e, Maryla	and 2120	1	
State Registrar	31. Data filed (Month, Day, Year)	32. Registrar's Signa	9. Lon	Kal					



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Nama (First, Middle, Last) 3. Tima of Death 2 Data of Death Month **Physician** 1955 DAVIS MARCH JAMIES /Medical 4a Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 3altimore 7. Age (In yrs. last birthday) NIA HOPKINS CITY Johns 5. Social Security Number 246-30-4630 If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Months Days Hours Min. 18 M 2□ F Yrs. Director NORTH **Usual Residence of Decedent** 10c. City, Town or Location r 28a-f ahow 10e Stata 10b. County 10d. Inside City Limits 1 Yas 2 No Directo MARYLAND the th 10e. Street and Number 10g/Citizen of What Country? 10f. Zip Code ò permit. Pages 1 and 2 should be filed within 72 hours after death with Department of Health and Mental Hygiens. Important: If Item 27 is marked other than "natural", or items 23s or any injury or other traumatic event, the Medical Examinar must be 31ST STREET 3024 12 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, Whita, etc. 11. Marital Status 1 Yas 2 No If Yes, Give Year or Dates: 1 □ Never Married 2 □ Married Baitimore, Maryland 21215-0020 1 Yes 2 No Specify: þ 3 N Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) OOK UNKNOWN UNKNOWN 17. Father's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Surname) UNKNOWN UNKNOWN 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) STREET 2026 FRIEND BALTIMORE, MD. 212
20c. Location - City or Town, Stata TORAIN LA 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from Stata 4 ☐ Donation 5 ☐ Other (Specify) BALTIMORE, MARYLAND METRO CREMATORY LINKNOWN 21. Signature of Funeral Service Licenses 22. Name and Address of Facility
JOSEPH It. BROWN JR. FUNERAL HOME
2140 N. FULTON AVE. BALTIHORE, MO. 2121 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory shock, or heart failure. List only one cause on each line. Approximata Interval Between Onsel and Death **Physician** Immediata Cause (Finat disease or condition rasulting in death) /Medical ARREST (ARDIAC My days Examiner Due to (or as a consequence of): Examiner PNEUMONIA attending physician and for use as the budal-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Box 68760. HEM MORAGHE NTRACIERE BRAL Physician/Medical Due to (or as a consequence of): P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, à 24a. Was an autopsy performed? 24b. Were autopsy tindings available prior to completion of cause of death? Completed certificate has 1 Yes 2000 2 NO 1 Yes Division of Vitai 8 25. Was case refarred to medical 26. Place of Death (Check only one) Hospital: 1 Inpatient Other: 4 Nursing Home 1 Yes 2 000 2 2 ER/Outpatient 3 DOA 5 ☐ Residence 6 ☐ Other (Specify) this To the Hospital or Attending Physilin 24 hours after death.
To the Funeral Director: After this completely filled in by the funeral funeral 27. Manner of Death 28b. Tima of 28c. tnjury at Work? Certification: 28d. Describe how injury occurred 5 Pending investigation Injury 1 ☐ Yes 2 ☐ No 2 Accident 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 ☐ Suicide 6 ☐ Could not be 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edical 29a. Certifier (Check only one) 29b. Signature and title of contiller 29c. License number 29d. Date signed (Month, Day, Year) RISCIBBNT

ORD.

State

Registrar MAR

32. Registrar's Signatura

ms

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

8hm

A. D. JOHN

31. Date filed (Month, Day, Year)

s Signatura

PHYSICIAN

ZUHBL

Sparker

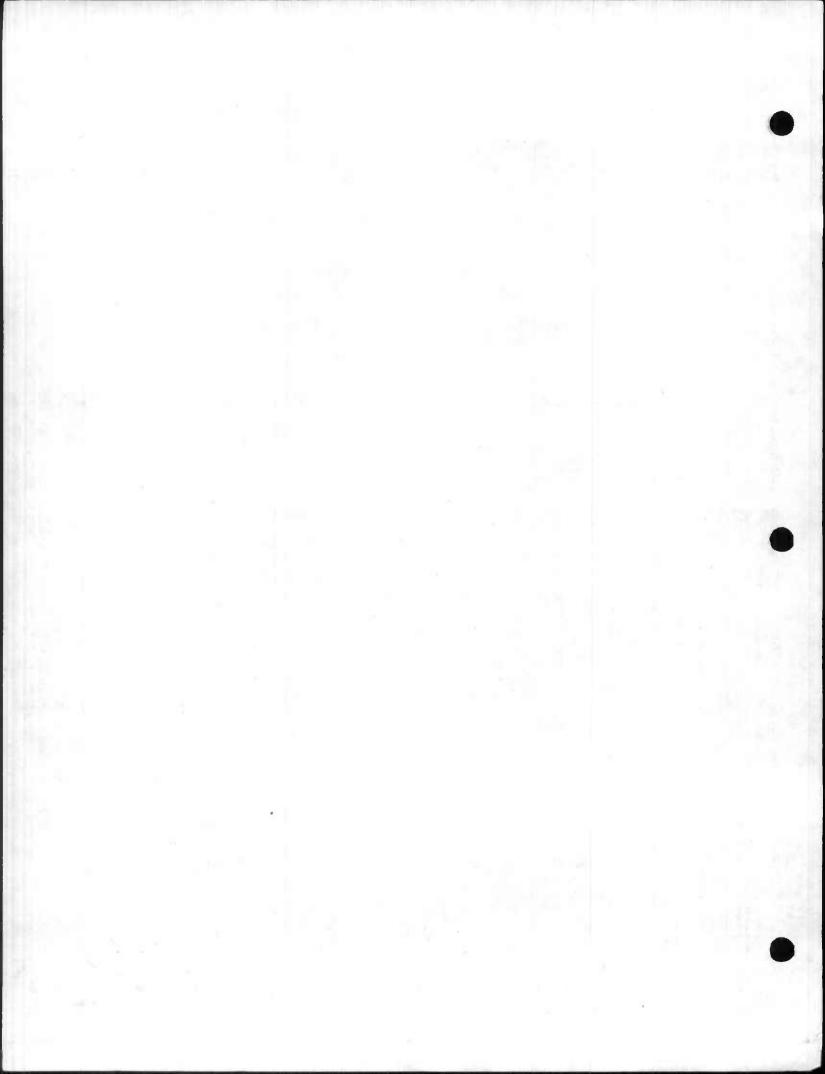
RIES - 000

HOSPITAL

09

BALTIMORIE

HOPKINS



#### Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene. Certificate of Death Reg. No: 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day **Physician** SAU DUONG 8 MARCH 1999 1:55a /Medical 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street and number) 4c. County of Death Examiner THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY 5. Social Sacurity Number If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Birthplace (State or Foraign Country) 7. Aga (In yrs. last birthday) **Funeral** 10 M 2 F Months Days Hours Min 184-62-1658 67 Yrs. OCT. 5, Director 1931 VIETNAM Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Hem 27 is marked other than "natural", or items 23s or 28s-f show other traumstic event, the Modical Examiner must be notified at PA MONTGOMERY 1 Yas 2 □ No BLUE BELL Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1604 CHERRIE CIRCLE 19422 VIETNAM Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ 2 No If Yes, Give Yaar or Datas: Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) memit. Pages 1 end 2 should be filed within 72 hours after or permant of Health and Mental Hygiene. 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: ASIAN þ 3 ☐ Widowad 4 ☐ Divorced 18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) HOMEMAKER OWN HOME 0 18. Mothar's Nama (First, Middla, Maidan Sumama) 17. Father'a Name (First, Middla, Last) (UNKNOWN) (UNKNOWN) 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) CHAU NGUYEN / HUSBAND 206 SANDY RIDGE DRIVE - DOYLESTOWN, PA 18901 20b. Place of Disposition (Nama of cemetary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cramation 3 X Ramoval from State injury or 4 Donation 5 Othar (Specify) HILLSIDE CEMETERY 3/8/99 ROSLYN, PA 22. Nama and Address of Facility SOL LEVINSON & BROS., INC. 21. Signature of Europa Service Licepton 8900 REISTERSTOWN ROAD - PIKESVILLE, MD 21208 Inter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** End Stage Liver Disease Immediate Cause (Final disease or condition resulting in death) /Medical years Examiner Examiner patitis Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Causa (Disease or injury that initiated avants resulting in death) Last Physician/Medical Dua to (or as a consaguance of) esn signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 2 No 3 Probably 4 Unknown Hepatorenal syndrome þ 24b. Wera autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? page 2 22500 1 Yas 25 No 1 Yes funerel director. 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residenca 8 Other (Specify) 1□ Yas 20 No Certification: To this 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how injury occurred 27. Mannar of Death 28b. Time of After 1) Alatural 2 Accident 5 Pending investigation 24 hours after death. Funeral Director: Af 1 ☐ Yes 2 ☐ No 6 Could not be datermined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicida Certifying Physician: To tha best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mannar as stated. 2 Madical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. 29a. Certifier Medical (Check only one)

To the F

or Attending Physician:

Hospital

requires that the deeth certificate be axacuted

Division of Vital Records, P.O. Box 68760,

with the Marylenc

altimore, Maryland 21215-0020

LISA LOCKERD, MD 31. Date filed (Month, Day, Year)

29b. Signature and little of certifier

Tower 32. Registrar's Signature

30. Nama and address of person who complated cause of death (Itam 23a) (Type, Print)

Johns Hopkins Hospital Baltimore, MD 110

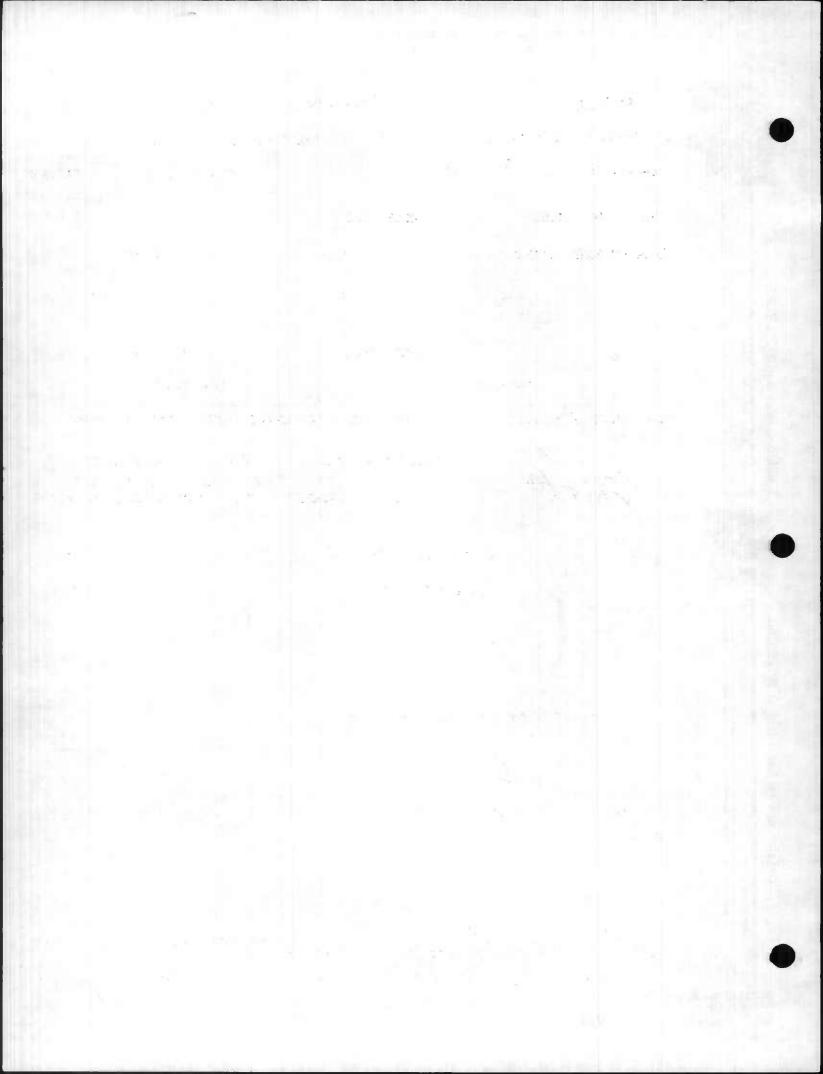
29c. License number

000

29d. Date signed (Month, Day, Year)

MARCH 8, 1999

State Registrar



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene. Certificate of Death 3. Time of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) Month **Physician** March 8, 1999 Loretta Georgia DeVito 12:55p.m. /Medical 4a Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 2909 Oak Hill Avenue Baltimore H Under 1 Year | H Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year) | Feb. 26, 1917 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign
Country) **Funeral** 1□M 2 F Yrs 82 Maryland 212-36-6612 Director Usual Residence of Decedent with the Marylend 10a. State 10b. Count 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or flems 23a or 28a-f shot traumatic event, the Medical Examiner must be notified as 1 Yes 2 No Directo Maryland Baltimore 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number 2909 Oak Hill Avenue 21207 United States Funerai death 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 14. Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) filed within 72 hours after Hygiene. 1 Never Married 2 Married 1 Yes 2 No Specify: Specify þ 3 XWidowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12th Grade Homemaker Own Home permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: if Item 27 Is marked othe any Injury or other traumatic event, phose. 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Herman Mercl Edith K. Schaffer 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Capt. Henry "Hank" DeVito-Son 2909 Oak Hill Avenue; Baltimore, Maryland 21207 20a. Method of Disposition

1 Burial 2 Cremation 3 Removal from State 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 4 ☐ Donation 5 ☐ Other (Specify) Baltimore/Washington Crematory 3/9/99 Laurel, Maryland 21. Signature of Funeral Service Licanses 22. Name and Address of Fecility Loring Byers Funeral Directors, Inc. B. BC 8728 Liberty Road; Randallstown, Maryland 21133 23a. Part Emar tha disease, or complications that caused in share mean feilure. List only one cause on each line. Approximate Interval Between Onset and Death death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Physician** Immediete Ceuse (Finel disease or condition resulting In death) /Medicai 20 years 10 Examiner Due to (or as a consequence of) \$. P.O. Box 68760 Examiner the buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that Initiated events resulting in death) Last Due to (or as a consequence of) ettending physicien end The law requires that the death certificate be Physician/Medical Due to (or as a consequence of) 88 esn 23b. Did tobacco use contributs to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. the signed by 1 Yee 2 No 3 Probably 4 Unknown tens 101 à 24b. Were autopsy findings available prior to completion of cause of daath? 24a. Was an autopsy performed? Completed brovascular accident been After this certificate has 1 ☐ Yes 2 ☐ No 1 ☐ Yes 21 No Division of Vital Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1□ Yes 2□ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 28d. Describe how injury occurred 27. Manner of Death 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? Certification: or Attending 1. Natural 5 Pending Investigation 1 ☐ Yes 2 ☐ No deeth 2 Accident 24 hours after deet Funeral Director: 6 Could not be 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, factory, offica building, etc. (Specify) filled in by 4 Homicide Hospital edical 29a. Certifier 🕊 Certifying Phyelclan: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) end manner as stated. 2 Madical Examiner: On the basis of examination and/or investigation, In my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. (Check only one) within 2 the 29b. Signature and title of cartified 29c. License number 29d. Date signed (Month, Day, Year) 0

D0020964

8630 LIBERTY PLAZA MALL RANDALLSTOWN, MD 21133

03/09/99

State Registrar **JEROME** 

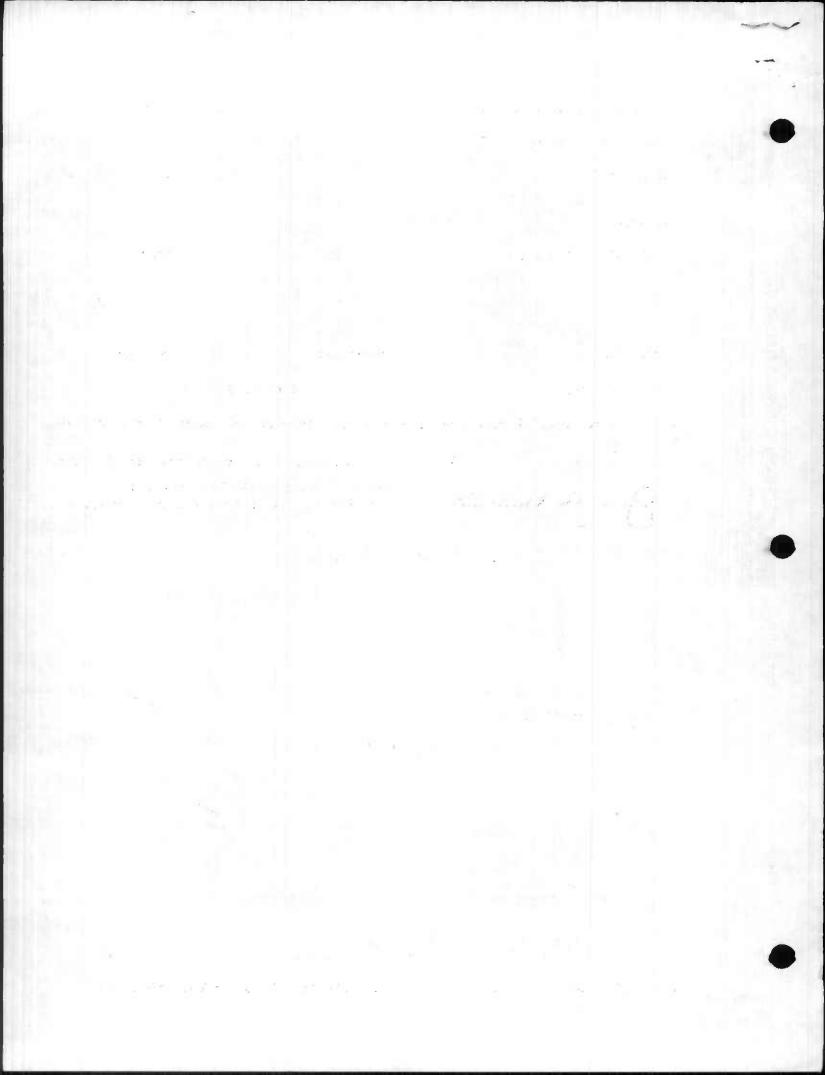
H

30. Neme and address of parson who completed cause of death (Item 23a) (Typa, Print)

M.D.

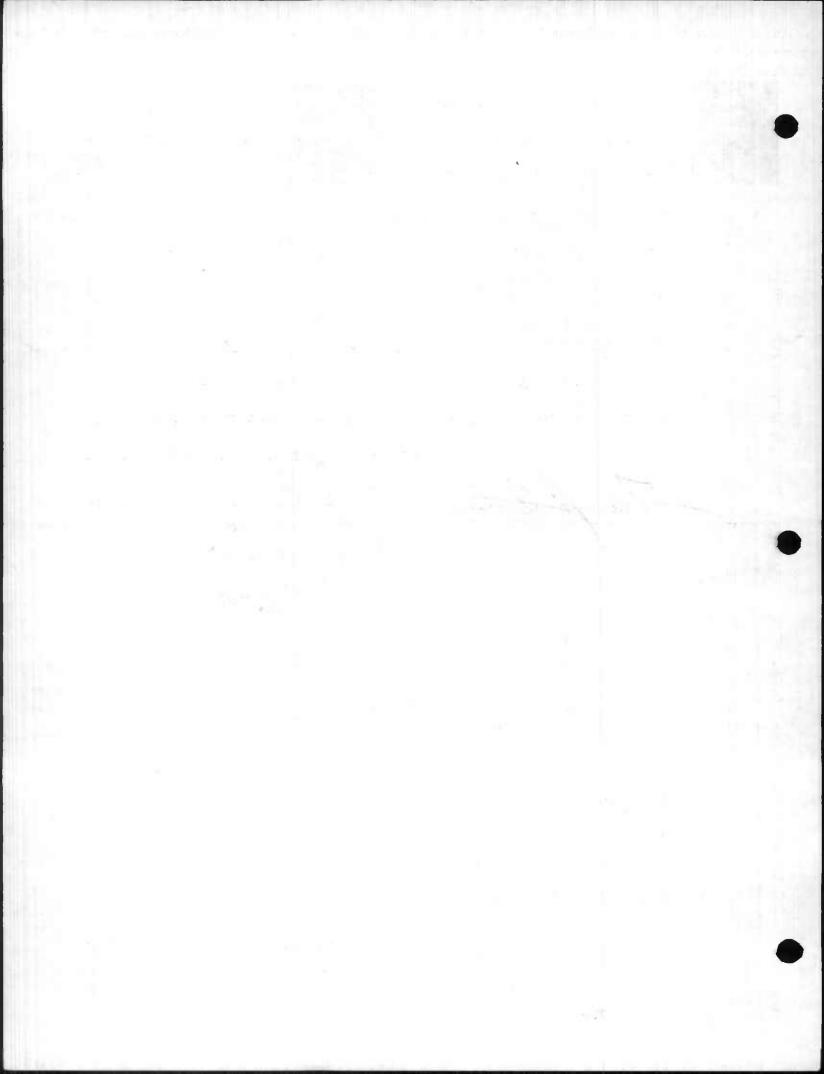
1999 egistrar's Signature

GINSBERG,



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				State Of W	Ce	rtificate of			Reg. No.	07804		
	Physician /Medica Examine		1. Decedent's Name (First, Middle U.C.S.	NER		2. Dete of Dee Month MARCH	Day Yo	ar 3. Time to the				
			4e. Facility Neme (If not institution					Town, or Location of Deeth 4c. County of Deeth				
H	Francis		5. Sociel Security Number		ROVE USAF ex 7. Age (In yrs. last birthday) If Under 1 Y			RINGS	PRINCE			
L	Funeral Director		213-08-2391 Usual Residence of Decedent	1□M 2 <b>X</b> 0F	7. Age (In yrs. last birthday) If Under 1 Year If Under 24  Yrs. 9 0 Yrs.			8. Dete of Birth (Month, Day, Year) APRIL 10.1908		Birthplece (State or Foreign Country) SOUTH  8 AMERICA		
	he Maryland		10a. State 10b. County		10c. City, Town or Lo					10d. Inside City Limits		
		Funeral Director		E GEORGE	SUITLAN	7				1 Yes 2 No		
	ire, Maryland 21215-0020 s.1 and 2 should be filed within 72 hours after death with the Maryland f. Health and Mental Hygiena. Item 27 is marked other than "natural", or items 23s or 28s-4 show other traumstic event, the Medical Examinational be notified as		10e. Street end Number 5902 SUITLAN	D ROAD	AD 10f. Zip Code 2 0 7 4 6					ot Country?		
			11. Maritel Stetus	12. Wes Decedent	Ever in U,S. 13.	Was Decedent of I	lispenic Origin? (Sp.	ecify Yes or No-		American Indian,		
21215-0020	ours after al', or its	by	1 ☐ Never Married 2 ☐ Marri 3 X Widowed 4 ☐ Divorced	ed 1 Yes 2 XIII	1 ☐ Yes 2 ☒ No If Yes, Give 1 ☐ Yes		an, Mexican, Puerto Specify:	Hican, etc.)		White, etc. BLACK		
5-0	72 ho netur	eted	15. Decedent (Specify only highes	's Educetion t grade completed)	16a. Dece	dent's Usual Occup	pation during most of work	ina	16b. Kind of Business/Industry			
1121	filed within Hygiena. ther than	Completed	Elementery/Secondery (0-12) 8TH	College (1-4or 5	S+) life.	DO NOT use retire	d)		N/A			
	be filed ital Hygie d other is	Be Co	17. Father's Name (First, Middle, L	ast)	110	ODDWIIL	18. Mother's Name	e (First, Middle,	Meiden Sumame)			
Maryland	should be t and Mental I merked or umetic eve	To		MELVILLE			JOAHAI	NNA ME	LVILLE			
	and 2 sho balth and n 27 is me		19a. Informent's Name/Relationsh MYRNA MCKIN			_	AND RD,					
Baltimore,	Ф O		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremation	2 CDamaral from Chata	20b. Plece of Dispo		ce)	Date	20c. Location - Cit			
tim	permit. Peges Department of I Important: if its any Injury or or		4 Donation 5 □ Other (Sp	ecify)		WASHING		7/99	ADELPHI	, MD.		
Bal	Departing any Injugan		21. Signeture of Eureral Service L	J A	/		ROYSTER H ST. N.			20011		
			23a. Pert1. Enter the classes of shock, or heert failure Lines	complications that caused only one cause on each li	the death. Do not ent	ter the mode of dyin	ng, such as cerdiac	or respiratory er	rest,	Approximate Interval Between		
	Physician /Medical Examiner		Immediate Ceuse (Final disease or condition resulting in deeth)		Pente 7	Falal	Cardia	c Hvv	- hythin	Onset end Death		
		ner	resulting in deptity	- Unde	Due to (or as a consec	quence of):						
1	be Executed ician and burial-trensit	Examiner	Sequentially list conditions.  Due to lor es a consequence of):  Due to lor es a consequence of):									
68760,	ificate be given g physician as the burial	edical E	Sequentially list conditions, if eny, leeding to Immediete ceuse. Enter UnderlyIng Ceuse (Diseese or Injury that Initiated events	C	Due to for se a sesse							
	E 00 00		resulting in deeth) Last							1		
Box	death cerrie attandin	lan		d								
0	het tha de ad by the detached	Completed by Physician/N	Part II. Other significant conditions contributing to death but not resulting in the underlying couse given in Recent Phenomena, Recent Pleus Uth Emes 15							bute to the cause of death?		
S, D	as thet igned I be det		Recent 8	neumm	ent Ale	us		☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown				
Vital Records,	requir been s should		with Er.	18515				24e. Was a perfor		4b. Were eutopsy findings available prior to completion of ceuse of death?		
I Re		EOC						1□ Y	es 2 No	1 ☐ Yes 2 ☐ No		
Vita	Physician: The this certificata ral director, pag	Be	25. Was case referred to medical examiner?	Hospital:		Oth	26. Place of Deatl					
o	5 00	7: To	1 Yes 2 No 27. Manner of Deeth						ome 5 Residence 6 Other (Specify)  28d. Describe how injury occurred			
ion	ath. rr: Afta	ation	1 ☑ Naturel 5 ☐ Pending 2 ☐ Accident investig		(Month, Dey Year) Injury Work?				25d. Dood for Half Half Cood for			
Division	or Atte	Certification:	3 ☐ Suicide 6 ☐ Could no determine	28f. Location (Street end Number or Rural Route Number, City or Town, Stele)								
ř	To the Mospital or Attanding Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edicai C	29e. Certifier 1 Certifying (Check only one) 2 Medical E	Physician: To the best of xeminer: On the basis of end menner ste	examination end/or inv	n occurred et the tir vestigation, in my o	ne, dete and place, pinion, deeth occurr	and due to the d ed et the time, d	ause(s) and menne late end piece, end	er es stated. due to the ceuse(s)		
	To the within To the	Me	29b. Signature and title of certifier	Ond morner ste	nou.	29c. Licens	e number	mD :	9d. Dete signed (A	Agnth, Day, Year)		
			> Ruchar	duFars	all m	00	2237		3/3/	199		
	1		30. Name end eddress of person w			/11/17	- 1DI	FK.	wash.	MD		
	Sta	te	31. Dete filed (Month, Day, Yeer)		D 1282	DILLE	01/11/1		20	744		
	Registr		MAR 1	0 1999 1	renewa	17. And	ekal					



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death JOSEPHINE C. DRAPTS 4b. City, Town, or Location of Death 2:52 PM 4a. Facility Neme (If not institution, give street end number) Johns Hopkins Bayview Medical Center Baltimore City Baltimore City if Under 24 Hrs. Hours Min. Birthpiace (Stete or Foreign Country) 8. Date of Birth (Month, Day, Year) Months Days 215-01-8722 May 5, 1913 Maryland Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. inside City Limits 1 L Yes 2 No Maryland Baltimore City Baltimore City 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4600 Luerssen Avenue 21206 USA 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 11 Marital Status 14. Raca - Americen Indian, Biack, White, etc. 1 ☐ Yes 2 ☐ No if Yes, Give X Year or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 ☒ No Specify: 3 ☐ Widowed 4 ☐ Divorced White 16a. Decedent's Usuat Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Etementary/Secondary (0-12) Coilege (1-4or 5+) 8 yrs. N/A Seamstress Coat Factory 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Louis Cimino Mary Fiorino 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Sandra Hook (Niece) 4600 Luerssen Avenue Baltimore, Md. 21206 20b. Place of Disposition (Name of cametery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition Date 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Holy Redeemer Cemetery 3-12-99 Baltimore, Md. 21. Signature of Funeral Service Licenses 22. Name and Address of Facility 7401 Belair Rd. Lassahn Funeral Home Baltimore, Md. 21236 23a. Pert1. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death immediate Cause (Final disease or condition resulting in death) Preumonia, Sepsis
Due to (or es e consequence of): 24 hours Urinaty Tract Injection
Due to (cross e consequence of): 24 hours Right Tonsillar Due to (or es e consequence of) 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Niknown 24b. Were autopsy findings evaileble prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 2 No 2 No 26. Place of Death (Check only one) Hospital:

**Physician** /Medical Examiner

physician and

ettending <sub>1</sub>

signed by the e

should

funeral

filled in by

i or Attending Pisatte death.

To the Hospital o within 24 hours af To the Funaral Di completaly filled is

by

Completed

2

Certification:

Medical

Box 68760 certificate be

Division of Vital Records, P.O.

**Physician** 

/Medical

Examiner

10a State

Director

Funeral

Š

Completed

2

**Funerai** 

Director

item 27 is marked other than "natural", or items 23s or 28s-f show other traumstic event, the Medical Examiner must be notified at

2 should be filed within 72 hours after and Mental Hygiene.
Is marked other than "natural", or ite

permit. Pages 1 end 2 st Department of Haalth and Important: If Item 27 Is m any Injury or other traun

3altimore, Maryland 21215-0020

with the Maryland

death

Examiner Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Physician/Medical

Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i.

25. Was cese referred to medical examiner? 1 Yes 2 No

1 inpatient 2 ER/Outpatient 3 DOA 28a. Bate of injury (Month, Day Year) 28b. Time of 28c. injury at Work?

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

27 Manner of Death 5 Pending Investigation Naturai 2 Accident 6 Could not be 3 ☐ Suicide 4 Homicide

1 ☐ Yes 2 ☐ No 28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one)

Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Certifying Physician: To the best of my knowledge, death occurred at the time, date and piace, and due to the cause(s) and manner stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piace, and due to the cause(s) and manner stated. 29c. License number 29d. Date signed (Month, Day, Year)

29b. Signative and title of the

97014

s of person who completed cause of death (Item 23a) (Type, Print)

Johns Hopkins Rayview Medical Center 4940 Eastern Ave, Raltimon El-Sayed, MD 31. Date filed (Month MAR 11 32. Registrar's Signature

State Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month Edwards **Physician** Wintred 0650 AM MAR 1999 09 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Fayette West Street Baltimore If Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Dey If Under 1 Year 5. Sociel Security Number 6. Sex U 12.M 2□ F 7. Age (In yrs. last birthday) Yrs. Birthpieca (Stete or Foreign Country) **Funeral** Months Deys 212-09-3378 Director Usuel Residence of Decedent 10e Stete 10b. County 10c. City, Town or Locetion 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at BALTIHORE 1 Yes 2 □ No by Funeral Director MARYLAND 10a. Citizen of Whet Country? 10e. Street end Number 8 2024 itsms 23a STREET 1223 USA AVETTE permit. Peges 1 and 2 should be filed within 72 hours efter death a Department of Health end Mental Hygiene. Important: If Nem 27 is marked other than "natural", or Itams 23s any Injury or other traumatic event, the Medical Example. 12. Was Decedent Ever in U.S. Armed Forces? 1. XYes 2 \( \text{DNO} \) \( \text{V} - 1 \) - 1/- 42 If Yes, Give Yeer or Detes: /2 - 29-45 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Black, White, etc. 11. Maritei Status 1 Never Married 2 Married 1 ☐ Yas 2 No Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) Collega (1-4or 5+) 12+HGRADE TOP-SECRET BALING MACHINE OPERATOR GOVERNMENT SECRET AGENCY 17. Fether's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middle, Meiden Sumama) Be MILTON EDWARDS RICHARDSON 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zlp Code) 2024 W. FAYETTE STREET, BALTIHORE MD. 2/223 MARGARET EDWARDS 20e. Method of Disposition 20b. Pleca of Disposition (Nema of cometery, cremetory or other plece) 20c. Location - City or Town, Stete 1 Burial 2 □ Cremetion 3 □ Removal from State 03-16-990WINGSMILLS, MD. 4 Donetion (Specify) GARRISON FOREST 22. Name end Address of Facility BROWN JR. FUNERAL HOME JOSEPH H. BROWN JR. FUNERAL HOME 2140 N. FULTON AVE., BALTIMORE, Mb. 2/2/7 21. Signature of Funeral Service License 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrast, shock, or hear failure. List only one cause on each line. Approximata Intervel Between Onset end Death **Physician** /Medical Immediate Ceusa (Final 3 Monthe una disease or condition rasulting in deeth) Examiner To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours affer cleath.

To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the invest director, page 2 should be deteched for use as the buntal-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in deeth) Lest Due to (or es a consequenca of): Physician/Medical Due to (or es e consequence of) Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobecco use contribute to the cause of death? Pulmonary Disease 1 Yea 2□ No 3 Probably 4 Unknown Completed by 24b. Wara autopsy findings eveileble prior to completion of cause of deeth? 24e. Was an autopsy performed? 1 Yas 2 No 1 ☐ Yes 2 ☐ No 25. Wes casa raferred to medical exeminer? Be 28. Pieca of Death (Chack only ona) 1 ☐ Yes 21 No 27. Manner of Deeth Othar: 4 Nursing Home 2 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 5 Residence 8 □Othar (Specify) 28a. Date of Injury (Month, Dey Year) Medical Certification: 28b. Tima of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending invastigation 1 Natural 2 Accident 1 ☐ Yes 2 ☐ No 6 Could not be detarmined 3 Suicide 28e. Plece of Injury - At homa, ferm, street, fectory, offica building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 4 ☐ Homicide Certifying Phyeician: To the bast of my knowledge, deeth occurred et the time, date and plece, end due to the ceuse(s) end manner es steted.

Medical Examinar: On the basis of examinetion end/or invastigation, in my opinion, daeth occurred at the time, dete end plece, end due to the cause(s) end menner stated. 29a. Cartifiar 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Yeer)

D0052940

10805 Hickory Ridge Rd #210, Columbia, MD21044

State Registrar

Saltimore, Maryland

Box 68760.

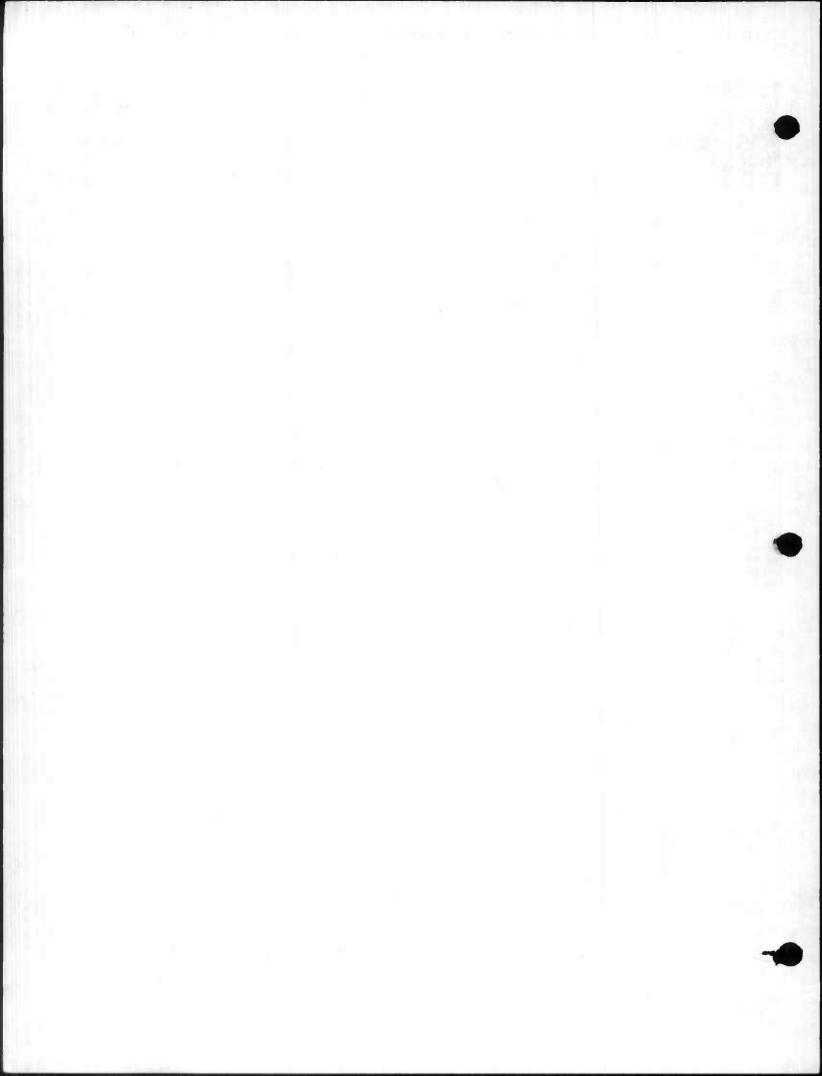
Division of Vital Records, P.O.

DHMH 16 Rev 6/95

30. Name end eddress of person who complated causa of deeth (Item 23e) (Type, Print)

32. Registrer's Signeture

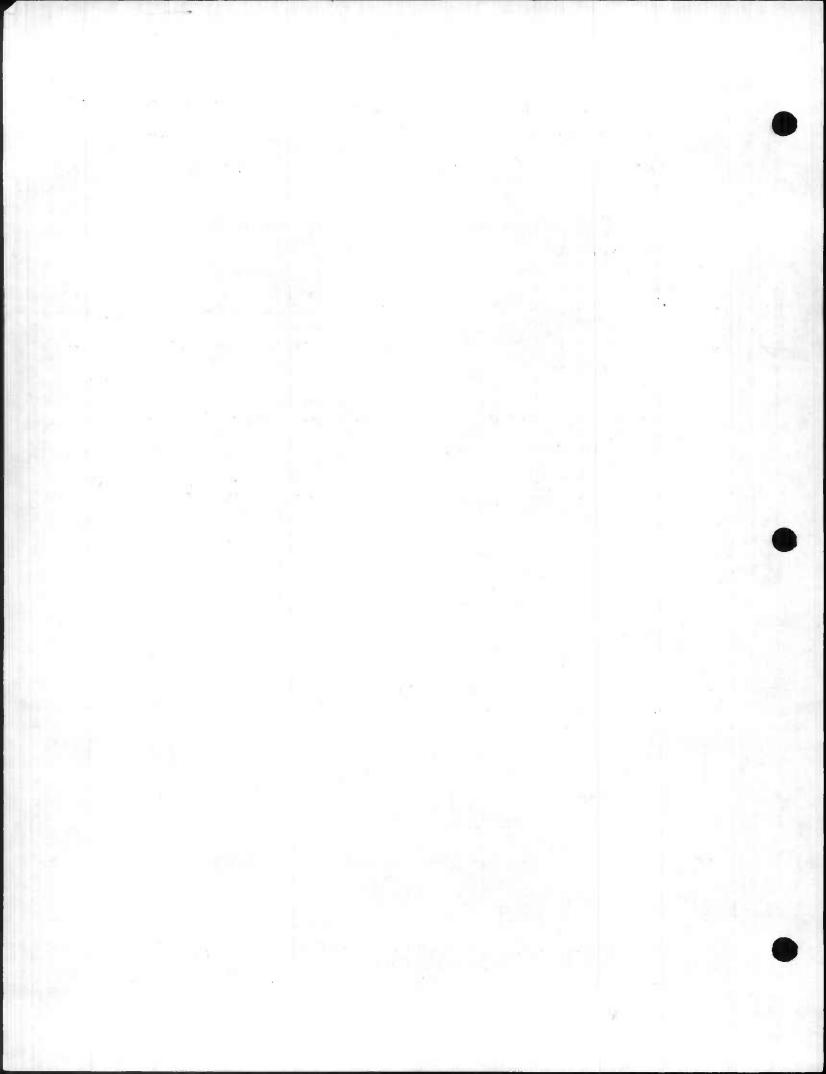
31. Data filed (Month, Day, Year)



## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

	30000	Otate of Marylar		ficate of		F	leg. No. 9 9	07807
Physician	Decedent's Nama (First, Middle, La  PEARL		AFFEL E	EDELSTE:	ΓN	2. Date of Dea Month MARCH 6		Year 6:32 PM
/Medical Examiner	4e Facility Nama (If not institution, giv SUNRISE AT COLUI	e street and number)			4b. City, Town, or t		4c. County HOWA	
Funeral Director	5. Social Security Number 6. S 112–12–4350	7. Age (In yrs.	N Director	f Under 1 Year fonths Days	If Under 24 Hrs. Hours Min.	8. Data of Birth Month, Day NOV 29	Year) 1914	Birthplace (State or Foreign Country)     NY
within 72 hours after death with the Maryland enember of them 23s or 28s-f show the Medical Exercine must be notified at empleted by Funeral Director	Usuel Residence of Decedent  10a. Stata 10b. County  MD HOWARD	10c. Ci	ity, Town or Locati					10d. Insida City Limits 1 🛱 Yas 2 🗆 No
	10e. Street and Number 6001 JAMINA DOW	1	10g. Citizen of What Country? U.S.A.					
15-0020 72 hours after death with resture!; or terms 23s or sides Exeminer must be letted by Funeral Di	11. Marital Status  1 Nevar Married 2 Merried  XXXIII Merried 2 Divorced	12. Was Decedent Ever in L Armed Forces? 1 Yes 2 No If Yas, Give Year or Dates:		s Decedent of I as, specify Cub Yes 2000No	dispanic Origin? (S an, Mexican, Puart Specify:	pecify Yas or No- o Rican, atc.)	14. Race Blec Specify	e - Amarican Indien, k, Whita, atc. : WHITE
	15. Decedent's Et (Specify only highest gra Elementary/Secondary (0-12)	Jucation de completed)  4 College (1-4or 5+)	life. DO	NOT use retire	pation during most of world) LEGAL SPE			isinass/Industry
Be (Be (Be	17. Fether's Nama (First, Middle, Last) SAMUEL		POLANS	SKY	18. Mothar's Nam LENA	na (First, Middle,	Maiden Surnam	e) SILVERMAN
2 sho	19e. Informent's Name/Relationship ( SHERMAN D. TAFF)				and Number or Ru			
D - I 5 5	20a. Method of Disposition  1 Burial 2 Cremation 3X  4 Donation 5 Other (Specific	Removat from State	Place of Disposition Cometery, cremate	on (Name of ory or other pla	ce)		20c. Location -	City or Town, State
permit. Pages Department of Important: If it any injury or once.	21. Signature of Funaral Service Licer	500	22. N 890	ama and Addra	ess of Facility SOL	LEVINSO	ON & BRO	OS., INC. LE, MD 21208
Physician /Medical Examiner	Immediate Causa (Final disaasa or condition resulting in death)	0.	or as a consequer		bc+x mb	na °		Onset and Death
ifficate be associted gphysician and as the buriel-transit	Sequentially list conditions, if any, laading to immediata causa. Enter Undertying Cause (Disease or Injury that initiated events rasulting in death) Last	с	or as a consequen					
		d				1		
	Part It. Other significant conditions of	Soverative L			ven in Part I.		obecco use cor ′es 2⁄⊡¶o	atribute to the cause of death' 3 ☐ Probably 4 ☐ Unknow
Physician: The law requires that the death certhis certificate hes been signed by the attending director, page 2 should be detached for use to Be Completed by Physician/N						24a. Was a perfor	nn autopsy med?	24b. Wera autopsy findings available prior to completion of causa of death?
m: The luilicata he for, paga	25. Was case referred to medical					1 D Y		1 ☐ Yas 2 ☐ No
ding Physician: 1 h. After this certifical funeral director, p	axamine?  1 Yas 2 No  27. Manner of Death  1 Hatural 5 Pending 2 Accident invastigation	28a. Date of Injury (Month, Day Year)	1LJ Inpatient 2LJ ER/Outpatient 3LJ DOA 4LJ Nursing H 28a. Date of Injury 28b. Time of 28c. tnjury at					er (Specify) red
bal or Attending P re after death. al Director: After it led in by the funara Certification:	3 Suicide 6 Could not be determined	28e. Place of Injury - At h building, etc. (Speci	28f. Location (Street and Number or Rural Route Number, City or Town, State)					
To the Hospital or Attending P within 24 hours after death: To the Funeral Director. After the completely filled in by the funeral Medical Certification:	29a. Cartifier (Check only one) 1 Certifying Phrone 1 Medical Example 1	ysician: To the best of my kno niner: On the basis of examina and manner stated.	owledge, death oc ation and/or invest	curred at the ti	ma, date and place ppinion, death occu	, and dua to the c rred at the time, o	ause(s) and ma late and place,	nnar as stated. and due to tha cause(s)
To the within to the comp	29b. Signatura and title of Conifier			29c. Licens				(Month, Day, Year)
6	30. Nama and address of person who	completed cause of death (Ner	m 23a) (Type, Prir	11)	Arexas	Ply	Colema	an, 500.
State Registrar	31. Date filed (Month, Day, Year)	32. Registrar's Signal		Spar	Kel			

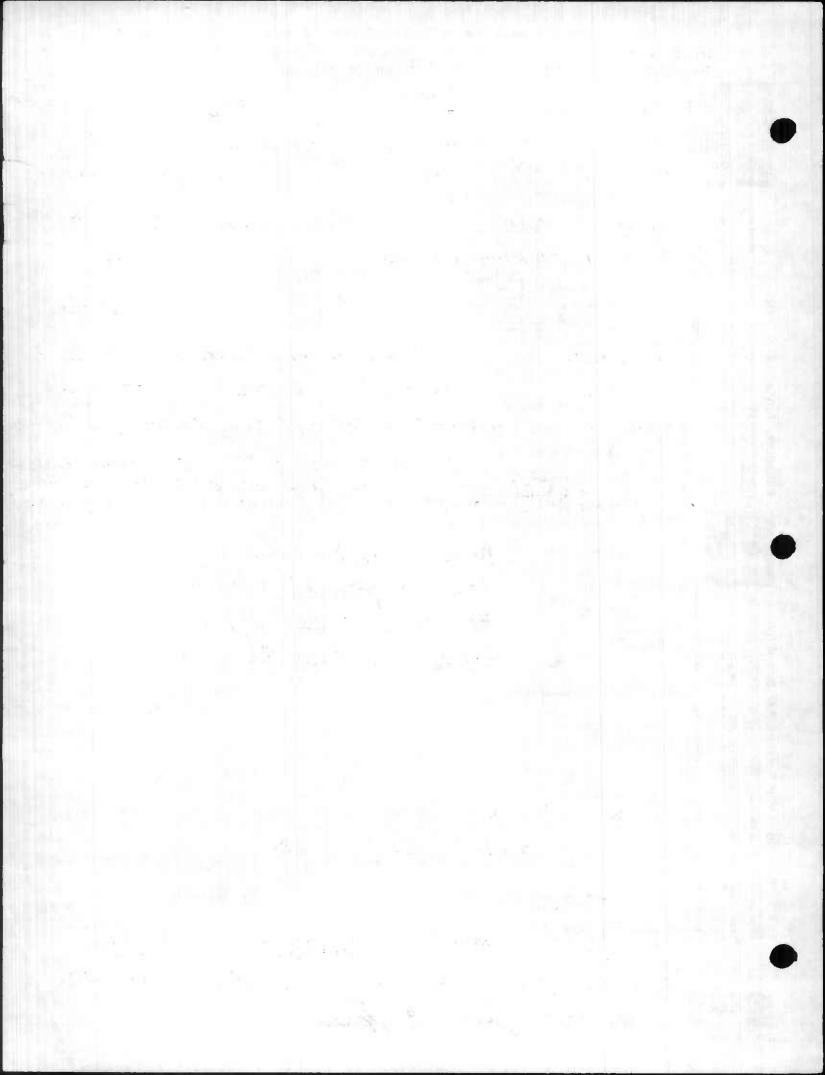


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Item: 1 per MD Items:27,28a,b,c per M.D,20b per F.H G-769 3/11 Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Dete of Death Vernon L. Faison 30 A.M **Physician** -eb RNON AISON /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street and number, Examiner SALTIMORE
If Under 24 Hrs. 8. Date of Bir NIA SON SECOURS TOSPITA 8. Date of Birth (Month, Day, Year) If Under 1 Year Birthplace (State or Foreign Country) 6. Sex 7. Age (In yrs. last birthday) 5. Social Security Number **Funeral** 104M 20 F Months Days Hours 218-62-951 **Director** Usual Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or items 23s or 28s-f shor traumstic event, the Mackel Examiner must be notified at 1K Yes 2 □ No Directo MARYLAND 10e. Street and Number 10g. Citizan of What Country? USA.

14. Raca - American Indian,
Black, White, etc. AIRMOUNT AVENUE Funeral Peges 1 and 2 should be filed within 72 hours after death 12. Was Dacedent Ever In U.S. Armed Forces? 1 ☐ Yes ≥ 22 No If Yes, Give Year or Detes: 13. Was Decadent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 1 ☐ Never Married 2 Merried 1□Yes 2NNo Specify. by 3 ☐ Widowed 4 ☐ Divorced BLACK Completed 18a. Decadent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Dacedent's Education (Specify only highest grade completed) and Mental Hygiene. Elamantary/Secondary (0-12) College (1-4or 5+) 10 +HGRADE SHIPPING PRECEIVING CLERK BALTIMORE 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surnama) GLOVER ESSIE STOKES 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informant's Name/Ralationship (Type, Print) permit, Peges 1 are.
Department of Health ar
Important: If item 27 le 2768 KINSEY AVENUE, BALTIMORE, MD. 21228
Place of Disposition (Name of Data 20c. Location - City or Town, State ESSIE SAVAGE MOTHER Placa of Disposition (Name of cemetery, crematory or other placa) 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State 3/3/99 CREMATORY 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility
SEPH H. BROWN
3140 N. FULTON AVE. 21. Signature of Funeral Service Licer any Ir JR. FUNERAL BALTIMORE Mun MD, 2121 23a. Part 1 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Physician /Medical Immediate Cause (Final disease or condition rasulting in death) Examiner Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet Initiated events resulting in death) Last Physician/Medical as a consequence of): 98 USB ( that the death signed by the e 23b. Did tobacco usa contribute to the cause of death? Part II. Other eignificant conditions contributing to death but not resulting in the undarlying causa givan in Part I. 1 Yes 250 No 3 Probably 4 Unknown Completed by Records. 24b. Wera autopsy findings available prior to completion of cause of death? 24a. Was an autopsy peed page 2 s 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificete Division of Vital No the nospace with death.

To the Funeral Director: After this certification that the funeral director. or Attending Physician: 25. Was case referred to medical examiner? Be 28. Placa of Daath (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 Yes 25 No 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 27. Mannar of Death 28b. Time of 28d. Describe how injury occurred Certification: fnjury 1XXNatural 5 Pending 1 Yes 1030 investigation 2 Accident 6 Could not be datarmined 3 Suicide Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicida Cortifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. 29e. Cartifier edicai (Check only one) 29b. Signature and the of centre the 29d. Date signed (Month, Day, Year) 29c. License number M.D who complated causa of death (Itam 23a) (Type, Print) 30. Nama and address of person Baltime 21215 Fred OKWARA 4000 W 31. Data filed (Month, Day, Year) 32. Registrar's Signatura State Registrar 1999

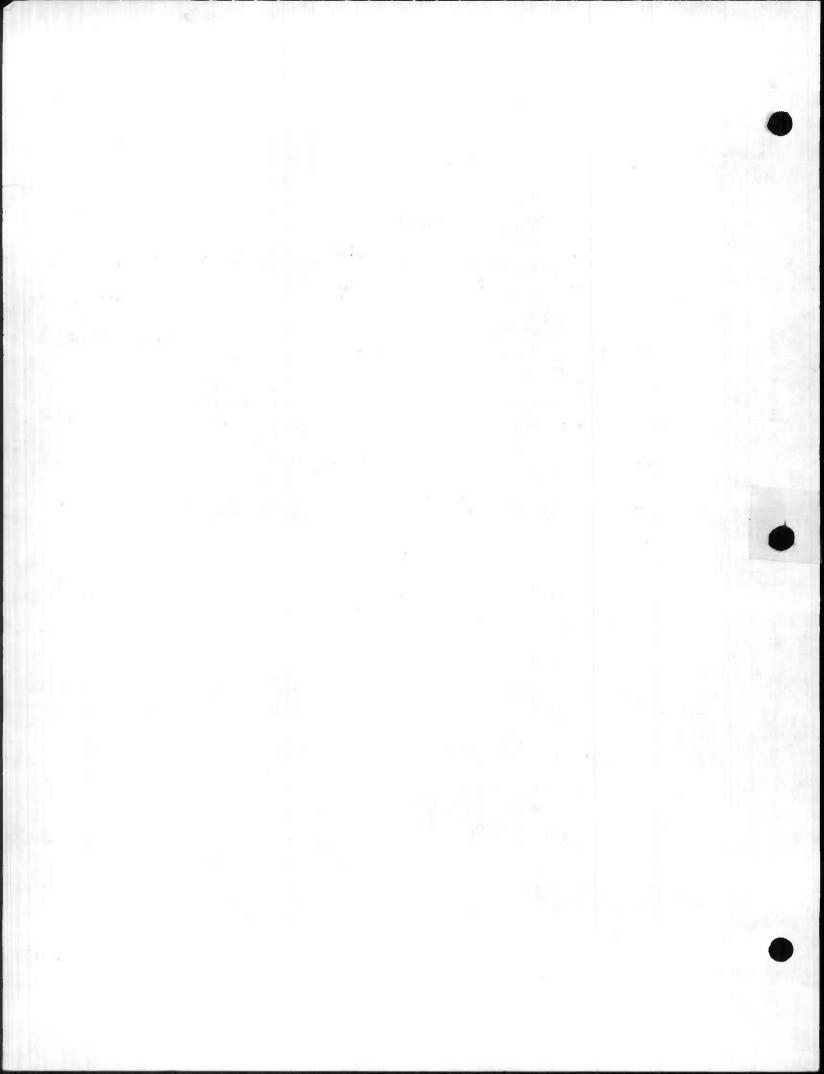


## Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Day Year **Physician** Gertrude A. Frisby 5:15 A.M. 1999 3 6 /Medical 4a Facility Name (II not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Pikesville N/H Pikesville Baltimore 5. Sociat Security Number If Under 1 Yaar | If Under 24 Hrs. Date of Birth Month, Day Year) /-16-1918 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** Days Hours 10M 20 F Months 165-09-2545 80 Yrs. Director Md Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits ? Is marked other than "natural", or items 23s or 28s-f show traumstic avent, the Modical Examinar must be notified at 1 ☑ Yes 2 ☐ No Director N/A Baltimore 10e Street and Number 10f. Zip Code 10g, Citizen of What Country? 21207 18 Plater Court US A Funeral 12. Was Decedent Evar In U,S. Armed Forces? 1 ☐ Yas 2 ဤ No If Yes, Give Yaar or Datas: 13. Was Decedent of Hispanic Origin? (Specify Yas or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11 Marital Status Black, Whita, etc. permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: if flam 27 la marked other than "natural", or flee any Injury or other traumatic avant. 1 Never Married & Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify specify: Black by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry Postal Exchange Elementary/Secondary (0-12) 12th grade College (1-4or 5+) N/A Clerk 17. Father's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Be John Tighlman Estell Henson 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Baltimore, Md Samuel Frisby- Husband 18 Plater Court 21207 20b. Placa of Disposition (Name of cematery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Removal from State
4 Donation 5 Other (Specify) Chelton Hill Cemetery 3/12/99 Phila, PA 22. Name and Address of Facility
March F/H West of-Funeral Service Licen 21 Signature 4300 Wabash Avenue Baltimore, Md 21215 23a. Part / Inter the disease, or complications that cause the daeth. Do not enter the mode of dying, such as cardiac or raspiratory arrast, shock, or heart tailure. List only one causa on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition rasulting in death) Examiner sician and burial-transit Sequentially list conditions, if any, laading to immediate causa. Entar Underlying Cause (Disease or Injury that initiated events resulting in death) Last physician s the burial Box 68760 Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. the 1 Tee 2 No 3 Probably 4 Unknown þ 24b. Were autopsy tindings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed peed 2 DM 1 Yes 1 ☐ Yes 2 ☐ No 25. Was case raterred to medical examiner? Be 26. Placa of Death (Check only ona) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this 28a. Data of tnjury (Month, Day Year) Ne Hospital or Attanding Ph In 24 hours after death. Ne Funeral Director: After th 27. Mannar of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? Certification: 5 Panding investigation 1 Natural 1 □ Yas 2 □ No 2 Accident Could not be determined 3 Suicide 28t. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of tnjury - At home, tarm, street, tactory, office building, etc. (Specify) 4 ☐ Homleida 29a. Certifier 1 Certifying Physician: To tha best of my knowledga, daath occurred at the time, date and place, and due to the cause(s) and manner as stated. edical 2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) To the F within 2 29b. Signatura and title of certifier eted cause of death (Item 23a) (Type, Print) 30. Name and addrass of person who come 52 39 DOC MARIES 31. Date tiled (Month, Day, Year) 32. Registrar's Signature State 1 1999 Registrar

DHMH 16 Ray 6/95

0



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

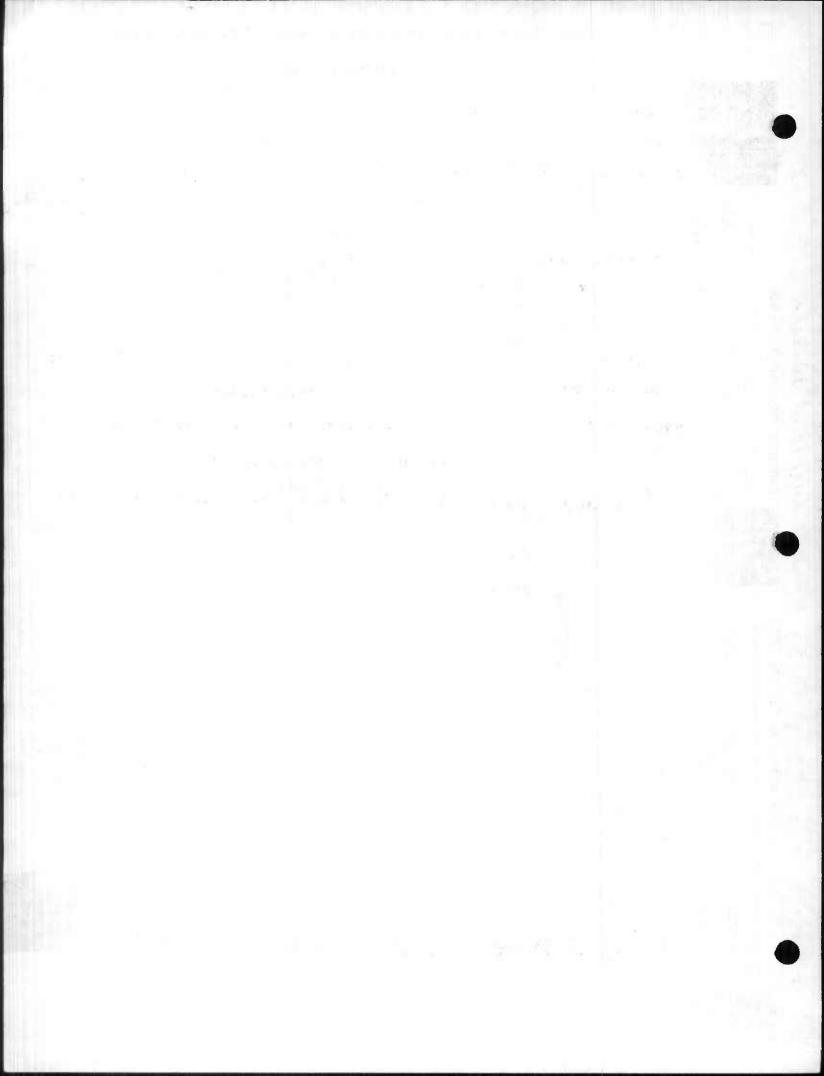
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Daath 3. Tima of Death **Physician** Month 959 Am March Wilbert Faison /Medical 4e. Facility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Baltimore City Maryland Greneral HUSPITAL 5. Social Security Number If Under 1 Year If Under 24 Hrs. 6. Sax 7. Aga (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) Birthplace (Stata or Foraign Country) **Funeral** Months Days Hours 1⊠M 2□F 246-24-9442 73 Yrs. Director N.C. 01 24 26 Usual Rasidence of Decedant r 28a-f show a notified at 10a. Stete 10b Count 10c. City, Town or Location 10d. Insida City Limits the Maryta 17 Yas 2 No Director MD NA Baltimore 10e. Street end Numbar 10f. Zip Coda 10g. Citizan of Whet Country? d other than "natural", or items 23s or event, the Medical Examiner must be r 2229 Eutaw Place Funeral 21217 U.S.A. 12. Wes Dacedent Evar In U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaer or Datas: Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indien, Biack, Whita, atc. 1 Never Marriad 2 Married 1 ☐ Yas 2 XNo Specify: P 3 ☐ Widowed 4 ☐ Divorced Specify: Black Completed Dacedant's Usuai Occupation (Give kind of work dona during most of working lifa. DO NOT usa retired) 15. Dacedant's Education (Specify only highest grada complated) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) Coliaga (1-4or 5+) 7th grade 17. Fathar's Nema (First, Middla, Last) Baltimore City Laborer 18. Mothar's Nama (First, Middla, Maidan Sumama) 2 should be fi and Mental F marked John Carlton Mary Faison 19b. Mailing Addrass (Straet and Number or Rural Routa Numbar, City or Town, Stata, Zip Coda) 19a. Informant's Name/Ralationship (Type, Print) Separtment of Health an reportant: If item 27 is Rene Faison 3916 Flowerton Road, Baltimore Md 21229 20b. Placa of Disposition (Neme of cematary, cramatory or other plece) 20e. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from Stata 4 ☐ Donetion 5 ☐ Othar (Spacify) Meadowridge Cemetery 3/12/99 Elkridge, Md 21 Signature of Funeral Service Licenses 22. Nama and Address of Facility
March F/H West 23a. Part1. Enter the disease, of complications thet caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. 4300 Wabash Ave, Baltimore Md 21215 Approximate ntarval Bety Onsat end Death **Physician** /Medical Immediata Cause (Finel diseasa or condition rasulting in daath) Examiner buriel-transit Sequentially list conditions, if any, leading to immadiata causa. Entar Underlying Ceuse (Disaasa or injury that initieted avants rasulting in deeth) Last Due to (or as a consequence of): P.O. Box 68760. ettending physician for use es the burie Physician/Medical Dua to (or as a consequanca of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? by the 3 Probably 4 Onknown 1 Yee 2 No signed b Records, þ 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24a. Was an autopsy peen has page 1 Yas 2 No certificate 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: After this certifica 25. Was case rafarrad to medical Be 26. Placa of Death (Check only ona) Hospital: 1 Inpatiant 2 EP/Outpatient 3 DOA Othar: 4 Nursing Home 5 Rasidance 6 Othar (Specify) 1 Yas 2 No 2 funeral 28a. Deta of Injury (Month, Day Year) 27. Manner of Deeth 28b. Time of 28c. Injury at Work? Medical Certification: 26d. Dascribe how injury occurred 1 Naturel 5 Pending invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datarmined 3 ☐ Suicida 28a. Place of Injury - At home, farm, straat, factory, office building, etc. (Specify) 28f. Location (Streat end Number or Rural Routa Number, City or Town, Steta) in by 4 Homicide Tartifying Physician: To tha best of my knowledga, daath occurred et the time, deta end piace, and dua to tha causa(s) and manner as steled.

Medical Examinar: On the basis of axamination and/or investigation, in my opinion, deeth occurred et the time, date and piace, and dua to tha ceuse(s) and mennar stated. 29a, Certifian To the Fune completely fi 29b. Signature end titla of certifiar 29c. Licansa number 29d. Dete signed (Month, Day, Year) who complated ceuse of death (itam 23a) (Typa, Print) General Hosp. DAVE m.D. C/0 maryland 32. Registrar's Signature State Registrar

negistra



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Date of Deeth 1. Decedent's Nama (First, Middle, Last) 3. Time of Death James Ira Feather Month **Physician** 545 March 9, 1999 /Medical 4a Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 8020 Penwood Avenue Edgemere Baltimore Dete of Birth (Month, Dey, Year) May 30,1921 If Under 1 Yaar If Under 24 Hrs. 9. Birthplece (Stete or Foreign Country) West Virginia 5. Social Security Number 7. Aga (In yrs. last birthday) **Funeral** Months Deys Hours 1₩ M 2□ F Director 235-22-1723 Usuel Rasidence of Decedant 10a Steta 10b. County 10c. City. Town or Location 10d. Inside City Limits 28a-f show 1 Yes XXNo Edgemere Maryland Baltimore Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? "natural", or illerus 23a or must be 21219 United States 8020 Penwood Avenue Funeral 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lt Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Wes Decedent Evar in U,S. Armed Forces? 14. Raca - American Indien. Bleck, Whita, etc. 1 X Yes 2 No If Yes, Give Yeer or Dates: 1 ☐ Nevar Married 2 ☐ Married altimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: WWIT Specify. à 3 ☑ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Cardboard Box Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) Fork Lift Operator Manufacturing 8 Years 17. Fether's Nema (First, Middla, Last) 18 Mother's Name /First Middle Maiden Sumeme crepartment of Health and Mental I Important: If Item 27 is marked of any Injury or other Be Nettie Foreman Joseph Feather Pages 1 and 2 should 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Neme/Reletionship (Type, Print) 6000 Twilight Ct. Baltimore, MD James J. Feather/Son 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stata 12 Burial 2 Cremetion 3 Removal from Stata 4 Donetion 5 Done (Spearly) 3/13/99 Holly Hill Mem. Gdns. Middle River, MD 22. Nama and Addrass of Facility
Duda-Ruck Funeral Home of Dundalk, Inc. 30 7922 Wise Ave. Dundalk, Maryland plications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, one cause on each line. Approximete Intervat Between Onset and Deeth **Physician** /Medical Immediate Cause (Finel Intar Myocardia Hour diseese or condition resulting in deeth) Examiner Examiner Arterioscleratio diseas 4 years physicien end s the buriel-transit that the deeth certificate be executed Sequentially list conditions, if any, leeding to immadiate cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last Due to (or es a consequenca ot) Box 68760. Physician/Medical Dua to (or es e consequence of): Pert tt. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown bengis d be det Records, by 24a. Was an eutopsy performed? 24b. Were autopsy tindings aveilable prior to Completed completion of cause of death? The lew has 1 Yes 2 No 1 ☐ Yas 2 ☐ No certificate Division of Vital or Attending Physician: director. Be 25. Was case reterred to medical 26. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 1 ☐ Yes 2 No Certification: To this 28a. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? After 5 Pending 1 Netural death. 1 ☐ Yes 2 ☐ No 2 Accident investigation Director: / 6 Could not be determined 3 Suicide 281. Location (Street end Number or Rural Routa Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify) n 24 hours after d re Funeral Direct pletely filled in by 4 Homicide Hospital 29e. Certifier edicai tage of the cause (s) and manner as stated. To the Hosp within 24 hos To the Fune completely fi (Check only one) 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) and menner steted. 29c. License number 29b. Signature and title of certitie 29d. Dete signed (Month, Day, Year) 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) 10,1999 1866 March

Registrar

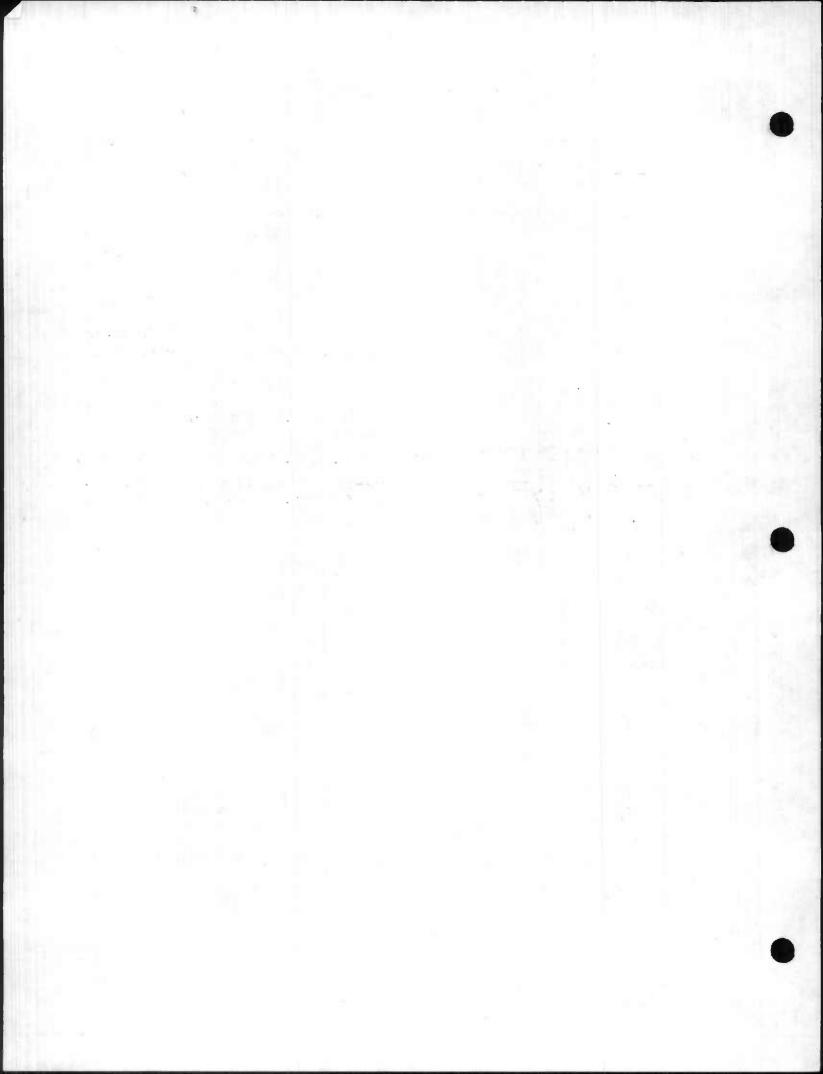
State

31. Deta filed (Month, Dey, Year)



DHMH 16 Rev 6/95

PHILIP MILITELLO, M.D.



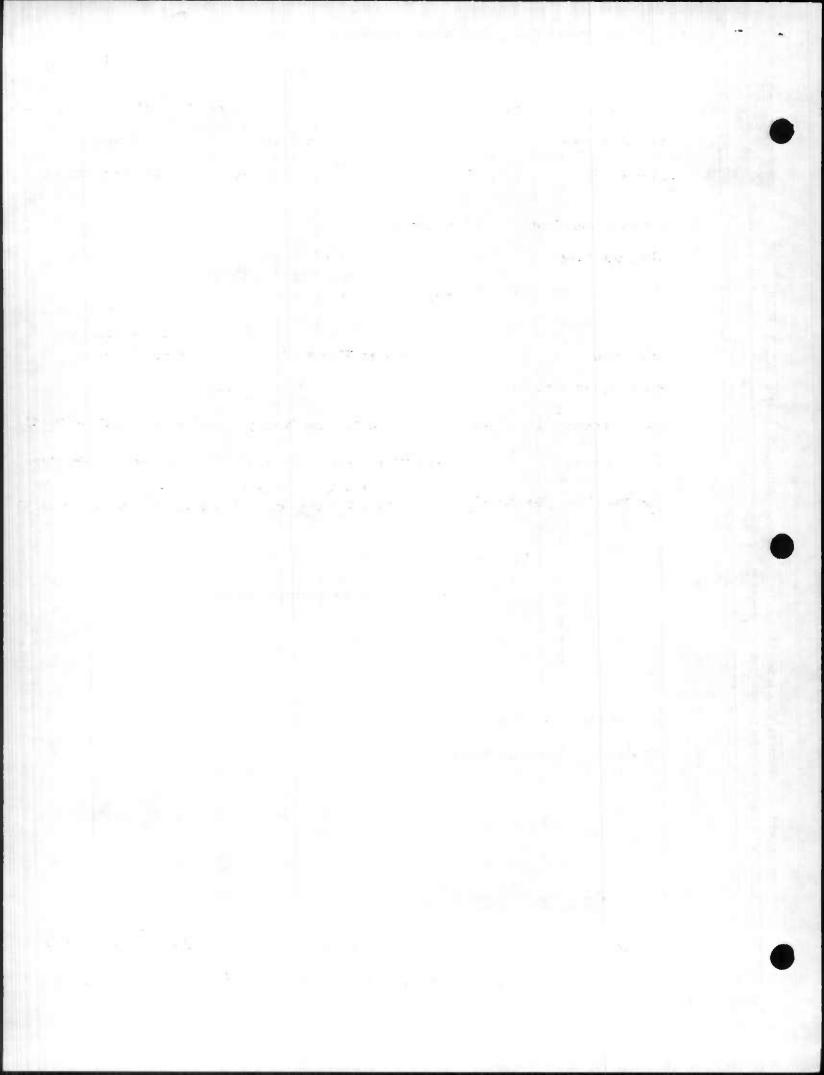
## Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3 Time of Death 1. Decedant's Nama (First, Middla, Last). 2. Data of Death March 9, 1999 **Physician** 2:15 P.M. Zeno Melvin Fisher, Sr. /Medical 4a Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 3513 Rhom Road Baltimore Baltimore If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 6. Sax 1X M 2□ F 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foraign **Funeral** Yrs July 12, 1923 Maryland 215-16-9405 75 Director Usual Rasidence of Decedant with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. insida City Limits permit. Pages 1 and 2 should be filed within 72 hours aftar death with the Manylan Department of Haalth and Mental Hygiene. Important: If item 27 is marked other than "natural", or itema 23a or 28a-1 show any Injury or other traumatic event, the Medical Experiment must be notified an once. 1 ☐ Yas X No Director Maryland Baltimore Baltimore 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 21207 3513 Rhom Road United States Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? 1X Yas 2 □ No If Yas, Giva Yaar or Datas: 14. Race - Amaricen Indian, Black, Whita, atc. 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 11. Marital Status 1 Nevar Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify: Specify: by 3 □ Vidowed 4 □ Divorced White Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Crown Electric/ Elamantary/Sacondary (0-12) Collaga (1-4or 5+) 12th Grade Master Electrician Sinai Hospital 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Surnama) Pius Alphonso Fisher Ethel Ebberts 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Numbar or Rural Routa Number, City or Town, State, Zip Coda) Zeno M. Fisher, Jr. - Son 601 North Bend Court; Westminster, Maryland 21157 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 Nourial 2 Cramation 3 Removal from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Lake View Memorial Park 3/13/99 Sykesville, Maryland 21. Signatura of Funaral Sarvice Licensaa 22. Nama and Addrass of Facility Loring Byers Funeral Directors, Inc. dr. Hels 8728 Liberty Road; Randallstown, Maryland 21133 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onsat and Death **Physiclan** Immadiata Causa (Final disaasa or condition rasulting in death) /Medical a Non Small cell car wroma of lung with Examiner Examiner Leatures adenocarchom Sequantially list conditions, if any, laading to Immadiata ceusa. Enter Underlying Causa (Disaasa or Injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of): Box 68760, Physician/Medical Dua to (or as a consaquance of): usa as 1 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, λq 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? Hypertopidenia paga 2 s 1 Yas 2 No 1 ☐ Yas 2 ☐ No Be 25. Was cesa rafarred to medicel 26. Placa of Death (Check only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Other (Spacify) 1 Yas 2 No Certification: To 28a. Data of Injury (Month, Day Year) funarai 28b. Tima of 27. Mannar of Death 28d. Dascribe how injury occurred 28c. Injury at Work? 5 Panding Invastigation To the Hospital or Attending within 24 hours after daath.
To the Funeral Director: Afte completely filled in by the fun 1 Natural 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datarmined 3 ☐ Sulcida 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) Place of Injury - At home, farm, streat, factory, office building, atc. (Spacify) 4 ☐ Homicida 29a, Cartifiar 1/ Cartifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only 29d. Data signed (Month, Day, Year) 29b. Signatura and titla of certifiar 29c. Licansa number March 10 D 35844 DRoggen MO 30. Name and address of person who completed ceuse of death (Itam 23a) (Type, Print)

DRoggen 5400 Old Count Rd. S Randallstown mo Suite 108 31. Data filad (Month, Day, Year) 32. Aggistrar's Signature

State Registrar

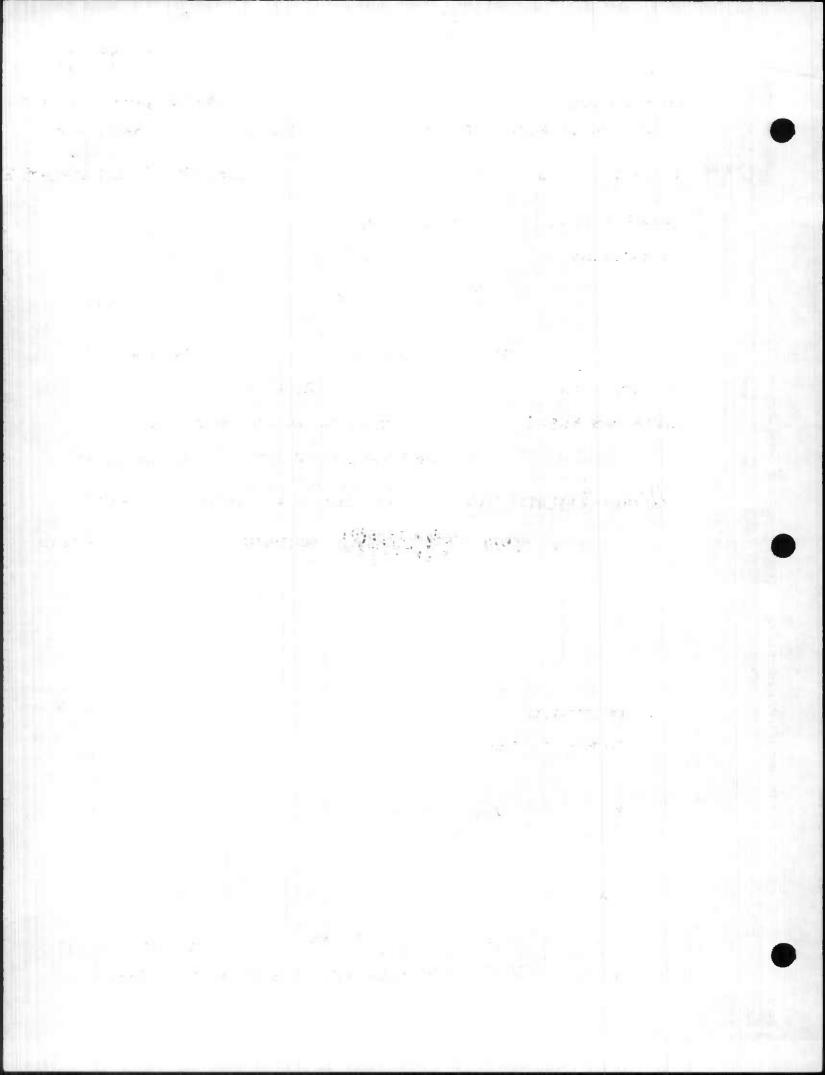
MAR 11



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

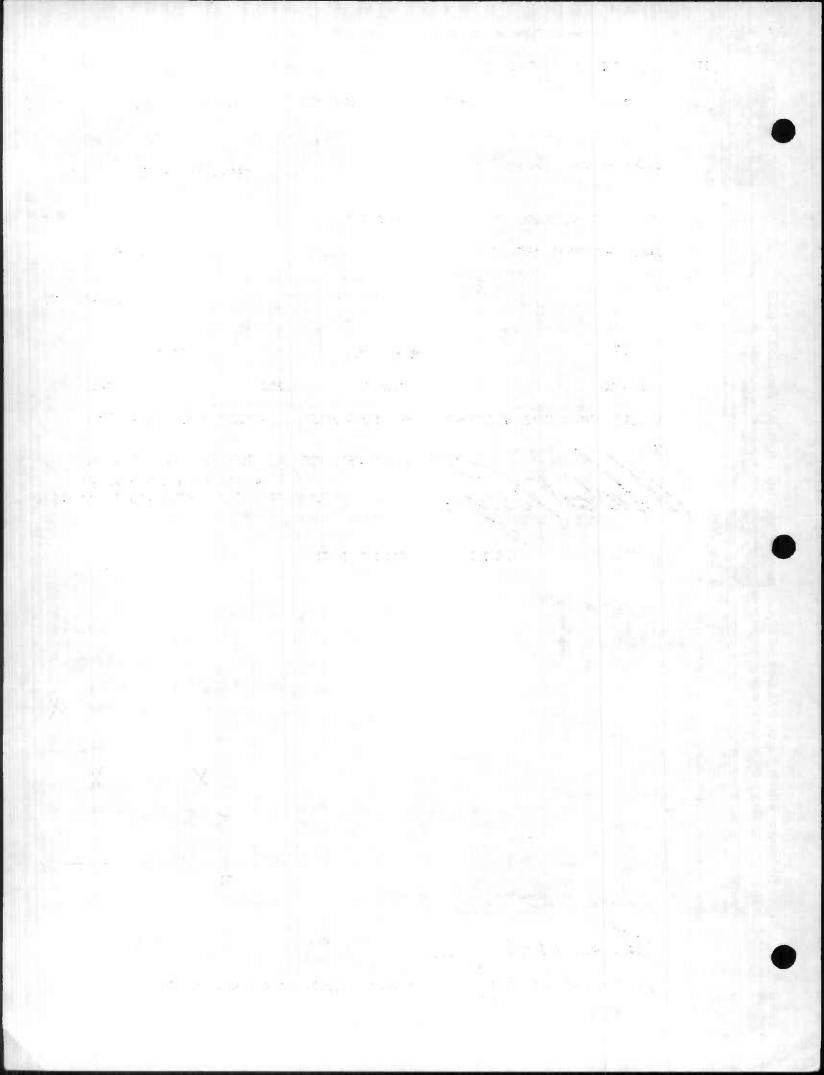
State of Maryland / Department of Health and Mental Hygiene

					Certificate	e of	Death			Reg. No.	UI	010	
Physician (Madical	1. Decedent's Ner Frank Fre	me (First, Middle, La ed Faust	st)					2.	Date of De		2,63,0	3. Time of Death 5:50 P. I	
/Medical Examiner	4a Facility Name	(If pot institution, giv	re street and number)	Center			4b. City, Tow	vn, or Local W S O N	tion of Death	4c. County	of Deeth Balti	more	
Funeral Director	5. Social Security 189–10–629 Usuel Residence	93	Sex 7. Ag	ge (In yrs. last bir	Yrs. If Under Months	1 Year Deys		Min.	Date of Bird (Month, De	th y, Year) 7, 1915	Count		
and was	10a. Stete	10b. County		10c. City, Tow	n or Location						10	d. Inside City Limits	
Be-f sho	Maryland	Baltimore		Baltimor	re County							1 ☐ Yes 2 ☐ No	
death with the Meryland ms 23e or 28e-f show rmast be notified at neral Director	Maryland Baltimore   Baltimore County									Whet Count	ry?		
or its		ried 2 ⊠ Married 4 □ Divorced	12. Wes Decedent Ever in Armed Forces?  1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates:		U.S. 13. Was Decedent		t of Hispanic Origin? (Specify Y Cuben, Mexican, Puerto Rican No Specify:		y Yes or No an, etc.)		e - America ck, White, e	etc.	
72 ho	/Sne	15. Decedent's Ed		16a.	Decedent's Usua (Give kind of wor			of working		16b. Kind of B	usiness/Ind	ustry	
I 21215-002( ed within 72 hours a  ygiene. ygiene. ygiene. ygiene. ygiene. ygiene. ygiene. ygiene. ygiene.	(Specify only highest grades   Elementery/Secondary (0-12)		College (1-4or		Steel Worker		red)			Bethlehen	c+ool	Stool	
d 2 Hygieled mt, mt, m		(First, Middle, Last		Suc	ET WOLKEL		18. Mother	r's Neme (F	First, Middle,	Maiden Suman			
Maryland 21215-0020 to 2 should be filed within 72 hours af the and Mental Hygiene. The marked other than "naturel", or traumatic event, the Medical Example To Be Completed by F					Eva Zoller								
s me s		Name/Relationship (	Type, Print)	196	. Malling Address	(Stree	t end Numbe	r or Rural F	Route Number	er, City or Town,	Stete, Zip	Code)	
and 2	Thora I. I	Paust (wife)	)	20	2 Sipple A	wen	ne Balt	imore,	Maryla	and 21236			
Baltimore, Maryland 21215-002 permit. Peges 1 and 2 should be filed within 72 hours Department of Health and Mental Hygiene. Department of Health and Mental Hygiene in Important: if Item 27 is marked other than "nature!; any Injury or other traumstic event, the Medical Example.  To Be Completed by	4 %			camete	ry, crematory or o	Disposition (Name of r, crematory or other place)  1 Cemetery March 8, 1			Dete	20c. Location -			
Balti permit. Departri Importa sny Inju	21. Signature of F	uneral Service Licar	nsee	ime!	Lassahn	Fune	eral Hon	e, Inc			Land 21236-4625		
Physician /Medical Examiner  Examiner	Immediate Ceuse disease or conditi resulting in deeth)	(Finel on	ACUTE  e	CEREBRI Due to (or es e	OVASCUL consequence of):	AR	ACCI	DENT				Onset end Death 6 DAYS	
c 6876( artificate be ing physicia e es the bui	if eny, leeding to i ceuse. Enter Und Ceuse (Disease of that inlitted even resulting in deeth)	lertying or Injury ts Last	d	Due to (or es a	consequence of):								
that the deeth ce ed by the attend detached for us,	Pert II. Other sign		contributing to death b	ut not resulting l	n the underfying o	euse g	iven in Pert I.					the cause of death	
S, Flance as the ses the bede bede by Flance		IYPERTENS]	LUN										
The taw requires the table been signed page 2 should be Completed by		DIABETES N							en eutopsy ormed?	eve	ore autopsy findings bilable prior to inpletion of cause deeth?		
									10	Yes 2 No	10	Yes 2□ No	
Of Vital Physician: T this certificat ral director, pr	25. Wes case refe	erred to medical					26 Place	ce of Deeth (Check only one)					
of Vital Re Physician: The Ithis certificate he ral director, page: To Be Com:	exeminer?	No	Hospitel: 1 Inpati	ent 2 ER/O	utpetient 3 DC	A O	hor		111		ner (Specifi	()	
0 5 5 6	27. Manner of Dee 1 Neturel 2 Accident		28e. Dete of Inju (Month, Da	28e. Dete of Injury (Month, Day Year)  28b. Time of Injury Injury  28c.				4 Transing Home 3 Theade			how Injury occurred		
Division C  but or Attanding Pl  sa ther death.  sa Director: After the ed in by the funera  Certification:	2 Accident 3 Suicide 4 Homicide  6 Could not be determined  28e. Piece of Injury - At home, farm, street, fectory, offica building, etc. (Specify)  28f. Location (Street and I City or Town, Stete)								Street and Numi wn, Stete)	Number or Rural Route Number,			
Division To the Hospital or Attending B within 24 hours after deeth. To the Funeral Director: After completely filled in by the funer Medical Certification:	29a. Certifier (Check only one)		nysician: To the best niner: On the basis o end menner st	f examinetion en									
ithin outh	29b. Signature and	d title of certifier			290	. Licen	se number			29d. Date signe	d (Month,	Day, Year)	
1350	1 m	atividad	1 D. de	Leon :	m. p D1	950	81			mud	5,1	999	
9	30. Neme end edd NATIVID	dress of person who	completed cause of c	deeth (Item 23e) 76 Ø 1	(Type, Print) DSLER D	RI	E TO	WSON,		LAND 2			
State Registrar	31. Dete filed (Mo	m >	32. Registe	er's Signeture	1. 1	oor	Kal						



ltem	1#1	S: #23 PAR 4 perFHG7 Decedant's New	69 3/11/9	99 EW			06	unca	10 01	Death	2. Dete of De			V	3. Tir	na of Death
cian dical			LAN			JAY			GURW		MARCH		199	_	1. 1.	50 AM
ner	_	a Facility Name 1403 LAI				mber)				4b. City, Town, or BALTIMOF		46.	BAL		RE	
	5.	Social Security 217–8	6-0503	6. Sax	M 2□ F	7. Aga (In yrs 33	s. lest birthdey) Yrs.	If Unde Months	Days	If Under 24 Hrs Hours Min	(Month, D	rth ay, Year) LO, 1	1965	9. Birthp		ete o <i>r Foreig</i> 1D
	-	Jsuel Residenca Oe. State	of Decedant 10b. County	,		10c. C	City, Town or Lo	ocation						1	0d. Insk	le City Limit
tor		MD	BALT	CIMO	RE		BAL	TIMO	RE					91	1 🗆	Yes 2X N
al Director	11	0e. Street and N	umber LAFAYET	TE A	AVENUE			10f. Zi	ip Coda 212	07		10g. Citi		Vhat Cour	ntry?	
by Funeral			rried 2 Man	ried	12. Wes Dec Armed Fo 1 Yes If Yes, Gi Yeer or D	2X No		Was Dece If Yes, spe 1  Yes		lispantc Origin? (San, Mexican, Puar Specify:	Specify Yes or Noto Rican, atc.)	0-		e - Americ k, White,		n. WHITE
		(Spe	15. Deceden				16a. Dece	dent's Usu kind of we	uel Occup	petion during most of wo	rking	16b. K	Ind of Bu	siness/In	dustry	
Completed		Elemantary/Sec	condary (0-12)		Collage (	1-4or 5+)	DELI			d)		FOO	מנ			
Be C		7. Fether's Nema	a (First, Middle,	Last)			DEBI	CDLIC	1.	18. Mother's Na	ma (First, Middle			(e)		
To	_	MELV						WITZ		CICELY					TZ	
	1	19e. informent's l	Y FINKE			MOTHER		OMON.		end Number or R	BALTIM					
	90	4 Donetien	2 Oramation 5 Other (S Funtral Service	specify)	- 1		TH TFIL	OH C	EMET		3/9/99 L LEVINS			AWN,		
	of r	Immediate Ceuse disease or condit resulting in deeth Sequentially list of If eny, leading to	e (Finel ion )	r complice only on	/	AINE AND Due to	. 8	8900 ] ter the mo	REIS' de of dyl	TERSTOWN	ROAD -	PIKE	ESVII	LLE,	MD Approx Interve	
edical	of the control of the	Immediate Ceuse disease or condit resulting in deeth Sequentially list of if eny, leading to cause. Enter Unc Ceuse (Disease chet Initiated even rasulting in daeth	e (Finel ion )  conditions, immediate derlying or injury sts ) Last	{		Due to	NARCOTI( (or es a consec (or es a consec	ter the mo INTO quanca of) quanca of)	REIS' de of dyliving XICAT ):	TERSTOWN ng, such es cardie	ROAD -	PIKE arrast,	ESVII	LE,	MD Approx Interve Onsat	21208 Imata I Between and Deeth
Physician/Medical	o c c c c c c c c c c c c c c c c c c c	Immediate Ceuse disease or condit resulting in deeth Sequentially list of if eny, leading to cause. Enter Uno Ceuse (Disease of thet Initiated even	e (Finel ion )  conditions, immediate derlying or injury sts ) Last	{		Due to	NARCOTI( (or es a consec (or es a consec	ter the mo INTO quanca of) quanca of)	REIS' de of dyliving XICAT ):	TERSTOWN ng, such es cardie	ROAD — c or respiretory	PIKE arrast,	uae con	LE,	Approxinterve Onsat	21208 Imata I Between and Deeth
Completed by Physician/Medical Examiner	e ii c C t t r	Immediate Ceuse disease or condit resulting in deeth Sequentially list of if eny, leading to cause. Enter Unc Ceuse (Disease chet Initiated even rasulting in daeth	e (Finel ion )  conditions, immediate derlying or injury sts ) Last	{		Due to	NARCOTI( (or es a consec (or es a consec	ter the mo INTO quanca of) quanca of)	REIS' de of dyliving XICAT ):	TERSTOWN ng, such es cardie	ROAD — c or respiretory	PIKE arrast, di tobacco di tobacco di tobacco di tobacco di sen eutolormed?	o uae con	otribute to	Approximately ap	21208 Imata I Between and Deeth
Be Completed by Physician/Medical	of the state of th	Immediate Ceuse disease or condit resulting in deeth sequentially list of eny, leading to cause. Enter Uncause (Disease chet Initiated even resulting in deeth Pert II. Other stgm.	e (Finel join)  conditions, immediate derlying or injury ats  ) Last	C d d	COC	Due to  Due to	NARCOTI( (or es a consec (or es a consec esulting In the u	ter the mo	REIS' de of dyll XICAT ): ::	TERSTOWN  ng, such es cardia  I ON  ven in Pert I.  26. Placa of De	ROAD — c or respiretory 23b. Dic 1 24e. We per	PIKE arrast, d tobacco lyes 2 sen eutoformed?  Yas 2 one)	uae con	otribute to	Approximately ap	21208 Imata I Between and Deeth  Unkno
To Be Completed by Physician/Medical	of n site of the	immediate Ceuse disease or condit resulting in deeth resulting in deeth sequentially list of eny, leading to cause. Enter Uncause (Disease that Initiated even resulting in deeth action of the exeminer?  XX vs. 22.  7. Menner of Deeth sequential in the condition of the cause of	conditions, immediate derying or injury at served to medice erred to medice.	ons con	COC	Due to  Due to  Due to  Due to  Due to  Due to  Inpatient 2 (  of Injury th, Dey Year)	NARCOTI( (or es a consec (or es a consec	ter the mo	REIS' de of dyli XICAT ): :: cause gh	TERSTOWN  ng, such es cardia  I ON  ven in Pert I.  26. Placa of De  nar: 4 □ Nursing	23b. Dic  23b. Dic  24e. We perf  1  eth (Check only)  Home XX Res  28d. Describe	PIKE arrast,  d tobacco Jyes 2 sen eutolormed?  Yas 2 one) sidance	o uae con	ntribute to 3 Pro	Approximately ap	21208 Imata I Between and Deeth  Unkno
To Be Completed by Physician/Medical	of n site of the	Immediate Ceuse disease or condit resulting in deeth resulting in deeth sequentially list of eny, leading to cause. Enter Uncause Unter United eventasulting in daeth resulting in deeth resulting in deeth sequential seque	e (Finel join)  conditions, immediate deriying or injury ats  ats  ifficant conditions  No  eth  5 Pandir levesti 6 Could	ons cont	COCA	Due to  Due to  Due to  Due to  Due to  Due to  Due to  Inpatient 2 ( of Injury th, Dey Year)	NARCOTI( (or es a consec (or es a consec esulting In the u  DER/Outpaties 28b. Time o UNKNOW!	ter the mo INTO Quanca of) Quanca of) Quanca of) Quanca of)	REIS' de of dyl  XICAT ):  cause gh	TERSTOWN  ng, such as cardia  I ON  yen in Part I.  26. Placa of De  nar: 4   Nursing  ry et	ROAD — c or respiretory	PIKE arrast,  d tobacco  JYes 2 sen eutoj formed?  Yas 2 one) sidance how inju  OWN (Street er own, Stete	use corrections of the correctio	ntribute to 3 Pro	Approximately and the calculation of the calculatio	21 208 Imata I Between and Deeth  use of deet 4 Munkno psy findings rior to o of cause 2 No
Be Completed by Physician/Medical	e sit co C ti r.	immediate Ceuse disease or condit resulting in deeth resulting in deeth sequentially list of eny, leading to cause. Enter Uncause (Disease chet Initiated even resulting in deeth printing in deeth sequentially list of exeminer?  XX Yes 2[27. Menner of Deeth Condition of Deeth Con	e (Finel ion )  conditions, immediate derrying derrying or injury its )  Last   erred to medice investificant conditions	ons contained	cocd.  co	Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Inpatient 2 [ of Injury th, Dey Year)  7-99 of Injury - At ing, atc. (Spec	NARCOTI( (or es a consec (or es a consec (or es a consec esulting In the u  ER/Outpatie 28b. Time o UNKNOW!	ter the mo	REIS' de of dyle  XICAT ):  cause give  cause give  1  28c. Inju  wo  1  ry, office	TERSTOWN  ng, such as cardia  I ON  yen in Part I.  26. Placa of De  nar: 4   Nursing  ry et	ROAD — c or respiretory and control of the control	PIKE arrast,  f tobacco  Yes 2 sen eutor formed?  Yas 2 one) sidence how inju  OWN (Street er own, Stete E, MD e ceuse(s)	o use correction No psy State of No psy State	ar (Special AF)	Approximately as the capability of the capability as fall Route AYETT attated.	21208 climata I Between and Deeth  Unkno psy findings vior to n of cause  2 No  Number, E AVE.

THEYDORE M. A 31. Dete filed (Month, Dey, Year) MAR 10 1999



## Piease Type or Print in Black Indelibie Ink. Assure Ali Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Day Month Yee Oswaldo Guayasamin March 10, 1999 11:28am 4e Facility Neme (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Baltimore City Mercy Medical Center N/A If Under 1 Year | If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) Hours 1**⊠**7 2□ F 79 Vis July 6, 1919 Ecuador Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Yes 2□ No Quito Quito Ecuador 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Jose Bosmediano 543 N/A Ecuador 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 Yes 2 No If Yes, Give Year or Detes: 1 ☐ Never Merried 2 ☐ Merried 1927es 2□No Specily: Ecudorian Specify. 3 Widowed 400 Divorced Ecudorian 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 Artist / Painter Arts 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Jose Miguel Guayasamin Lolita Corredores 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Verenice Guayasamin / Daughter Marinao Calvache 245, Ouito Ecuador 20b. Plece of Disposition (Name of cametery, cremetory or other place) 20c. Location - City or Town, Stete 20e. Method of Disposition Date 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Quito Ecuador March 11,1999 Quito Ecuador 21. Signature of Euneral Service Licensee Victor P. Doch, Jr. 22. Name end Address of Facility Charles L. Stevens Funeral Home, Inc. 1501 East Fort Avenue, Baltimore Maryland 21230 23e. Pert1. Enter the diseese, or complications that caused the shock, or heart feilure. List only one cause on each line. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximete intervel Between Onset end Deeth Immediete Ceuse (Final diseese or condition resulting In deeth) A.S.C.V.D. Due to (or es e consequence of): DIABETES Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as e consequence of): Due to (or es e consequence of): 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 M mobably 4 □ Unknown

**Physician** /Medical Examiner

certificate be executed

Box 68760

P.0.

Records,

Division of Vital

**Physician** 

/Medical

**Examiner** 

10e. Stete

**Funeral** 

Director

28a-f show

ŏ

"natural", or items 23s

72 hours efter

filed within Hygiene.

permit. Peges 1 and 2 should be file Department of Heelth and Mental Hy important: If Item 27 is marked oths eny injury or other treumatic event

altimore, Maryland 21215-0020

the Medical Examiner must be notified at

Director

Funeral

P

Completed

Be

2

physician and s the burial-transit Physician/Medical 8 attending for use as signed by ( p Completed page 2 To the Hospital or Attending Physicien: within 24 hours after death.

To the Funeral Director: After this certifical completely filled in by the funeral director, Be Medical Certification: To

peeu

hes

certificate

Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. Were autopsy findings available prior to 24a. Wes an eutopsy completion of cause of death? 1 Yes XIX No 1 Yes 2000 25. Was case referred to medical 26. Place of Death (Check only one) Hospitel: 1 ☐ Inpatient XXER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes X2X No 28e. Dete of Injury (Month, Dey Year) 27. Menner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? XXNeturel 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) menner stated. 29e. Certifier

State Registrar

McPherson MO SCOTT 31. Date filed (Month, Dey, Year) 32. Registrer's Signeture

1999

29b. Signature and title of or

MAR 1

30. Name and address

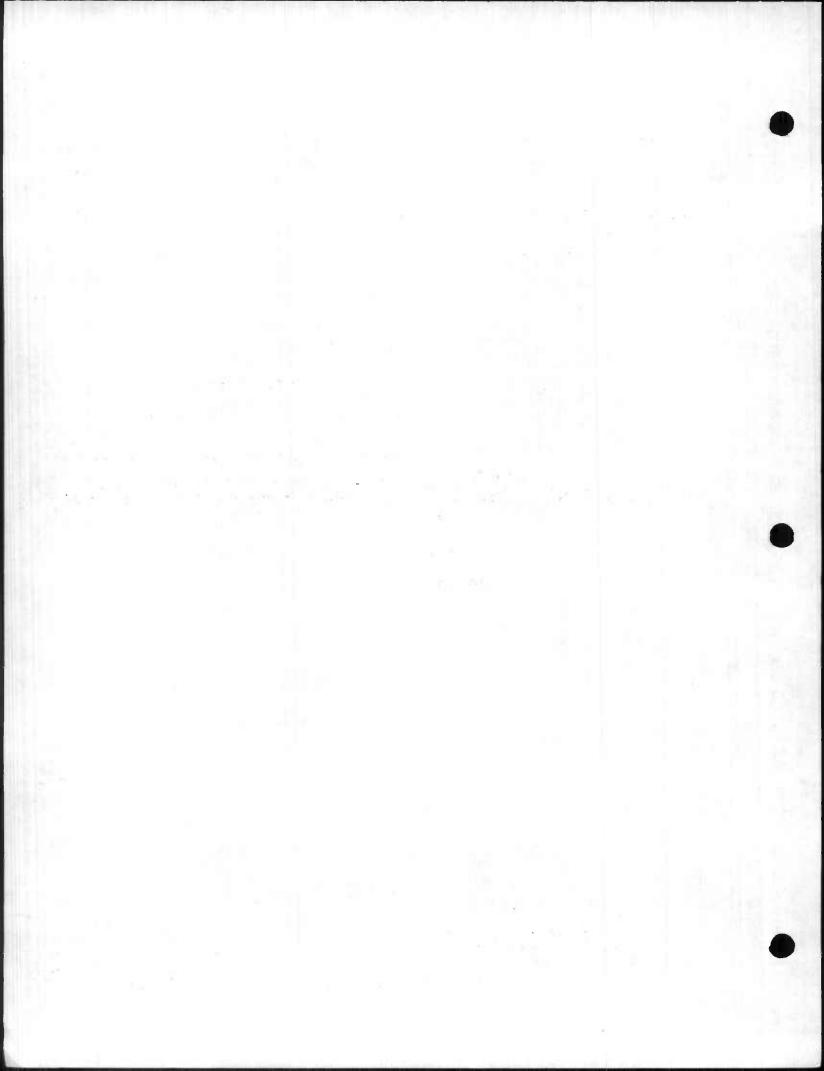
person who completed cause of deeth (Item 23a) (Type, Print) Mercy Medical Gener 301 ST, Paul Place BAGIMONE, MD

29c. License number D40166

29d. Date signed (Month, Day, Year)

MARCH 10, 1999

21202



**Examiner** requires that the death certificate be executed Box 68760. P.O. Records, Division of Vitai or Attending Physician:

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

must be notified at

"natural", or flama 23a or

Directo

Funeral

à

Completed

Be

the Maryla

72 hours after

Hygiene.

permit. Pages 1 and 2 should be fit.
Department of Health and Mental Hy
Important: If New 27 is marked offer
any Injury or other

**Physician** 

/Medical

and physician is the bunal

signed by t

should

page 2 s

certificate

this

After

within 24 hours after death.

To the Funeral Director: Aft completely filled in by the fu

within 2

Examiner

Physician/Medical

by

Completed

Be

Certification: To

Medical

altimore, Maryland 21215-0020

Pert II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 25. Was case referred to medical 1 ☐ Yes > No 27. Mannar of Death Natural 2 Accidant 6 Could not be detarmined 3 Suicide 281. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of Injury - At homa, farm, street, fectory, office building, atc. (Specify) 4 ☐ Homicida Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) snd manner stated. 29a, Certifian (Check only one) 29b. Signatura and titla or besides 29c. License number 29d. Data signed (Month, Day, Year)

RES-000

1999

MARCH S

State Registrar

1999 MAR 1 1

31. Data filed (Month, Day, Year)

30. Nama and addrass of person who complated causa of death (Item 23a) (Type, Print)

TALL BROTMAN, M.D. 32. Registrer's Signatura 20

M.D

Le sail and an area of the con-

Months

7. Age (In yrs. last birthday)

Yrs.

86

Certificate of Death

Days

D13916

MD

Laurel,

20707

2. Date of Death

March

4b. City, Town, or Location of Death

Min

Laurel

Hours

If Under 24 Hrs.

30. Name and address of person who completed cause of daath (Itam 23a) (Type, Print)

32. Registrar's Signature

Server ...

321 Prince George Street

MAR 11

31. Dete filed (Month, Day, Year)

1. Decedent's Name (First, Middle, Last)

5. Sociel Security Number

237-10-5877

Charles Bennett Griffin, JR

1 XM 2 F

4a Facility Neme (If not institution, give street and number)

7300 Sandy Spring Road

**Physician** 

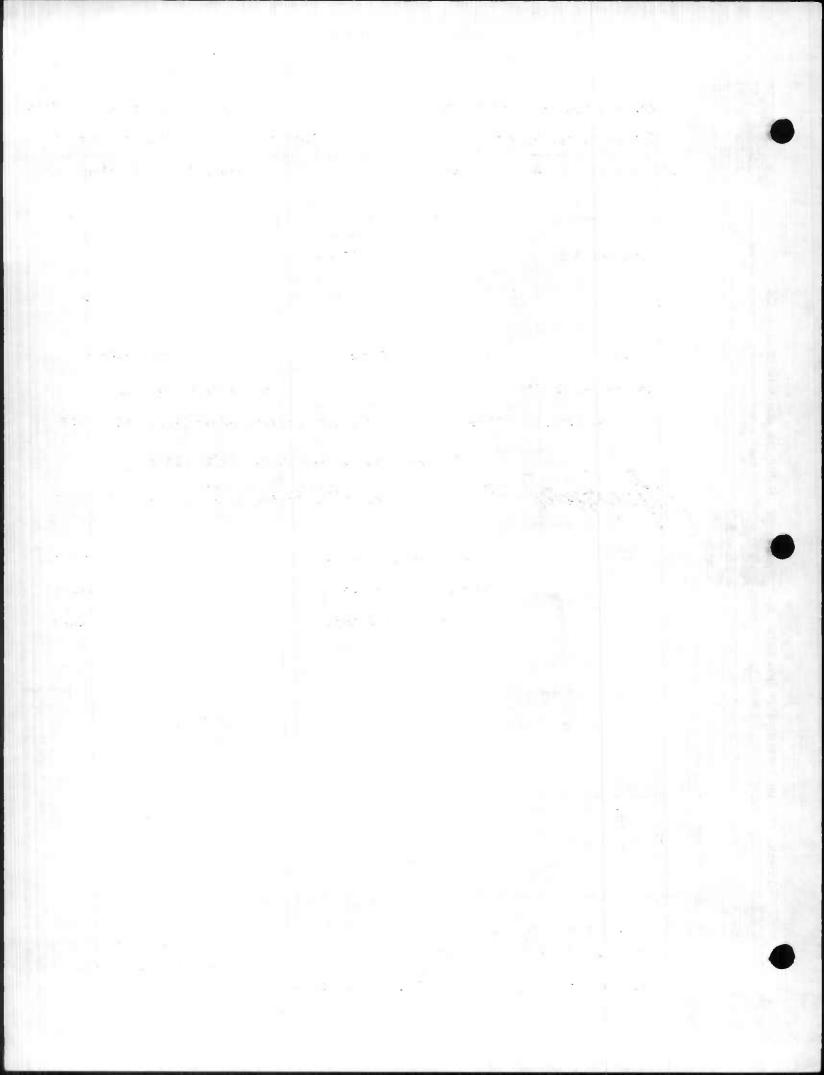
Examiner

**Funeral** 

/Medical

3. Time of Death 10:24AM 1999 4c. County of Death Prince George's Birthplace (State or Foreign Country) Virginia 1912 10d. Inside City Limits 1 XYes 2 No 10g. Citizen of What Country? USA 14. Race - American Indian. Black, White, etc. White 16b. Kind of Business/Industry Agriculture NC 20c. Location - City or Town, Stete 20707 Laurel, MD Approximate Interval Between Onset end Death minutes hours years 23b. Did tobacco use contribute to the cause of death? TY Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 2X No 1 ☐ Yes 2 ☐ No Home 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 29d. Date signed (Month, Dey, Year) March 2, 1999 WILLIAM A Warren

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month HOWELL 03 1999 04 /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner Randallstown Cour Futurecare Baltimore If Under 24 Hrs. If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthpiece (Stete or Foreign Country). **Funerai** Months Deys 1 M 2 J Hours 242-14-7153 Y Yrs. Director With Usuei Residence of Decedent 10a Stete 10b. Count 10c. City, Town or Location 10d. Inside City Limits 28a-f ahow traumetic event, the Medical Examiner must be notified at Woodlawn 1 ☐ Yes 2 No Marxland 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6 5615 21207 Items 23a Wes Decedent Ever in U,S. Armed Forces?

1 Yes 2 No If Yes, Give Yeer or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indien, Bieck, White, etc. 1 Never Married 2 Married Specity: Blac permit. Pages 1 and 2 should be filed within 72 hours efter Department of Health and Mentiel Hygiene. Important: If item 27 is marked other than "natural", or any filury or other traumetic event, the Medical Examm any filury or other traumetic event, the Medical Examm any once. 1□ Yes 2□No λq 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Eiementary/Secondary (Q-12) Coilege (1-4or 5+) Domestic Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme, awreva 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Z1207 etta Brone Maryland 20b. Piece of Disposition (Neme cemetery, crematory or of 20e. Method of Disposition 20c. Location - City or Town, Stete Method of Disposition

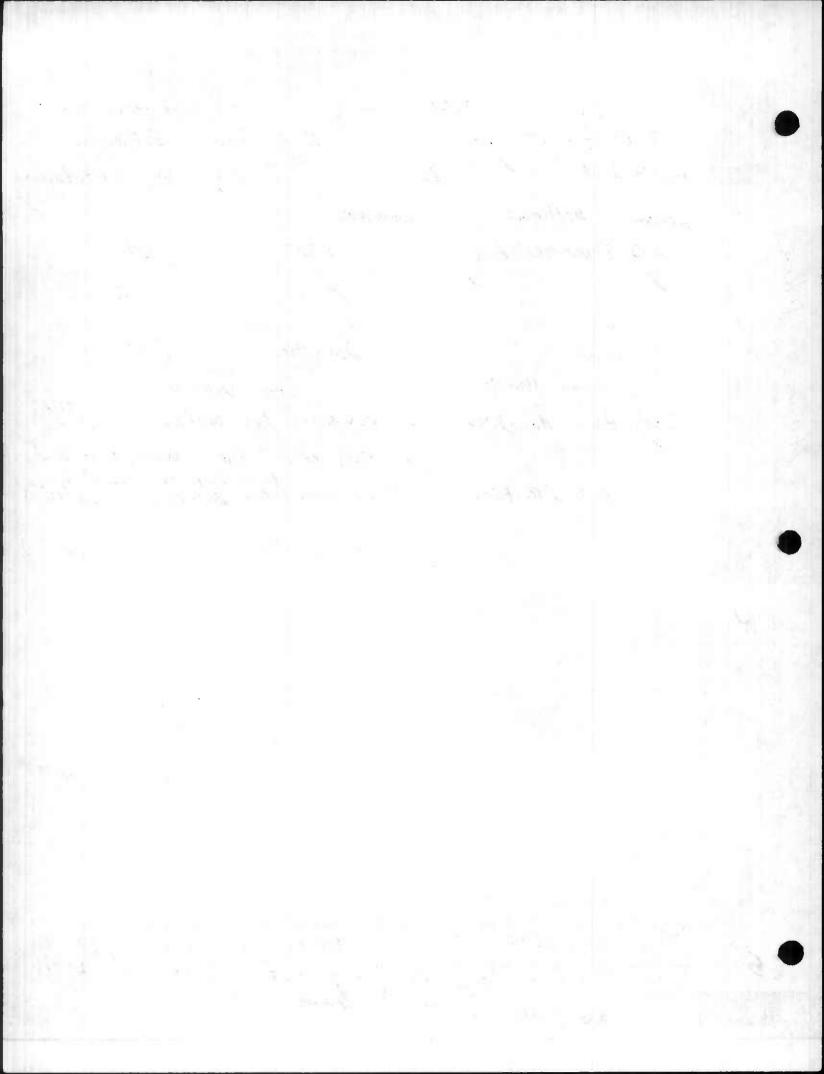
1 ☑ Burlai 2 ☐ Cremation 3 ☐ Removel from State 3/10 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licenseg tarke 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest shock, or heart failure. List only one cause on each line. Approximete Intervei Between Onset end Deeth **Physician** /Medical Immediete Ceuse (Finel LOSS THAN disease or condition resulting in deeth) **Examiner** Due to (or es e consequence of): Physician/Medical Examiner The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest attending physician end for use es the buriel-fren Due to (or es e consequence of): P.O. Box 68760, Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2ENo 3 Probably 4 Unknown Records, à director, pege 2 should be 24b. Were eutopsy findings avelleble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy certificate hes 1 Yes 2 No 1 Yes 2 No Division of Vital or Attending Physician: 25. Wes case referred to medical examiner? Certification: To Be 28. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA this the funeral 27. Menner of Deeth 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred After ! 1 Neturel
2 Accident 5 Pending Investigation To the Hospital or Attendi within 24 hours efter death. To the Funeral Director: A 1 Yes 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the ceuse(s) end menner as steted.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end piece, and due to the cause(s) end manner steted. Medicai 29e. Certifier compietely (Check only one) 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) es Ferry Rd Linthium Completed cause of deeth (Item 23e) (Type, Print)

800

32. Registre's Signature

State Registrar 31 Date filed (Month, Dey, Yeer)



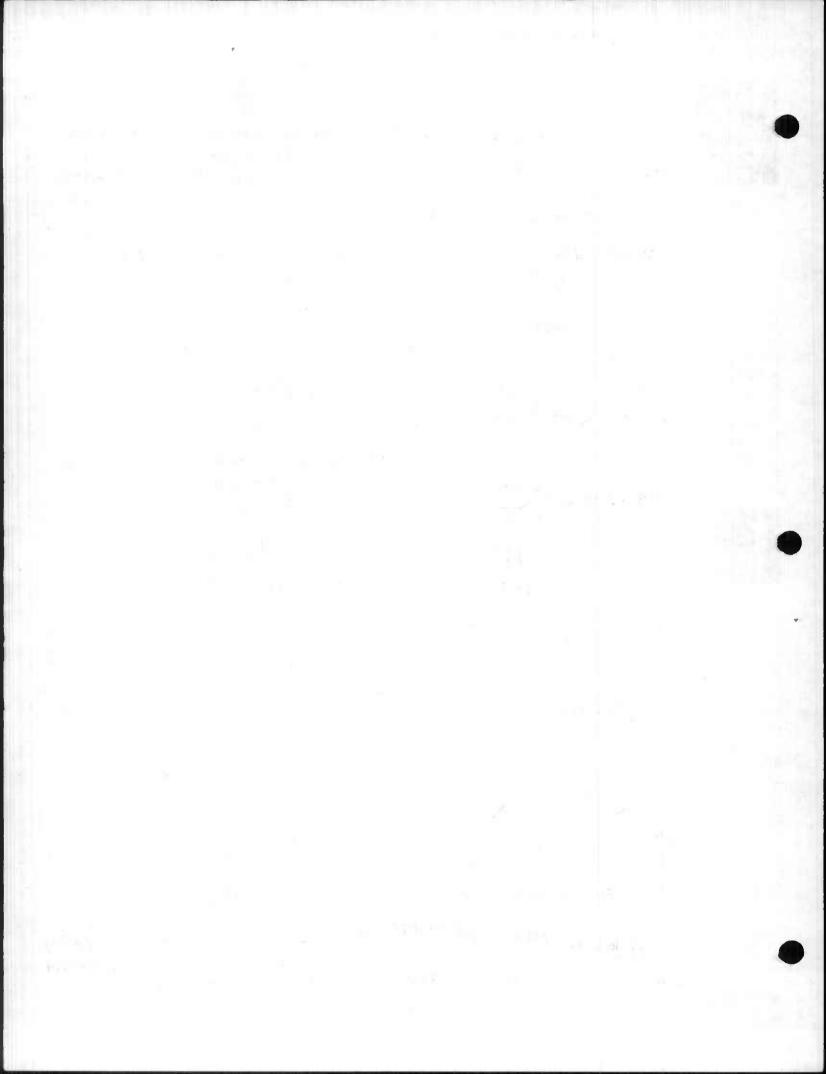
## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Neme (First, Middle, Last) 2. Dete of Daeth HIRSCH SHIRLEY Month **Physician** 9:35 Am MARCH /Medical 4b. City, Town, or Location of Deeth RANDALLSTOWN 4e. Fecility Neme (If not institution, give street end number) 4c. County of Death

BALTIMORE Examiner HOSPITAL CENTER. NORTHWEST 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. Months Deys Hours Min. 5. Social Security Number Birthplace (State or Foreign Country) 8. Dete of Birth (Month, Day, Year) **Funeral** 1□M 2√2 F Yrs Director 217-12-0860 JAN. 10, 1924 MARYLAND Usuei Residence of Decedent the Meryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "naturel", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at Director MD 1 ☐ Yes 2 ☑ No BALTIMORE PIKESVILLE 10e. Sfreet end Number 10f. Zip Code 10g. Citizen of Whet Country? 7 SUDBROOK LANE 21208 U.S.A. Funeral 12. Wes Decedeni Ever in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 72 hours after 1 Yes 27 No If Yes, Give Yeer or Dates: 1 Never Married 2 Married "naturel", or Baltimore, Maryland 21215-0020 þ Specify: WHITE 3 Widowed 4 Divorced Completed 16a. Decedant's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7 Department of Health and Mentel Hygiene. Important: If Item 27 Is merked other than "n any Injury or other traumette event Elamantary/Secondary (0-12) College (1-4or 5+) CLERK DEPARTMENT STORE 10 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Surnama) BELLE BRIDGE LOUIS **JACOBS** 19e. informent's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) MR. MANUEL HIRSCH / HUSBAND 7 SUDBROOK LANE, BALTIMORE, MD 21208 20b. Pleca of Disposition (Neme of cemetery, cremetory or other placa) 20c. Location - City or Town, Stete 20e. Method of Disposition Dete 1 ☑ Buriai 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) SHARREI ZION CEMETERY 3/9/99 RANDALLSTOWN, MD 21. Signeture of Funeral Service Licenses 22. Name end Address of Fecility SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN ROAD - PIKESVILLE, MD 21208 23a. Pert1. Enter the disaase, or complications that caused the deeth. Do not enter tha mode of dying, such as cardiac or respiretory errast, shock, or heart failure. List only one cause on each line. Approximete Intervei Batween Onset end Deeth **Physician** /Medical Immediete Ceusa (Final · HYPERKAELEMIA disease or condition resulting in death) Examiner Examiner CHRONIC RENAL FAILURE end lithansit Sequentielly list conditions, if eny, leeding to immediate cause. Entar Underlying Cause (Disease or injury thei initiated events resulting in daeth) Last DIABETES Box 68760. physician MELLITUS Physician/Medical Pert il. Other significant conditions confributing to death but not resulting in the underlying cause given in Pert I. P.O. 23b. Did tobacco use contribute to the cause of death? signed by t HYPERTENSION 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Wera eutopsy findings aveileble prior to completion of cause of death? 24a. Wes an autopsy performed? Completed 1 Tyes 2K No 1 ☐ Yes 2 No certificate Division of Vital e Hospital or Attending Physician: 24 hours after death.
e Funeral Director: After this certifical eleisty filled in by the funeral director. Be 25. Was case referred to medical 26. Pleca of Deeth (Check only one) axeminar? Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 ☐ Yes 2 No 1) opatient 2 ER/Outpetient 3 DOA Certification: To 27. Manner of Daeth 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 Natural 2 Accident 5 Pending investigation 1 Yas 2 No 6 Could not be datermined 3 ☐ Suicide 281. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Placa of Injury - Ai homa, farm, street, factory, office building, etc. (Specify) 4 Homicide Medical 29a. Certifier 1/Dertifying Physician: To tha best of my knowledga, daath occurred et the tima, deta and placa, end dua to tha ceusa(s) and mannar as stated. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) end manner steted To the Within 2 7HYSICIAN 29c. License number D 42723 29b. Signature # 29d. Dete signed (Month, Day, Year) HOUSE AVVERAHALLI HARISH 30. Nema end address of person who completed causa of daath (itam 23a) (Type, Print) STREAM. ROAD. BALTIMORE 3745 toxforD 32. Registrer's Signeture 31. Deie filed (Month, Day, Yeer) State

Registrar

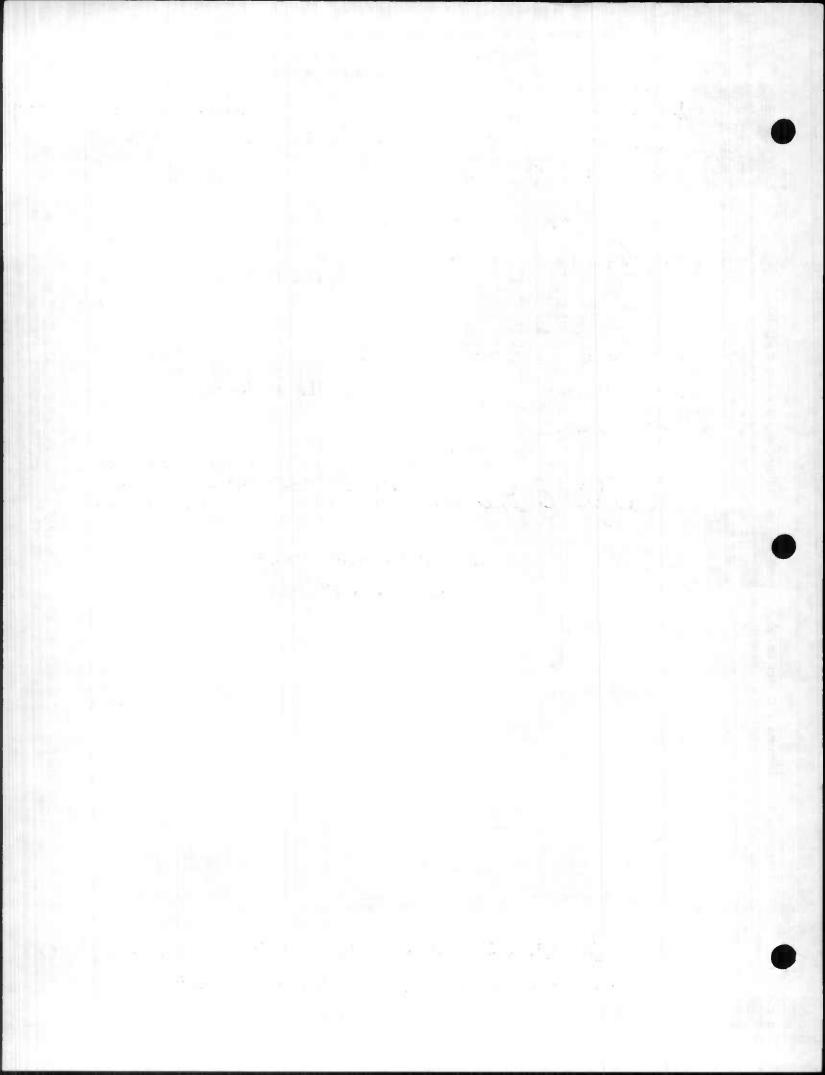
MAR 1 0 1999



# Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene

Physician Macrical Examiner  Funeral Director  F	Dey Th 4c. County PCN The sy, Year) 33  10g. Citizen of N 14. Rac Blee Specify 16b. Kind of B ARPOR  Meiden Surmen	9. Birthplace (State or Foreign Country)  10d. Inside City Limits 1 Yes 2 No  What Country?  Anerican Indien, ck, White, etc.			
Funeral Director    Social Security Number   S. Sex   T. Age (In yrs. lest birthday)   If Under 1 Year   If Under 24 Hrs.   S. Dale of Bir Months   Days   Hours   Min.   S-15-   Usual Residence of Decadent   10s. State   10b. County   Months   Days   Hours   Min.   S-15-   Usual Residence of Decadent   10s. State   10b. County   Months   Days   Hours   Min.   S-15-   Usual Residence of Decadent   10s. State   10b. County   Months   Days   Hours   Min.   S-15-   Usual Residence of Decadent   10s. State   10b. County   Months   Days   Hours   Min.   S-15-   Usual Residence of Decadent   10s. State   10b. County   Months   Days   Hours   Min.   S-15-   Usual Residence of Decadent   10s. State   10s. City, Town or Location   BALTI MORE   10s. State   10	10g. Citizen of V	9. Birthplace (State or Foreign Country)  10d. Inside City Limits 1 Yes 2 No  What Country?  Anerican Indien, ck, White, etc.			
Funeral Director   Social Security Number   G. Sex   T. Age (in yrs. lest birthday)   H Under 1 Year   H Under 24 Hes. s. Date of Bir   Months   Days   Hours   Min.   Social Security Number   2.15 - 3.2 - 3.3   Months   Days   Hours   Min.   Social Security Number   Social Security Number   10c. City, Town or Location   Baltimore   10d. State   10d. County   Hours   Min.   Social Security Number   10d. State   10d. County   Hours   Min.   Social Security Number   10d. State   10d. City, Town or Location   Baltimore   10d. State   10d. State   10d. County   Market   Months   Min.   Social Security Number   10d. State   10d. City, Town or Location   Baltimore   10d. State	10g. Citizen of V	9. Birthplace (Stete or Foreign Country)  10d. Inside City Limits 1 Yes 2 No  What Country?  30  20 - American Indien, ck, White, etc.  Y: BLACK  usiness/industry			
Usual Residence of Decedent  Usual Residence of Decedent  Usual Residence of Decedent  Usual Residence of Decedent  Usual Residence of Decedent  10e. State  10b. Cary, Town or Location  BALTI MORE  10c. City, Town or Location  BALTI MORE  10c. Street and Number  823 KEVIN ROAD APT # 1  10c. Stry, Town or Location  BALTI MORE  10d. Zip Code  21229  11. Martipl Status  12 News Decedent Ever in U.S. Ampd Forces?  1. Gives 2 No. 1  1. Was Decedent Ever in U.S. Ampd Forces?  1. Gives 2 No. 1  1. Was Decedent Ever in U.S. Ampd Forces?  1. Gives 2 No. 1  1. Was Decedent Ever in U.S. Ampd Forces?  1. Gives 2 No. 1  1. Was Decedent Ever in U.S. Ampd Forces?  1. Gives 2 No. 1  1. Was Decedent Ever in U.S. Ampd Forces?  1. Gives 2 No. 1  1. Was Decedent Ever in U.S. Ampd Forces?  1. Gives 2 No. 1  1. Was Decedent Ever in U.S. Ampd Forces?  1. Gives 2 No. 1  1. Was Decedent Ever in U.S. Ampd Forces?  1. Gives 2 No. 1  1. Was Decedent Ever in U.S. Ampd Forces?  1. Gives 2 No. 1  1. Was Decedent Ever in U.S. Ampd Forces?  1. Gives 2 No. 1  1. Was Decedent of Hispanic Origin? (Specify Yes or No. If Yes, Give Ver or Date)  1. Gives 2 No. 1  1. Was Decedent Ever in U.S. Ampd Forces?  1. Gives 2 No. 1  1. Was Decedent Ever in U.S. Ampd Forces?  1. Gives 2 No. 1  1. Was Decedent of Hispanic Origin? (Specify Yes or No. If Yes, Give Ver or Date)  1. Was Decedent of Hispanic Origin? (Specify Yes or No. If Yes, Give Ver or Date)  1. Was Decedent of U.S. 1  1. Was Decedent of U.	10g. Citizen of V  14. Rac Ble  Specify  16b. Kind of B  AIRPOR	10d. Inside City Limits 1 Yes 2 No What Country?  An American Indien, ck, White, etc.  Y: BLACK usiness/industry			
10a. State   10b. County   10c. City, Town or Location   10c. Street and Number or Rural Route Number   10c. Street and Number or Rural Route Number   10c. Street and Number or Rural Route Number   10c. Street and Number or Rural Route Number   10c. Street and Number or Rural Route Number   10c. Street and Number or Rural Route Number   10c. Street and Number or Rural Route Number   10c. Street and Number or Rural Route Number   10c. Street and Number or Rural Route Number   10c. Street and Number or Rural Route Number   10c. Street and Number or Rural Route Number   10c. Street and Number or Rural Route Number   10c. Street and Number or Rural Route Number   10c. Street and Number or Rural Route Number   10c. Street and Number or Rural Route Number   10c. Street and Number or Rural Route Number   10c. Street and Number or Rural Route Number   10c. Street and Number or Rural Route	14. Rac Blee Specify 16b. Kind of B AIRPOR o, Meiden Sumen	What Country?  SA  De - American Indien, ck, White, etc.  Y: BLACK  usiness/industry			
11. Marital Status  12. Was Decedent Ever in U.S. Ampd Forces?  13. Was Decedent of Hispanic Origin? (Specify Yes or No. If Yes, Specify Cuben, Mexican, Puerto Ricen, etc.) or If Yes, Specify Cuben, Mexican, etc.) or If Yes, Specify Cuben, Mexican, etc.) or If Yes, Specify Cuben, Mexican, etc.) or If Yes, Specify Cuben, Mexican, etc.) or If Yes, Specify Cuben, Mexican, etc.) or If Yes, Specify	14. Rac Blee Specify 16b. Kind of B AIRPOR o, Meiden Sumen	What Country?  SA  De - American Indien, ck, White, etc.  SELACK usiness/industry			
11. Marital Status  12. Was Decedent Ever in U.S. Ampd Forces?  13. Was Decedent of Hispanic Origin? (Specify Yes or No. If Yes, Specify Cuben, Mexican, Puerto Ricen, etc.) or If Yes, Specify Cuben, Mexican, etc.) or If Yes, Specify Cuben, Mexican, etc.) or If Yes, Specify Cuben, Mexican, etc.) or If Yes, Specify Cuben, Mexican, etc.) or If Yes, Specify Cuben, Mexican, etc.) or If Yes, Specify	14. Rac Blee Specify 16b. Kind of B AIRPOR o, Meiden Sumen	SA  29 - American Indien, ck, White, etc.  Y: BLACK usiness/industry			
11. Marital Status  12. Was Decedent Ever in U.S. Ampd Forces?  13. Was Decedent of Hispanic Origin? (Specify Yes or No. If Yes, Specify Cuben, Mexican, Puerto Ricen, etc.) or If Yes, Specify Cuben, Mexican, etc.) or If Yes, Specify Cuben, Mexican, etc.) or If Yes, Specify Cuben, Mexican, etc.) or If Yes, Specify Cuben, Mexican, etc.) or If Yes, Specify Cuben, Mexican, etc.) or If Yes, Specify	14. Rac Ble Specify 16b. Kind of B AIRPOR	xe - American Indien, ck, White, etc.  X: BLACK usiness/industry			
3   Widowed 4   Divorced   Press (Since   10   Press   10	Specify 16b. Kind of B AIRPOR  o, Meiden Sumen	BLACK usiness/industry			
Specify only highest grade completed	AIRPOR o, Meiden Sumen	ξ <u>Τ</u>			
17. Father's Name (First, Middle, Last)   18. Mother's Name (First, Middle, Last)   19. Mailing Addrass (Street end Number or Rural Route Number of Rura	, Meiden Sumen	YI.			
17. Father's Name (First, Middle, Last)   18. Mother's Name (First, Middle, Last)   19. Mailing Addrass (Street end Number or Rural Route Number of Rura	, Meiden Sumen	YI.			
Physician Medical Examiner  Physician Medical Examiner  Medical Examiner  Oggan  Sequentially list conditions, if any, leading to dash  Sequentially list conditions, if any, leading to dash  Sequentially list conditions, if any, leading to immediate course. Ent underly one course on each line.  Due to (or as a consequence of):  Due to (or as e consequence of):  Due to (or as e consequence of):  Due to (or as e consequence of):		110)			
MARN + AULKNER  20a. Method of Disposition  1	per, City or Town				
1   Buriel 2   Cremation 3   Ramoval from Stete		, Stete, Zip Code)			
1   Buriel 2   Cremation 3   Ramoval from Stete					
Physician /Medical Examiner  Physician /Medical Examiner  Sequentially list conditions, if any, leading to immediate ceusa. Entar Undartying Cause. Entar Undartying that initieted events resulting in death)  Sequentially list conditions, if any, leading to immediate ceusa. Entar Undartying that initieted events resulting in death)  Due to (or as a consequence of):  Due to (or as e consequence of):	20c. Location	- City or Town, State			
Physician /Medical Examiner  Physician /Medical Examiner  Sequentially list conditions, if any, leading to immediate ceusa. Entar Undartying Cause. Entar Undartying that initieted events resulting in death)  Sequentially list conditions, if any, leading to immediate ceusa. Entar Undartying that initieted events resulting in death)  Due to (or as a consequence of):  Due to (or as e consequence of):	DWING	s Muis mo			
Physician /Medical Examiner  Physician /Medical Examiner  Sequentially list conditions, if any, leading to immediate ceusa. Entar Undartying Cause. Entar Undartying that initieted events resulting in death)  Sequentially list conditions, if any, leading to immediate ceusa. Entar Undartying that initieted events resulting in death)  Due to (or as a consequence of):  Due to (or as e consequence of):	L SERV	ICIE			
Physician /Medical Examiner  Physician /Medical Examiner  Sequentially list conditions, if any, leading to immediate couse. Entar Undarlying Cause (Disease or infiny that initieted events resulting in death) Last  Due to (or as a consequence of):  Due to (or as e consequence of):  Due to (or as e consequence of):		- 21229			
Cause (Disease or injury that initieted events resulting in death) Last  Cause (Disease or injury that initieted events resulting in death) Last  Due to (or as e consequence of):		Intarvel Batween Onset and Death			
d	tobacco use co	ontribute to the cause of death?			
O. 9 v that the detached by th	Yes 2 No	3 Probably 4 Unknow			
24a. Was perfections and the second s	s an autopsy ormed?	24b. Wera autopsy findings aveilable prior to completion of cause of death?			
25. Wes cese referred to medicel axaminar?  1	Yes 2 No	1 Yes 2 No			
25. Wes cese referred to medicel axaminar?	/\	18100 2810			
25. Wes cese referred to medical axaminar?  1		nar (Specify)			
27. Manner of Death 28e. Dete of Injury (Month, Day Year) 28b. Time of Vork? 28d. Describe	how injury occu	rred			
27. Manner of Death   Natural   S   Panding investigation					
29a. Cartifiar  (Check only (Check only and Continue))  29a. Cartifiar  (Check only (Check only and Continue))  (Check only (Check only and Continue))  (Check only (Check only and Continue))  (Check only (Check only and Continue))  (Check only (Check only and Continue))					
end manner stated.  29c. License number  AV4635427AC97	29d. Dete signe March	ed (Month, Dey, Year)			
30. Name and addrass of person who completed ceuse of death (flem 23a) (Type, Print)  Adam Clavk, 22 S. Greene St, Baltimore, MD 2	1201	,			
State Registrar MAR 1 1 1999 32. Registrar's Signature B. Sports					

State Registrar



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** 5:05pm ELIZABETH K. HEUISLER MARCH 08 1999 /Medical 4a Facility Name (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** ROLAND PARK PLACE BALTIMORE 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Days 1 M 2 F Months Hours 220-46-3049 Yrs. Director 89 10/10/1909 MARYLAND Usual Residence of Decedent with the Maryland 10a. State 10c. City, Town or Location 10b. County 10d. Inside City Limits mass or 28a-f show 15 Yas 2 No N/A Director MD BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 830 WEST 40TH STREET 21211 USA Funerai death Пета 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☐ No If Yes, Give Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian. 11. Meritel Stetus Bleck, White, etc. filed within 72 hours after 1 Never Merried 2 Married 21215-0020 Specify: WHITE 1 Yes 2 No Specify: þ 3 Widowed 4 ☐ Divorced Yaar or Detas Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest greda completed) I Hygiena. Elementery/Secondary (0-12) 12YRS • College (1-4or 5+) VOLUNTEER VOLUNTEER Baltimore, Maryland 17. Fethar's Nema (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Surname) . Pages 1 end 2 should be fittened of the marked officers if item 27 is marked officery or other traumatic event Be JOHN J. KELLY ELIZABETH SMITH 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) J. STANLEY HEUISLER (SON) 105 DEEPDENE RD. BALTO., MD. 21210-1911. 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Steta 1 ■ Buriel 2 □ Cramation 3 □ Removel from State Department of Important: If any Injury or NEW CATHEDRAL CEM. 4 ☐ Donetion 5 ☐ Other (Specify) 03/12/99 BALTO., md. 21. Signeture of Funeral Service Licenses 22. Name and Address of Facility HENRY W. JENKINS & SONS (4905 YORK RD. BALTO., MD. SONS CO. (am) accill 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart tailura. List only one cause on each line. Approximete Intervel Between Onset end Death **Physician** /Medical Immediate Cause (Finel 6 mouth ancer disease or condition resulting in deeth) Examiner Examiner Sequentially list conditions, if any, leeding to immadiata cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last and Due to (or es a consequence of): Box 68760. The law requires that the death certificate be Physician/Medical the Dua to (or as a consequence of): USB as been signed by the a should be detached? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? P.0. 1. Yes 2□ No 3 Probably 4 Unknown Division of Vital Records. Completed by 24b. Were autopsy tindings aveilable prior to completion of cause of death? 24a. Wes an autopsy performed? page 2 1 Yes 2 No certificata or Attending Physician: funeral director, 25. Was case reterred to medical examiner? Be 26. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medical Certification: To 1 ☐ Yes 2 ☐ No 2 ER/Outpatient 3 DOA this 27. Menner of Deeth 28d. Describe how injury occurred 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 1) Netural 5 Pending invastigation after death. 1 Tyes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 281. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, term, street, tectory, office building, etc. (Specify) filled in by 4 Homicide Hospital 24 hours a within 24 hours a To the Funeral D 1 Certifying Phyalcian: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, date end place, and due to the cause(s) and menner steted. 29a. Certifier pletely (Check only one) 100 290. Signature and age of endifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name end address of person who completed cause of death (Item 23a) (Type, Print)

**DHMH 16 Rev 6/95** 

State

Registrar

CHARLES ST. BALTO., MD.

21218.

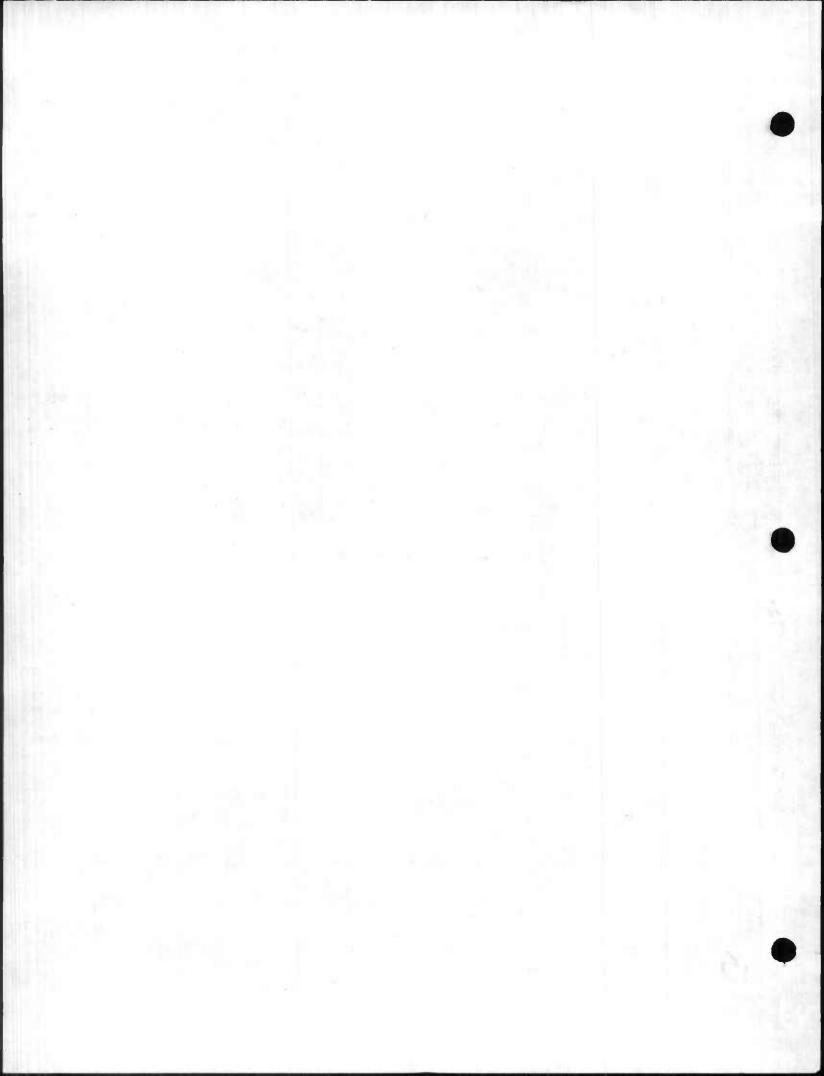
ROBERT J. VISSING M.D. 4300 N.

1999

32. Registrer's Signatura

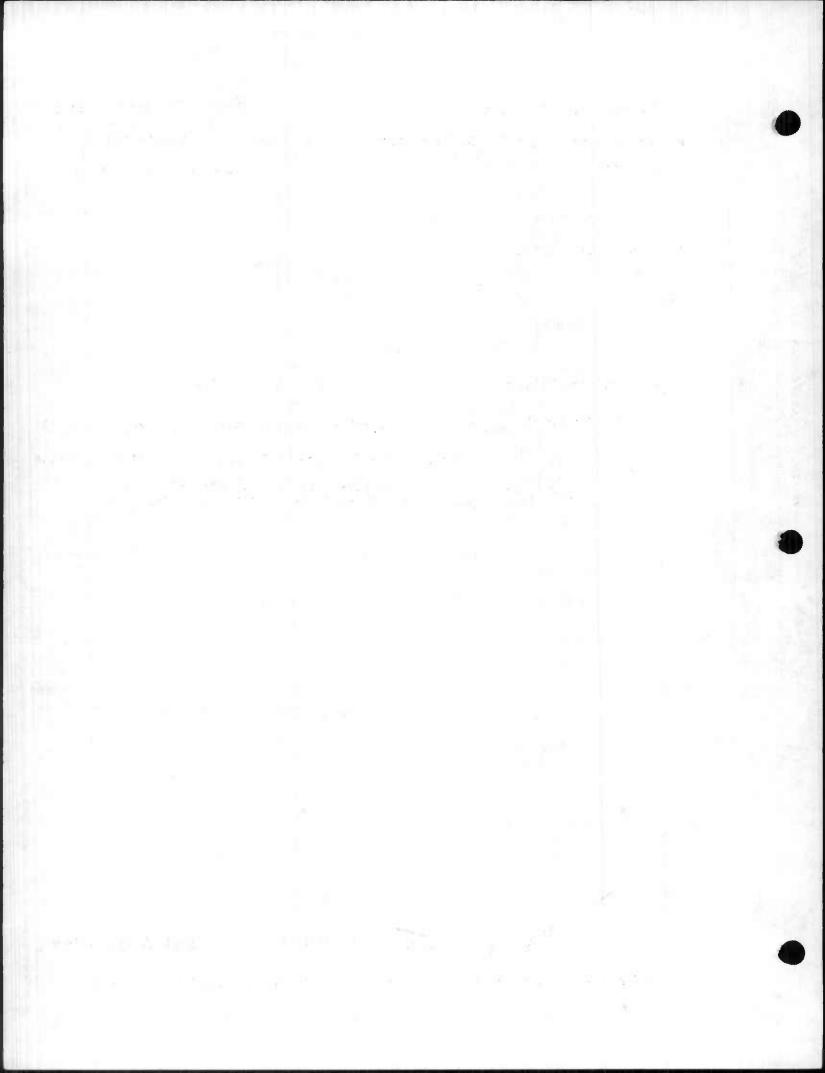
31. Data filed (Month, Day, Year)

MAR 1



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.
State of Maryland / Department of Health and Mental Hygiene
Cortificate of Dooth

	1-1	Decedent's Name (First, Middle, Las	n State of Mary			ficate of			Reg. No.	J	1822
Physic		Madonna M. H						Month	Dey	Year 999	
/Medi Exami		4e. Facility Neme (If not institution, give					4b. City, Town, or L				11:10 PM
LAUITI		Reeders Memorial	Home 141 S.	Main	Stre	et	Boonsbore	)	Washi		
Funeral Director		5. Social Security Number 220–14–3465 6. Security Number 1		yrs. last bir	thday)	f Under 1 Year Months Deys	If Under 24 Hrs. Hours Min.	8. Date of Bir (Month, Da April		9. Birthp	elece (State or Foreign etry) 1 and
and		Usual Residence of Decedent  10e. Stete 10b. County	100	. City, Tow	n or Locat	ion				1	0d. Inside City Limits
Mary	to	Maryland Washingt		Boons			100. Insi				
th with the Marylar 23a or 28a-f show ust be notified at	Funeral Director	10e. Street end Number 141 South Main St				10f. Zip Code 2171	3		10g. Citizen of USA	What Coun	try?
after des	by	11. Maritel Stetus  1 Never Married 2 Married  \$\times Midowed 4 Divorced	12. Wes Decedent Ever Armed Forces? 1  Yes 2 No If Yes, Give Yeer or Detes:	in U,S.		s Decedent of Hes, specify Cub	Hispenic Orlgin? (Sp an, Mexican, Puerto Specify:	ecify Yes or No Rican, etc.)		ce - Americ ck, White, v: Whi	etc.
72 hours "natural",	Completed	15. Decadent's Ed (Specify only highest grad	ication le com <i>pleted)</i>	16a.	Deceden (Give kin	t's Usual Occup d of work done	oation during most of work d)	ina	16b. Kind of B	usiness/Ind	iustry
within ane. than	dm	Elementery/Secondary (0-12)	College (1-4or 5+)				d)	9	Dagge	Male	ina
Hygie ther ther	ပိ	17. Father's Neme (First, Middle, Last)			Seams	tress	18. Mother's Nem	a (First Middle	Dress	Mak	ing
lid be lental ked o	To Be	Edgar Grafton M	iller				Garaphel				
2 should end Men Is marke	-	19a. Informant's Name/Relationship (7	ype, Print Chand		. Malling A	Address (Street	and Number or Run	al Route Numbe	er, City or Town,	State, Zip	Code)
end 2 ealth n 27 ls		Madonna L. Hitcho	ock Daughter	r	200 V	lyndhur	st Avenue	. Balti	more. Ma	arvla	nd 21210
of He		20a. Method of Disposition 1 X Burial 2 ☐ Cremation 3 ☐	20	D. Place of	Disposition, cremate	on (Name of ory or other pla	st Avenue	Date	20c. Location	Clty or To	wn, Stete
. Peges iment of tant: If its jury or o		4 □ Donation 5 □ Other (Specify	Terroval Horri State	Druid	Ridg	ge Ceme	tery 3,	/12/99	Pikesv	ille,	Maryland
permit. Peges 1 and 2 should be tiled within Department of Health and Mental Hygiene. Important: If item 27 is marked other than any injury or other treumatic event, the MODGS.		21. Signature of Funeral Service Licens	" House		Bu		ess of Facility enss Funer Is Road, I			21211 vland	
Physician		23e. Pert1. Euler the disease, or comp shock, a heert failure. List only o	ications that caused the cone ceuse on eech line.	death. Dor	not enter t	he mode of dyir	ng, such as cardiac	or respiretory a	rest.		Approximete Interval Between Onset end Deeth
/Medical Examiner		Immediate Ceuse (Final disease or condition	. Pa	EUN	10 N	1A					2 WKS
CX4111111C;		resulting In death)		o (or as e o	consequer	nce of):					2 WKS
ted usit	nine		A	-SPI	RA	TION					unknown
tificate be executed g physician end as the buriel-trensit	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury	Due t	o (or as e o	consequer	nca of):					
ysicla e bur	edical	ruar illigrad avaluta	Due to	E/V	(L)	7					
# D 40		resulting In deeth) Last		0 (0) 00 4 0	onocquen	00 01).				i	
th ce tendii	an		d							1	
e dea the et hed fo	Physician/N	Pert II. Other significant conditions co	ntributing to death but not	resulting in	the unde	rlying cause giv	en in Part I.	23b. Did 1	obacco use co	ntribute to	the cause of death?
v requires that the death certific been signed by the ettending p should be detached for use as	by Phy	CONGESTIVE HEART FAMURE Athroscle10515						10	1 □ Yes 2 No 3 □ Probably 4 □ L		
The law requires that the death cer ate has been signed by the ettendir page 2 should be detached for use	Completed	Ath	rosdero	515				24a. Was perio	an autopsy med?	OOI OOI	ere autopsy findings bilable prior to inpletion of cause death?
								101	es No	1 🗆	Yes 2□ No
ysicien: The law s certificate hes t director, page 2 s	Be C	25. Was case referred to medical examiner?	lospitel:			Oth	26. Piece of Death				
r this eral di	7: To	1 Yes 2 No	28e. Dete of Injury	2 ER/Out	tpetient :	28c. Injur	v et		lenca 6 Oth		)
ath. :: Afte	ation	1 Naturel 5 Pending 2 Accident investigation	(Month, Day Year		njury	Wor	k? Yes 2□No		a gary occur		
after des Director d in by th	Certification:	3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office 28f. Location							(Street and Number or Rural Route Number, own, State)		
To the Hospital or Attending Physicien: which 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director.	edicai C	29a. Certifier (Check only one) 1 Certifying Physical Exami	sician: To the best of my liner: On the basis of exame and manner stated.	knowledge, Ination end	, death oc	curred et the tin igation, in my o	ne, date end plece, opinion, death occurr	end due to the ded et the time, o	cause(s) and ma date end placa,	inner as st and due to	eled. the cause(s)
To th Withir To th comp	Me	29b. Signeture end title of cartifier	22000-	M	<u></u>	29c. Licens	e number		29d. Date signer		Day, Year)
5		30. Neme end address of person who co		Item 23a) (	Type, Prin	t)					
Sta	te	Dr. Zafar Malik 20 31. Date filed (Month, Day, Year)	32. Registrar's Si	gnature				u 21/13	/ 301-4	32-84	/U
Registr		MAR 1 1 199	Senera	1	9.	Sparks					
AH 16 Rev 6/95	5					1-000					



## Please Type or Print in Black indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2 Dete of Deeth 3. Time of Death Month 7:50 PM Donald V. Hamer narch 80 4b. City, Town, or Location of Deeth 4e Fecility Neme (If not Institution, give street end number) 4c. County of Deeth Union Memorial Hospital Baltimore N/A If Under 1 Year If Under 24 Hrs. Months Devs Hours Min. 5. Sociel Security Number Birthplece (State or Foreign Country) 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dev. Year) 1**€** M 2□ F Deys Yrs. 217-12-3357 July 25, 1921 Maryland Usuel Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits X X Yes 2 □ No Maryland N/A Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 3737 Elm Avenue 21211 USA 12. Was Decedent Ever in U.S. Armed Forces? 172 Yes 2 No If Yes, Give Yeer or Detes: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14 Race - American Indian 11 Maritel Status Bleck, White, etc. 1 □ Never Married 2 □ Married 1 Yes 2 No Specify: 3 Widowed 4 □ Divorced white WWII 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondery (0-12) Brewer Worker Schaeffer Brewery 8 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Fether's Neme (First, Middle, Last) Valentine M. Hamer Carrie Alverta Hamer 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 822 Union Avenue Baltimore, Maryland 21211 Donna Marshall Daughter 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, crematory or other plece) Dete 20c. Location - City or Town, Stete XXBuriel 2 Cremetion 3 Removel from State Good Shepherd Cemetery 3/11/99 Ellicott City, MD 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Facility Burgee-Henss Funeral Home, P.A. 21. Signeture of Fuperel Service Licensee 3631 Falls Road Baltimore, Note that the death. Do not enter the mode of dying, such as cardiac or respiratory errest, hook, or heart takings. List only one cause on each line. 3631 Falls Road Baltimore, Maryland 21211 Approximate Interval Between Onset and Death Immediete Cause (Finel disease or condition resulting in death) 2 days Depsis Due to (or es a consequence of) Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as e consequence of): Due to (or as e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown Diabetes 24b. Were eutopsy findings evallable prior to completion of ceuse of deeth? Hypertension 24a. Was an autopsy Severe peripheral vascular disease 1 Yes 2 No 1 Yes 2 No 25. Wes cese referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospitel: 1 Annatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 28e. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 1 Naturel 5 Pending

**Physician** 

/Medical

Examiner

Director

þ

Completed

**Funeral** 

Director

7 is marked other than "naturel", or Items 23a or 28a-f treumatic event, the Madical Example, must be northe

or other

Pages 1 and 2 should be filed within 72 hours after or ent of Health and Mental Hygiene.
nt: If them 27 ie marked other than "naturel", or then

permit. Page Department o Important: If i

**Physician** 

Examiner

/Medical

Examiner

Physician/Medical

à

Completed

Certification:

edical

2 Accident

3 Sulcide

29a. Certifier

4 Homicide

Baltimore, Maryland 21215-0020

the Maryland

Registrar

29b. Signeture end title of certifier Jaux Onubec, MO

investigation

6 Could not be determined

12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29c. License number

29d. Dete signed (Month, Dey, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

AT 2438946

1 Yes 2 No

03-08-99

University Maria Onuchic

201 E.

Pkway

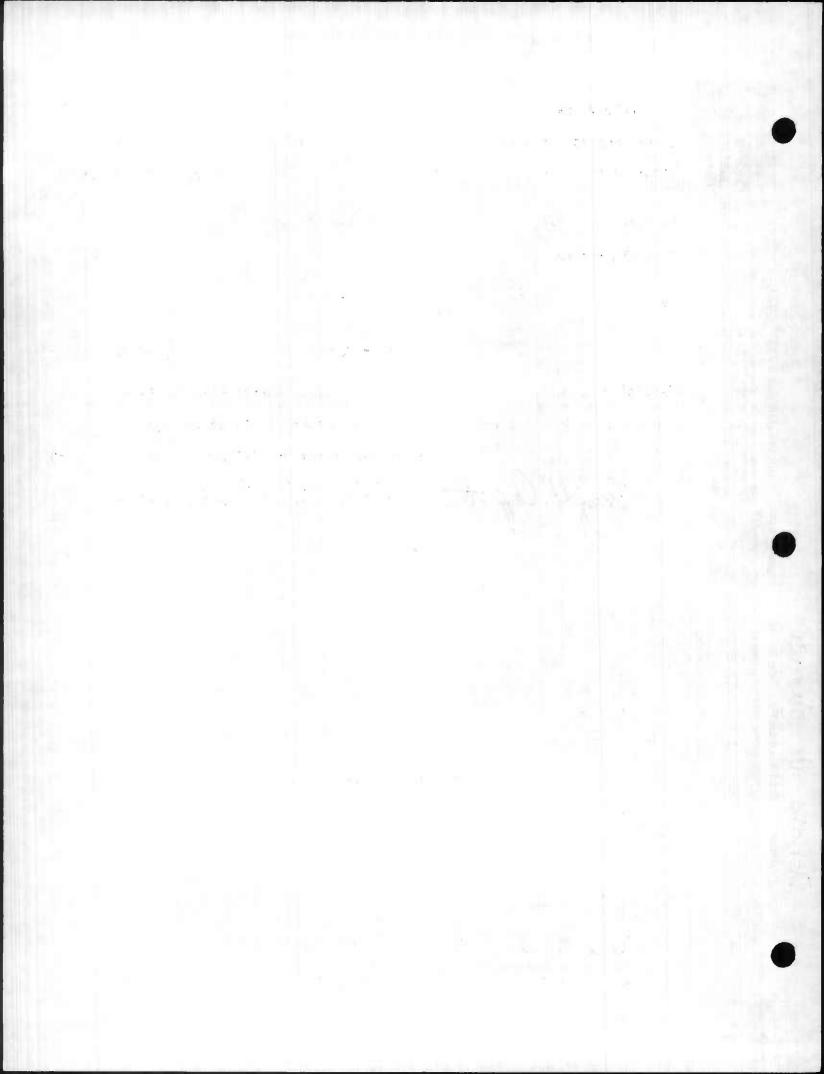
Baltimore MD 21218

28f. Location (Street and Number or Rural Route Number, City or Town, State)

31. Date filed (Month, Dey, Yeer) 1 1 1999 32. Registrer's Signeture

28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

Within 2 To the complet



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** 50 PM HLEEN MARCH /Medical 4b. City, Town, or Location of Death 4e Facility Name (If not institution, give street end number) 4c. County of Death Examiner 8800 Walther Blvd. Apt 1213 Baltinare Baltimore
9 Birtholaca (State or Foreign
Country) If Under 1 Year 8. Dete of Birth (Month, Day, Year) 12/13/1913 5. Social Security Number 7. Age (In yrs. lest birthdey) **Funeral** Deys 10M 20F 85 Yrs. Director Maryland 219-07-4710 Usual Residence of Decedent 10a. Stata 10c. City, Town or Location 10b. County 10d. Inside City Limits item 27 is marked other than "natural", or frama 23a or 28a-f show other traumatic avant, the Medical Examinar must be notified at 1 Yes 2 No Director MD Baltimore Baltimore 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code U.S.A. 8800 Walther Blvd. Apt. 1213 Funeral 21234 Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 14. Rece - American Indian, Bleck, White, etc. 11. Maritel Stetus filed within 72 hours after 1 Yes 2 No If Yes, Give X Year or Dates: 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: P 3 ☐ Widowed 4 ☐ Divorced White Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) I Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filled w Department of Health and Mental Hygien Important: If Nem 27 is marked other the any Injury or other traumatic avant Housewife Own Home 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be 2 Patrick Oates Margaret Murphy

19b. Maiting Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informent's Neme/Reletionship (Type, Print) 9508 Gun Hill Circle Baltimore, Maryland 21236 ce of Disposition (Neme of Dete 20c. Location - City or Town, Stete William J. Heffner 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition Buriel 2 Cremation 3 Removel from State
4 Donetlon 5 Other (Specify) 3/10/99 Baltimore, Maryland Garden of Faith Cemetery 21. Signeture of Funerel Service Licar 22. Neme and Address of Facility Dippel Funeral Home Inc. 7110 Belair road Baltimore, Maryland 21206 23a. Part1. Enter the disease, or complications that caused the shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset and Deetl Do not enter the mode of dying, such as cardiac or respiratory arrest, **Physician** /Medical Immediate Cause (Final 011 diseese or condition resulting in deeth) Examiner Due to (or as a consequence of): Physician/Medical Examiner Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Disease or injury that initialed events resulting in death) Last Division of Vital Records, P.O. Box 68760 Due to (or as a consequence of) Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes ZON 3 Probably 4 Unknown signed t by 24b. Were autopsy findings available prior to 24a. Wes an eutopsy performed? peen s Completed completion of cause of death? has page 2 2 0 No 1 Tes 1 ☐ Yes 2 ☐ No certificata To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica Be 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Hospitel: 1 Inpatient Other: 4 Nursing Home 1 Yes 2 -N 5 Presidence 6 □Other (Specify) Certification: To 2 ER/Outpatient 3 DOA 28a. Dete of Injury (Month, Dey Year) 27. Menner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Neturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 281. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide edicai 29e. Certifier 🔁 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) and manner es stated. completely (Check only one) 2 Medical Exami 6r: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and menner stelled. 29c. License number 29d. Dete signed (Mostth, Day, Year) 29b. Signature and title of certifier

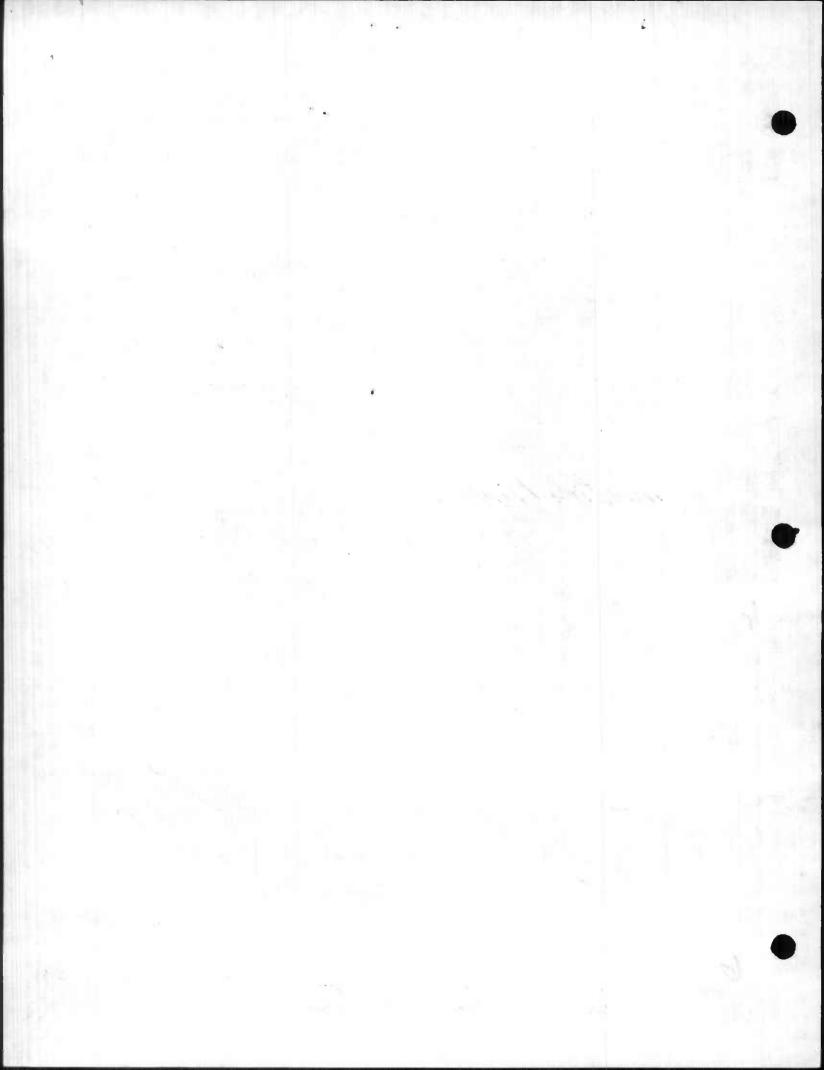
DHMH 16 Rev 6/95

State Registrar WALTHER

BLVD, PAREVICKE,

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

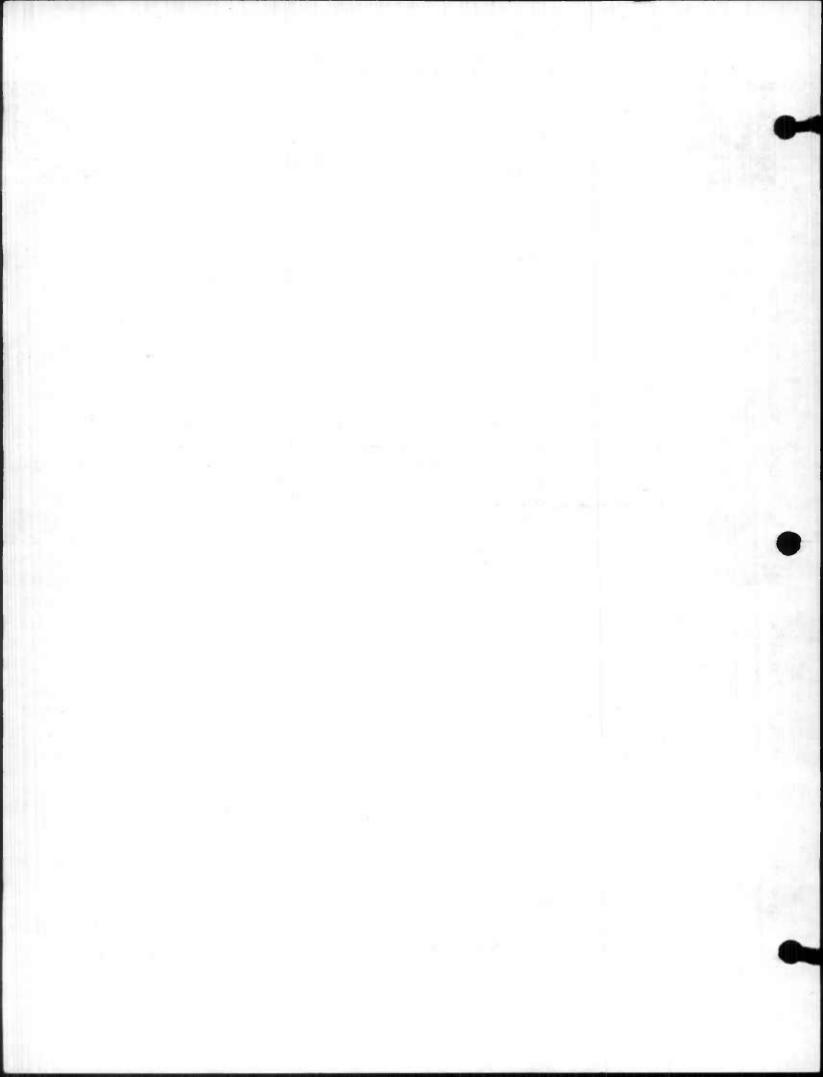
32. Registar's Signetura



State of Maryland / Department of Health and Mental Hygiene \

ITEMS: #26 PER MD, 20B-C, PER F.H. G769 3-11-99 WR Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month Day 1999 **Physician** SARAH JONES 8 A.M. /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 1010 West Baltimore Street Baltimore 7. Age (In yrs. lest birthday) | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year) | 9. Birthplace (State or County) | Jan. 16,1930 | MARYLAND 5. Social Security Number 9. Birthplace (State or Foreign **Funeral** 1□M aFF 220-20=3296 Director Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examinar must be notified at 1 TYes 2 □ No Director MARYLAND BALTIMORE 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code 1010 West Baltimore Street 21223 Funeral USA 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American Indien, Black, White, etc. 72 hours after 1 Yes 2 No If Yes, Give Yeer or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Specify: BLACK Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) ifiled within 7 I Hygiena. Elemantary/Secondary (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filed will Department of Health end Mental Hygiens important: if item 27 is marked other tha any Injury or other traumatic event, this page. SPECIAL EDUCATION TEACHER Maryland Schools 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Maidan Sumeme) MELVIN JONES JESSIE MADISON 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Straet end Numbar or Rural Route Number, City or Town, State, Zip Coda) DONNETTA WOODRUP (GR NEICE 5409 Summerfield Avenue Balt.Md. 21206 20a. Method of Disposition 20b. Plece of Disposition (Name of Dete 20c. Location - City or Town, State WESTERN STAR other plece) NBurial 2 □ Cremetion 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) CATONSVILLE, MD. HOLLY HILL MEMORIAL 3/12/99 MIDDLE RIVER, MD. 21. Signature of Funeral Servica Licensee 108 West North Avenue 22. Name and Address of Facility ea nder Me TRI- STATE FUNERAL SER. BALTIMORE, MD. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Death **Physician** /Medicai asthma Immediate Ceuse (Final 710 yrs. disease or condition rasulting in death) Examiner Due to (or as a consequance of): Examiner attending physician end for use as the burial-transit The law requires that the deeth certificate be axecuted Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Causa (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequenca of): Box 68760 Physician/Medical Due to (or as a consequenca of): P.O. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown diabetes Records, by Completed 24a. Was an autopsy performed? 24b. Ware sutopsy findings evailable prior to hypertension completion of cause of death? page 2 s 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No of Vital or Attending Physician: Be 25. Was case referred to medical 26. Placa of Death (Check only one) examiner? To 1 Yes 2 No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 30 DOA this 27. Mannar of Death 28c. Injury at Work? 28a. Date of Injury (Month, Day Year) Certification: 28b. Tima of 28d. Dascribe how injury occurred After Division in 24 hours after death.
The Funeral Director: After the funeral in by the funeral to the funeral in the funeral to the funera 1 Natural 2 Accident 5 Pending Investigation 1 Yes 2 No 6 Could not be 3 ☐ Suicide 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicida Hospital Certifying Physicien: To the best of my knowledge, death occurred at the time, data and place, and due to the causa(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29a. Certifier Medical To the Hosp within 24 ho To the Fune completely fi (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) D0050847 ecuma 9/99 Bultmore, MD 2120 30. Name and addrass of person who complated cause of death (Itam 23a) (Type, Print) N. Calvert Sor 21202 31. Date filed (Month, Day, Year) 32. Registrar's Signature MAR 11 1999 Registrar



Please Type or Print In Black indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Time of Deeth 1. Decedent'e Neme (First, Middle, Last) 2. Dete of Deeth Dev Month Veer **Physician** 955 AM HENRYK T. KOZLOW SKT 4e Facility Neme (If not institution, give street end number) 3 6 99 /Medical 4b. City, Town, or Location of Death 4c. County of Death Examiner MEDICAL CENTER ISALTIMORE 1 MERCY If Under 1 Year If Under 24 Hrs. 6. Sex 100 M 2□ F 9. Birthplece (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthdey) **Funeral** Deys Min Months . Hours Yrs. 212-74-5455 73 POLAND **Director** Usual Residence of Deceden permit. Pages 1 and 2 should be filed within 72 hours after death with the Menyland Department of Heelth and Mentel Hygiene. Important: if Item 27 is marked other than "netural", or items 23a or 28a-f show any Injury or other traumatic event, the Medical Eventure. 10d. Inside City Limits 10a State 10b. County 10c. City, Town or Location 1 Yes 2 □ No MARYLAND NIA BAUTIMORE Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 57. 21224 706 S. BOULDIN 4.5.4. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ⑤ No If Yes, Give Year or Detes: 14. Raca - American Indian, Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritel Status Bleck, While, etc. 1 ☐ Never Married 2 ☑ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: WHITE þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent'a Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) PLUMBER DOMINO 0 18. Mother's Neme (First, Middle, Meiden Sumeme) 17. Fether's Name (First, Middle, Last) Be HOZLOWSKI PHILLIPS WLADYSLAWA SZYDLEH VALENTINE 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informent's Neme/Reletionship (Type, Print) MRS. HELENA HOZLOWSKI BOLTIMORE, MD 21224 706 S. BOULDIN ST. 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Slete 1 Bunel 2 □ Cremetion 3 □ Removel from Slete 4 □ Donetion 5 □ Other (Specify) BALTIMORE. STANISLICUS CEME. 22. Name and Address of Facility Ewens Home P.A. KACZOROWSKI' TEWERS HOME P.A. 21. Signeture of Funeral Service Licensee 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line. 2525 FLEET ST. BALTIMORE, MD 21224 **Physician** Immediate Cause (Finel /Medical Ilam Lung Congr 4 month Cell disease or condition resulting in deeth) Examiner Due to (or es e consequenca of) Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initieled events resulting in death) Lest Due to (or es e consequenca of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequenca of): usa es t signed by the a 23b. Did tobacco uss contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yss 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24a. Wes an eutopsy performed? Completed page 2 s 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate or Attending Physician: director 25. Wes case referred to medical exeminer? Be 26. Place of Deeth (Check only one) Hospitel: 1 | Inpatient | 2 | ER/Outpetient | 3 | DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 22 No 1 Yes Certification: To After this funeral 28a. Dete of Injury (Month, Dey Yeer) 27. Manner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 1 Naturel 2 ☐ Accident 5 Pending 1 ☐ Yes 2 □ No 24 hours efter death.

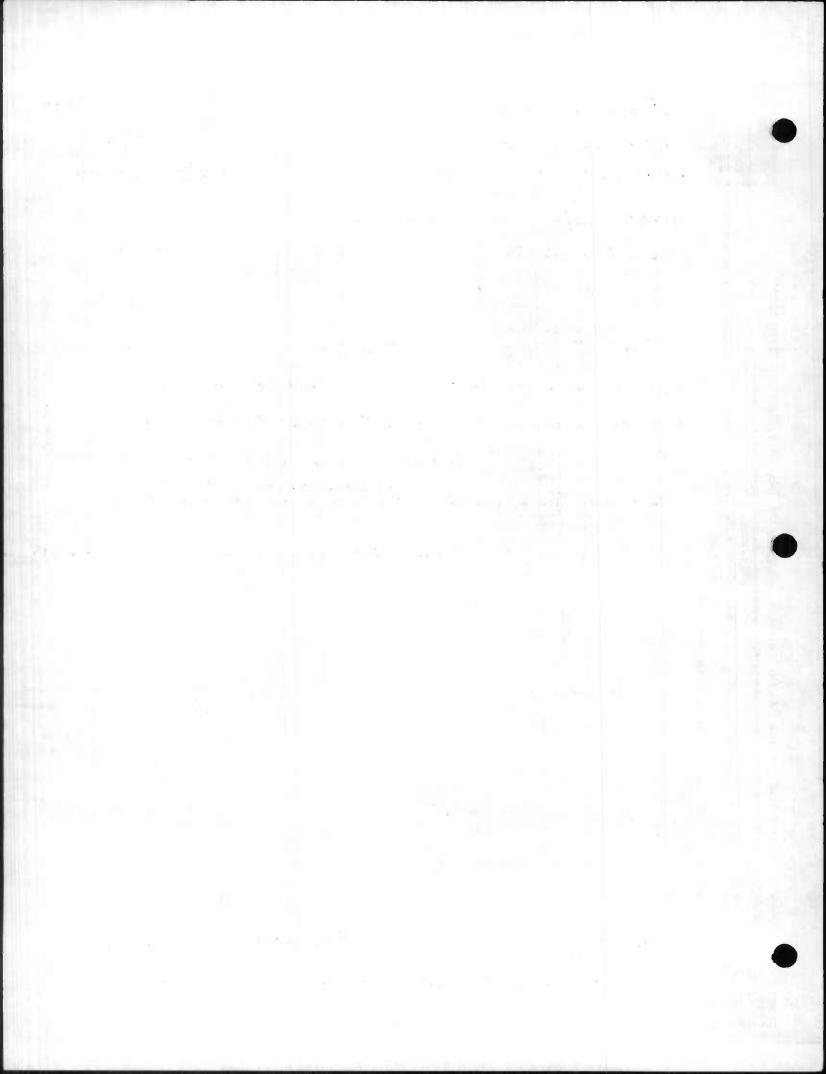
Funeral Director: Af Investigation 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide Hospital Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as atated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier Medical (Check only one) To the I 29d. Date signed (Month, Day, Year) 29c. License number 29b. Signature end little of certifier D40854 44 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) 301 St Pal Baltiner 21202 31. Dete filed (Month, Dey, Yeer) 32. Registrer'a Signeture State

DHMH 16 Rsv 6/95

Registrar

1999



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Reg. No. Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Tima of Death Month **Physician** 1949 6:03 A.M. Laris Frederick Kistner, Jr. March /Medical 4a Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Kosedale tranklin Square Hospital Center If Under 24 Hrs. If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. last birthdey) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Days Hours 1□ M 2□ F Months Yrs 212-24-8426 Director September 16,1927 Baltimore Co., Md. Usual Residence of Deceden 10b. County 10c. City, Town or Location 10d. Inside City Limits ortant: if item 27 is marked other than "natural", or items 23s or 28s-1 show injury or other traumstic avant, the Medical Examiner must be notified at 1 Yas 2 No Directo Maryland Baltimore Rosedale 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1231 Kendrick Road 21237-2919 USA Funeral Was Decedent of Hispanic Origin? (Specify Yes or Nott Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, 11. Marital Status Was Dacedent Evar In U.S. Armed Forcas? Black, White, atc. 1 ☐ Yas 2 ☑ No If Yes, Give Year or Datas: 1 ☐ Never Married 2 ☑ Married Department of Health and Mental Hygiene.
Important: If Itam 27 is marked other than "natural", or i any injury or other traumatic avant, the Mental Contact. 1 ☐ Yes 2 ☐ No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (1-4or 5+) NA Elementery/Secondary (0-12) STNER, Louis Electrician Self Employed 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Louis Frederick Kistner Sr. Mabel Tumbleson 19a. informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Edith A. Kistner (Wife) 1231 Kendrick Road Baltimore, Maryland 21237-2919 20b. Place of Disposition (Nema of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Burial 2 □ Cramation 3 □ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) Zion Cemetery March 8, 1999 Baltimore, Maryland 21. Signature of Funeral Sarvice Licensee 22. Name and Address of Facility Lassahn Funeral Home, Inc. 23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, as shock, or heart tellure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final Acute Brainstein Stroke Dav disease or condition resulting in death) Examiner Angina Month Unstable requires that the death certificate be executed attending physician and for use as the burial-fran Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence ot): Artery Disease Years Division of Vital Records. P.O. Box 68760. Loronary Physician/Medical Years Failure Heart Congestive Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Y88 2 No 3 Probably 4 Unknown Chronic Obstructive Pulmonary Disease 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? peen has 1 Yes 200No certificate t ☐ Yes 2 ☐ No To the Hospital or Attanding Physician: within 24 hours after death.

To the Funeral Director: After this certifical completely filled in by the funeral director, Be 25. Was case reterred to medical examiner? 26. Place of Deeth (Check only one) Hospital: 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 28a. Dete of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28c. tnjury at Work? 28d. Describe how injury occurred Medical Certification: 1 Natural 2 Accident 5 Pending 1 ☐ Yes 2 ☐ No investigation 6 ☐ Could not be determined 28e. Place of Injury - At home, farm, street, tactory, office building, etc. (Specify) 3 Suicida Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29s. Certifia: (Check only one)

29b. Signature and title of certifian

29c. License number

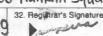
29d. Date signed (Month, Day, Year) March 6,

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Dr. Chung H. Park,

9000 Franklin Square Drive, Baltimorg, Maryland

Registrar

31. Date tiled (Month, Dey, Year) MAR 11



engant suité à X-1 - 14-17 | -

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Death Month Dey Yaar Lola M. Klass 3. 1999 10:30PM March 4e. Fecility Nema (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth 401 Wilgis Road Fallston Harford If Under 1 Year | If Undar 24 Hrs. 5. Sociel Security Numbar 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) 8. Date of Birth (Month, Dey, Yeer) Deys Hours 1□M 2X)F Yrs. 216-20-9924 74 Nov. 19,1924 Parkville, Md. Usuel Residence of Deceden 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Maryland Harford Fallston 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? U.S.A. 401 Wilgis Road 21047 12. Wes Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 ሺ No If Yes, Giva Yeer or Detes: Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. 11. Maritel Status 1 Never Married 2 Married 1 ☐ Yas 2 No Specify: Specify. 3 ☑ Widowed 4 ☐ Divorced White 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Procurement Officer U.S.Government 12 yrs. n/a 17. Fathar's Nama (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Charles Inners Lola Gurke 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 1121 Greenwood Ridge Court BelAir, Md. 21014 Michael Klass (Gr.Son) 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Buriei 2 ☐ Cremation 3 ☐ Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) Highview Mem.Grds. 3/6/99 Fallston, Maryland 21. Signeture of Funeral Servica Liceru 22. Nama and Address of Facility
E.F. Lassahn Funeral Home 11750 Belair Road Kingsville, Maryland 21087 23e. Pert1. Entar the disease, or complications that caused the daath. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one ceuse on each lina. Approximete intervel Between Onsat and Deeth Respiratory Immediete Ceusa (Final Failure 2 mo disaesa or condition resulting in deeth) Obstructive Pulmonary Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated avents resulting in deeth) Lest Dua to (or es e consequence of) Due to (or as a consequenca of): 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Small Cell Lung Cancer 24b. Were eutopsy findings avelleble prior to completion of causa of death? 24e. Wes an eutopsy 1□ Yes 2□No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Deeth 28d. Describe how injury occurred

**Physician** /Medical Examiner

permit. Peges 1 end 2 should be filed within: Department of Health end Mental Hygiene. Important: if Item 271s marked other than "rany Injury or other treumatic event, the Med Obtes.

**Physician** 

/Medical

Examiner

Director

Funeral

þ

Completed

Be

**Funeral** 

Director

r than "netural", or items 23e or 28a-f show the Wedical Examiner must be notified at

the Maryland

altimore, Maryland 21215-0020

Box 68760,

P.O. I

Records,

of Vital

Division

attending physician for use as the buna Physician/Medical the 28 detached signed t þ Be Completed page 2 s certificate Certification: To

The law requires that the death certificate be executed Hospital or Attanding Physicien: 24 hours effer death. this After Director: / within 24 hours e To the Funaral C completely filled To the

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

28e. Date of Injury (Month, Dey Year) 28b. Time of 5 Pending Investigation 6 Could not be determined

28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify)

28c. Injury et Work? 1 ☐ Yas 2 ☐ No

29c. License number

28f. Location (Street and Number or Rurel Route Number, City or Town, State) 1 Certifying Phyelcian: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and menner as attended.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated.

29b. Signetera end title of certifier

2 Accident

3 Suicide

29e. Certifi

4 Homicide

a.D

045390

29d. Dete signed (Month, Dey, Year) 3/5/99

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) BALTIMORE, 6850 HOSPITAL DR + 206

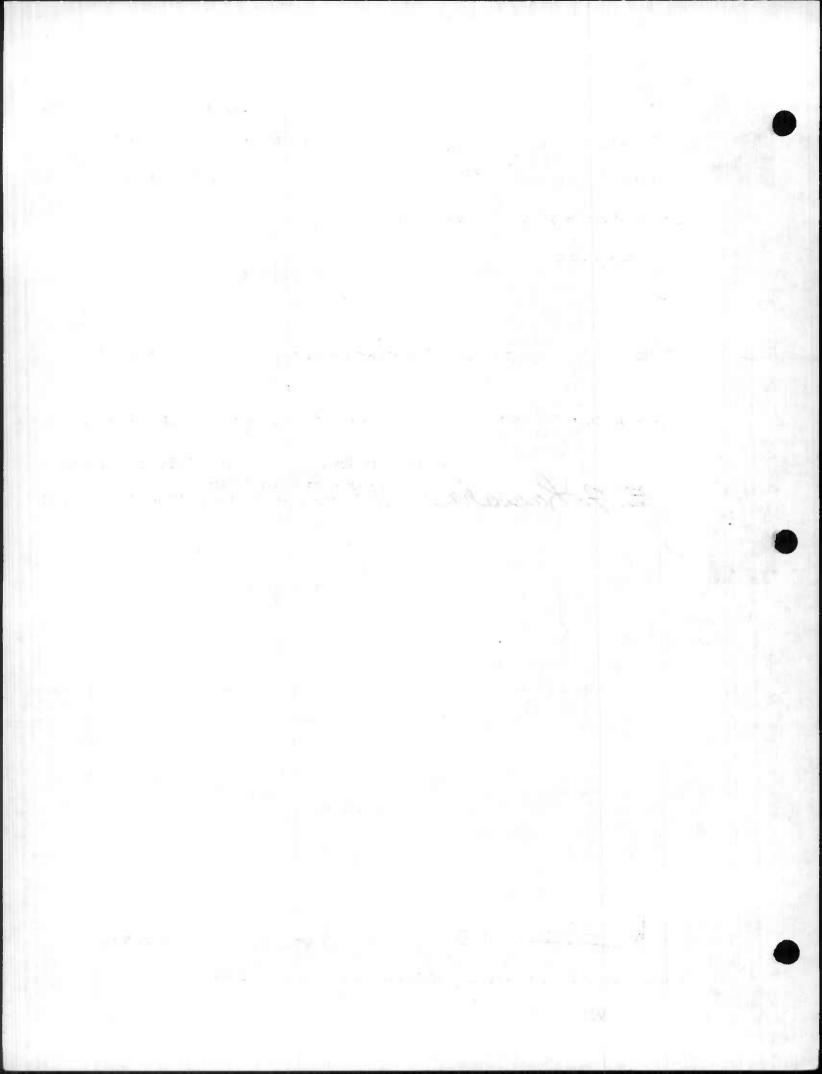
31. Dete filed (Month, Day, Year)

MAR 11

32. Registrar's Signature

State Registrar

edical



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Name (First, Middle, Last) 2, Data of Death 3. Time of Death Monti **Physician** Albert Lawson 1999 1:10 p. M Joseph Marc /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not Institution, giva street and number Examiner Baltimore trank lin Dovare 7. Aga (In yrs. last birthday) osedale Lenter -8. Date of Birth (Month, Day, Year) Feb. 10, If Under 24 Hrs. 9. Birthplace (State or Foreign Country) 8 FL 6. Sex If Undar 1 Year 5. Social Security Number Year) **Funeral** Months 122-305650 15 M 2□ F Days Hours 61 1938 Director Usuai Residence of Deceden 10d. Inside City Limits 10a Stata 10h County 10c. City. Town or Location permit. Pages 1 and 2 should be filed within 72 hours efter death with the Marylen Depertment of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic avent, the Moslea Examine mail to notified at any Injury or other traumatic avent, the Moslea Examine mail to notified at Baltimore Essex 1 ¥ Yas 2 □ No Director MD 10e. Street and Numbar 10f. Zip Code 10g. Citizan of What Country? 21221 USA 1112 Trace Drive Funeral 12. Wes Decedent Evar In U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexicen, Puerto Rican, atc.) 14. Race - American Indian. Black, White, etc. 1 □ Nevar Married 2 □ Married Specify: Black 1 Yes 2 No Specify: by 3 Widowed 47 Divorced Completed 16b. Kind of Businass/Industry 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondery (0-12) Coilege (1-4or 5+) Production Auto 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Majden Surname) Mattie Williams Cleveland Lawson 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 8944 Columbine Cr. Baldwinsville, NY 13027 Regina Smith/daughter 20b. Place of Disposition (Nama of cemetery, crematory or other placa) 20a. Method of Disposition 20c. Location - City or Town, Stata Buriai 2 Cramation 3 Ramoval from State 3/17/99 Rochester, NY Hope Donation 5 Other (Specify) 21. Signature of Funeral Service Licensee 22. Nama and Address of Facility James A. Morton & Sons F.H., Inc. 23a Part 1. Enter the disease, or complications that caused the daath. Do not enter the mode of dying, such as cerdiac or respiretory errest, hock, or heart feilure. List only one cause on each line. Balto., Md. **Physician** /Medical immediata Cause (Final espirator diseese or condition resulting in deeth) Examiner 31days Examiner u Monia 16 Sequentially list conditions, if any, leading to immediata ceuse. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last Due to (or as a consequence of) Syndrome Acquired immune deficiency Physician/Medicai Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause givan in Part I. 1 Yes 2XNo 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Wes an eutopsy performed? NO NO 1 Yes 1 ☐ Yes 2 ☐ No Be 25. Wes case referred to medical 26. Place of Death (Check only one) examiner? Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 1 Yes 2 No 2 1 1 inpatient 2 □ ER/Outpatient 3 □ DOA 28c. tnjury et Work? 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 1 Natural 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 Suicida 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Straat and Number or Rural Route Number, City or Town, State)

Division of Vital Records, P.O. Box 68760, signed by to be detect peen has certificate or Attending Physician: this After efter deeth. Director: Aff

the Marylenc

AMSON, Albert Joseph

Certification:

Medical

4 Homicide

29a. Certifier (Check only one)

24 hours e To the Hosp within 24 hor To the Fune completely fi 10

1th Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Madicat Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and dua to the ceuse(s) and mannar stated. 29c. License number 29d. Date signed (Month, Day, Year)

29b. Signature and title of certifier nno

88821

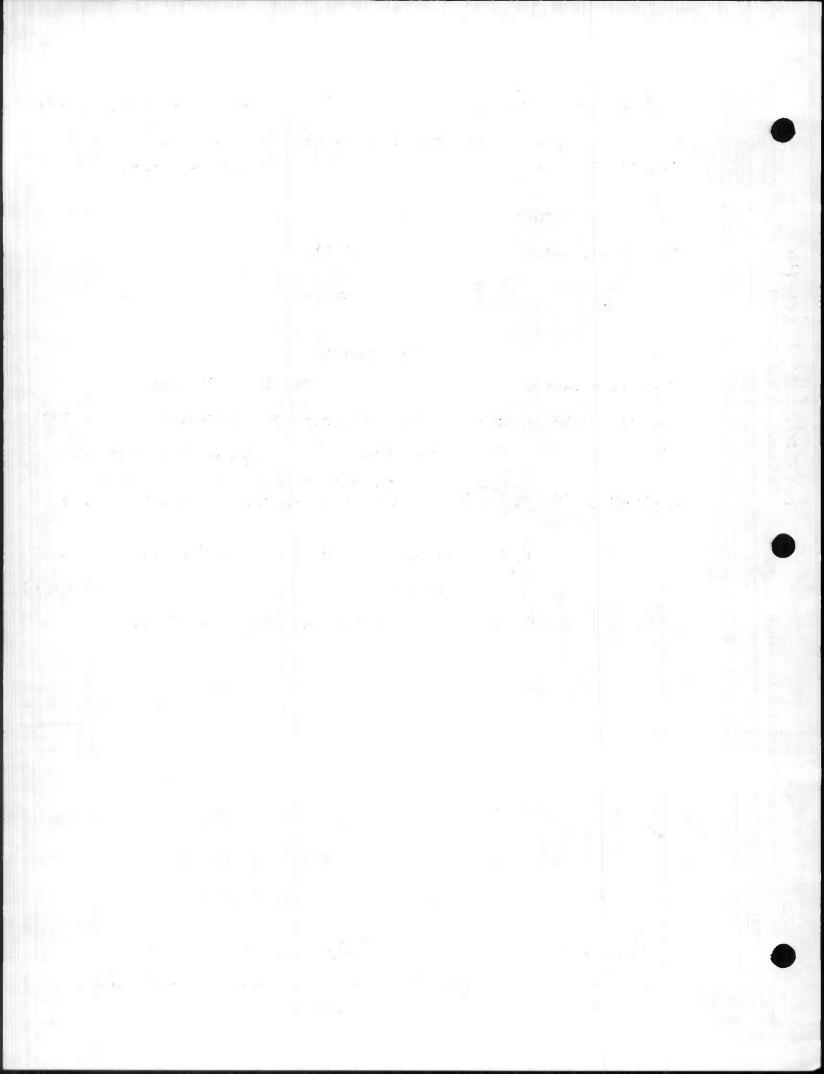
3/8/99

30 Name and address of person who completed cause of death (Item 23a) (Type, Print) CLOOP

1 1999<sup>32. Registrar's Signature</sup>

Franklin Square Drive Baltimore, Md. 21237

State Registrar

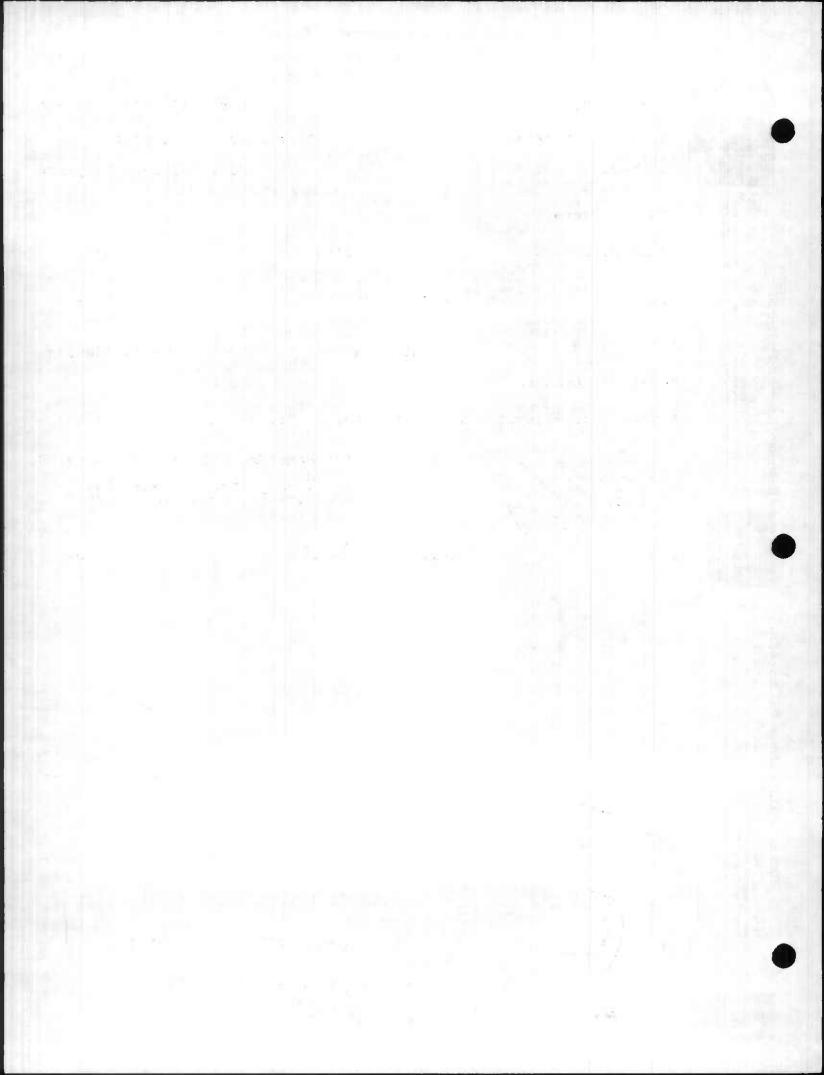


## Please Type or Print in Black Indelible Ink. Assure Ali Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death March 11 1999 Month **Physician** Donald R. Lumpkin 4:05AM /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Long View Nursing Home Manchester Carroll if Undar 1 Yaar | if Undar 24 Hrs. 8. Data of Birth NOV. 21 9. Birthpiace (State or Foreign 1919 Maryland 5. Social Security Number 7. Age (In yrs. lest birthday) **Funeral** 220-03-0134 Days Hours 15 M 2 F 79 Yrs. Director Usual Rasidance of Decedant the Maryland 10a State 10b. County 10c. City. Town or Location 10d. Insida City Limits permit. Peges 1 end 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene. Important: If Item 27 Ia marked other than "natural", or items 23a or 28a-f show any injury or other traumstic event, the Modical Examinator must be notified as MD. Carroll Manchester 1 ☐ Yas 2 ☑ No Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 3332 N. Main St. 21102 USA Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Was Dacedent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Maxican, Puerto Ricen, atc.) 14. Race - American Indian. 11. Maritai Status Biack, White, atc. ty Yes 2 No if Yas, Giva Year or Datas: 1 Never Married 2 Married altimore, Maryland 21215-0020 1 Yas 2 XNo Specify: Specify: White g WWII 3X Widowed 4 Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry 15. Decedant's Education (Specify only highest grada complated) Eiamantary/Secondary (0-12) Coilega (1-4or 5+) Business Owner Trucking/Hauling 18. Mothar's Nama (First, Middla, Maidan Surnama) 17. Fathar's Nama (First, Middla, Last) Be Melvin C. Lumpkin Ida Dietz 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 19a. fnformant's Name/Ralationship (Type, Print) Sharon Espey-Piccione/Dtr 2707 Ebbvale Rd. Manchester, MD. 21102 20b. Place of Disposition (Nama of cematary, cramatory or othar place) 20a. Mathod of Disposition 20c. Locetion - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from Stata Dulaney Valley Cemetery 3-13-99 Timonium, MD. 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Service License 22. Name and Address of Facility
Ruck Towson Funeral Home, 1050 York Rd. Towson, MD. 23a. Part1. Enter the diseat shock, or heart failure. that caused tha death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, and asch lina. Approximata intarvai Batwaan Onsat and Death **Physician** /Medical 2092 immediate Causa (Final disease or condition rasulting in death) **Examiner** Dua to (or as a consequence of): Examiner Sequantially fist conditions, if any, laading to immadiata ceusa. Entar Undarlying Causa (Disaasa or injury that initiated avants resulting in daath) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, physicien Physician/Medical the Due to (or as a consequanca of): 88 use Part if. Other significant conditions contributing to death but not rasulting in the underlying ceuse given in Part i. 23b. Did tobacco use contribute to the cause of death? P P signed by the 1 Yes 2 No 3 Probably 4 Unknown py 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy complation of ceuse of death? page 2 hes 1 Yas 2 No 1 Yas 2 No certificate Hospital or Attending Physician: funeral director, Be 25. Was casa rafarred to medicei axaminar? 26. Piaca of Daath (Check only ona) Othar: 4☐ Nursing Homa 5☐ Rasidance 6☐ Othar (Specify) To 1 Yas 2 No 1 inpatiant 2 ER/Outpatient 3 DOA this 28a. Data of injury (Month, Day Year) 27. Mannar of Death 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: 28b. Tima of After 1 1- Natural 5 Panding efter deeth. 1 Yas 2 No invastigation 2 Accidant 6 Could not be datarminad 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homicida 24 hours Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha ceusa(s) and mannar as stated.

2 Medical Examinar: On tha basis of axamination and/or invastigation, in my opinion, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar statad. edicai 29a. Cartifiar To the Within 2 To the 29b. Signatura and 115 of certifier 29c. Licanse number 29d. Date signad (Month, Dev. Year) 3/11 33065 99 30. Nama and addras rson who complated causa of death (Itam 23a) (Type, Print) Dewn 2111 Havarr Plan 31. Data filed (Month, Day, Year), 32. Radistrar's Signatura State 1999 Registrar



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ( Certificate of Death 3. Time of Deeth 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth Month 44 Ahha DA manch 4c. County of Deal 4b. City, Town, or Location of Deeth 4e Facility Neme (If not institution, give street end number) Randallstown Northwest Hospital Center Baltimore If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. lest birthday) 6. Sex 10 M 20 F Months Deys 216-30-7455 93 Yrs. 11, 1905 Maryland Usuel Residence of Decedent 10c. City, Town or Location 10a State 10b. County 10d. Inside City Limits 1 Yes 2 No Baltimore MD Lochearn 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 6811 Campfield Rd. 21207 USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 Yes 2 No if Yes, Give Yeer or Detas: 14. Race - American Indien, Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Bleck, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☑ No Specify Specify: 3 Widowed 4 ☐ Divorced white 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) Collega (1-4or 5+) 12 Salesperson Hutzler's 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Fether's Neme (First, Middle, Last) Charles Miller Emma Vinnip 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, Steta, Zip Code) 19e. Informent's Neme/Relationship (Type, Print) 4583 Roundhill Road, Ellicott City, Md. C. Russell Long - son 21043 20b. Plece of Disposition (Neme of cemetery, crematory or other plece) Lorraine Park Cemetery Date 20c. Location - City or Town, State 20e. Method of Disposition 3/11/99 1X Buriel 2 Cremetion 3 Removel from Stete Baltimore, Md. 4 Donetion 5 Other (Specify) 21. Signeture of Funeral Service Licens 22. Name end Address of Fecility Gary L. Kaufman Funeral Home @ Meadowridge MP 7250 Washington Blvd., Elkridge, Md. 21075 23a. Pert1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such es cerdiac or raspiratory errest, shock, or heart failure. List only one causa on each lina. Immediate Ceuse (Final Then his ni a disease or condition resulting in death) Due to (or es e consequence of) Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or es e consequence of) Due to (or es e consequenca of) 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 2 No 3 Probably 4 ☐ Unknown 24b. Wara autopsy findings eveilable prior to completion of cause of deeth? 24e. Wes en eutopsy 1 Yes 1 Yes 25. Wes cese referred to medicel examiner? 26. Plece of Daath (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 28e. Dete of Injury (Month, Day Year) 1 Naturel 2 Accident 5 Pending 1 Yes 2 No investigation 6 Could not be determined 3 Sulcide 28e. Plece of tnjury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledga, deeth occurred et the time, dete end plece, and due to tha causa(s) and mannar as steted. 2 Medical Examiner: On the best of examinetion end/or investigetion, in my opinion, deeth occurred et the tima, data end plece, end due to the cause(s) end menner stated. 29a. Certifier (Check only one)

attending physician end for use as the burial-transit The law requires that the death certificate be executed 88 the signed by to Division of Vital Records. peen : page 2 s certificate or Attending Physician: director, 24 hours efter death.

Funeral Director: After this funeral filled in by Hospital completaly within 2 the 0

**Physician** 

/Medical

Examiner

**Funeral** 

Director

28a-f ahow

Director

Funeral

à

Completed

7 is marked other than "natural", or frama 23a or 28a-f ahor traumatic event, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after death 1 Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or Itema 23a any Injury or other traumatic event. It is Medical Example.

any ir

**Physician** /Medical

**Examiner** 

Examiner

Physician/Medical

by

Completed

Be

Certification: To

edical

with the Marylend

State Registrar

**DHMH 16 Rev 6/95** 

31. Dete filed (Month, Day, Year)

29b. Signeture end title of cartifier

32. Registrer's Signeture

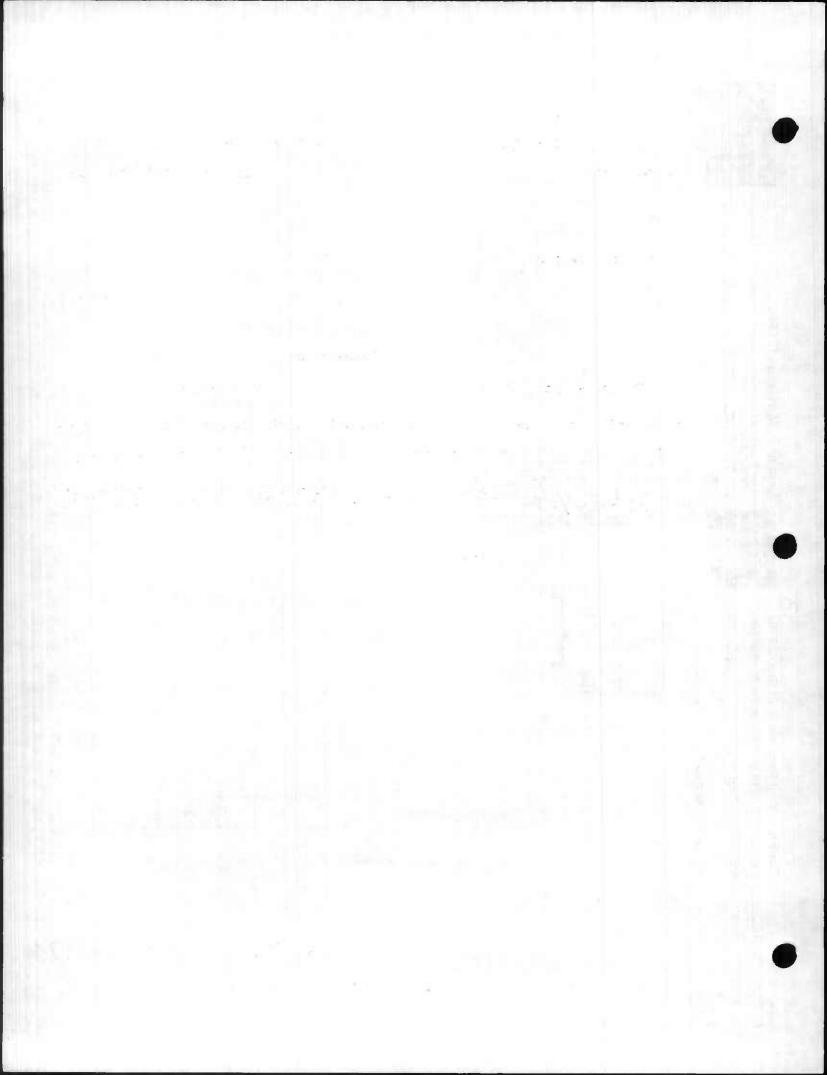
NORTHI

30. Neme end address of person who complated causa of daath (Item 23e) (Type, Print)

Hopital

29c. License number

29d. Data signed (Month, Dey, Year)



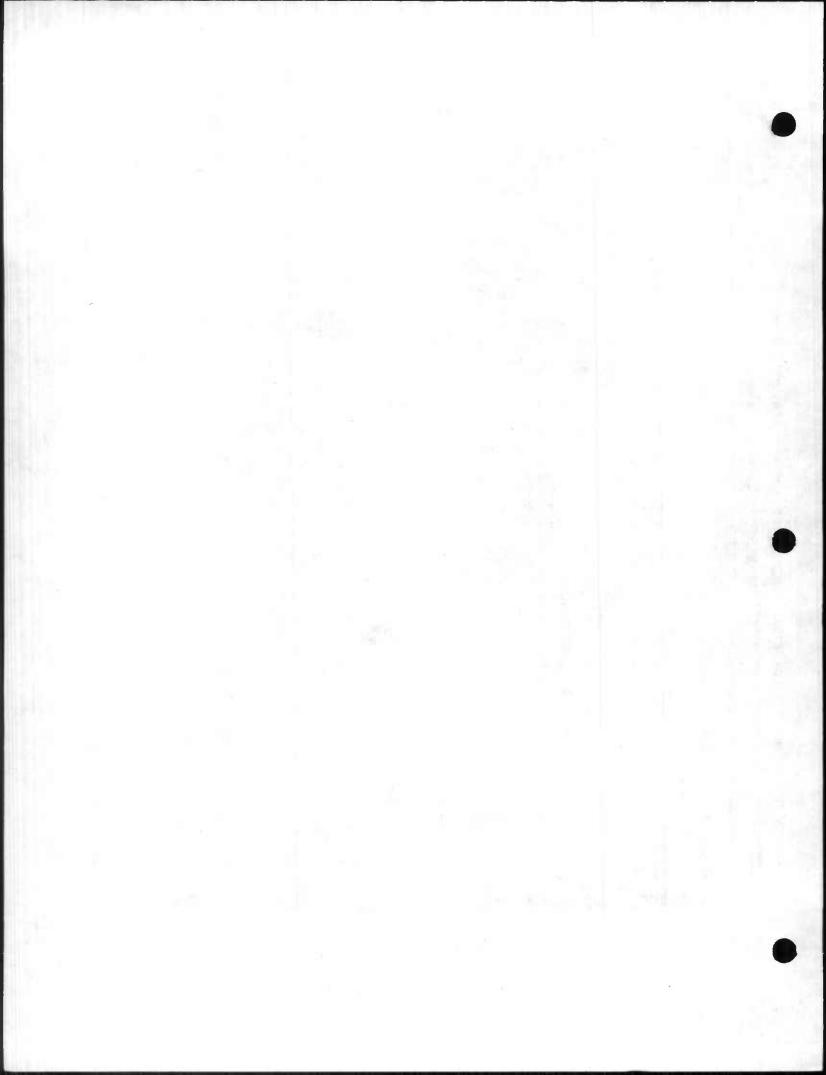
## Please Type or Print in Black indelible Ink. Assure All Copies Are Legible.

Lois Lawrence State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Desth Month **Physician** 14:48 Lawrence /Medical 4c. County of Death 4a Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death Examiner Baltimore Sinai Hospital If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year Birthplace (State or Foreign Country) Funeral Months Days 10 M 20 F 70 224-38-7143 V.A Director 09 Usual Residence of Decedent the Manyland 10e. State 10b. County 10c City Town or Location 10d. Insida City Limits Items 23s or 28s-f show lost must be notified at Baltimore WYas 2 No Director NA MD 10s. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21215 U.S.A. 4455 Pall Mall Road death 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yes, Give Year or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-It Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian "netural", or han Black, White, etc. 1 Never Married 2K Married Baltimore, Maryland 21215-0020 1 Yas 2 XNo Specify: Specify: à 3 ☐ Widowed 4 ☐ Divorced Black Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12th grade 17. Father's Name (First, Middle, Last) Domestic Private na 18. Mother's Name (First, Middle, Maiden Sumeme) 8 Thelma Gay Ennis Wilson 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 4455 Pall Mall Road, Baltimore Md 21215 William Lawrence-Husband 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Burial 2 Cremation 3 Removal from Stata Donation 5 Other (Specify) 13/11/99 Randallstown Md King Memorial Park Funeral Service Licenses 21.5 22. Nama and Addrass of Facility March F/H West 4300 Wabash Ave, Baltimore Md 21215 Do not enter the mode of dying, such as cardiac or respiratory arrest, intl. Enter the disease, or complications that caused the death. Approximate Interval Between Onsat and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical Examiner chen Examiner physician and the burial-transit The law requires that the death certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Box 68760. Physician/Medical Dua to (or as a consequence of) 280 signed by the a d be detached f Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Writhown þ 24a. Was an autopsy performed? 24b. Were autopsy tindings available prior to completion of cause of desth? Completed 1 ☐ Yes 2 1 ☐ Yes 2 ☐ No cartificata of Vital or Attanding Physician: 8 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 → 1 Inpatient 2 DER/Outpatient 3 DOA the second 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred 28b. Time of Division After 1 Diffatural 5 Pending in 24 hours after death.
The Funeral Director: After the funeral Director of the funeral but t 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, tarm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier 1 Cortifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end menner as ststed. Medical To the Hosp within 24 ho To the Fund completely f (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and pleca, and due to the cause(s) and manner stated. 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certified WCIRP. MIARCH 10, HARTORD RAFYCHO 30. Harms and address of person who completed cause of death (Item 23a) (Type, Print) 89 03 PATRICIO 31. Date filed (Month, Day, Year) 32. Registrar's Signatura State

**DHMH 16 Rev 6/95** 

Registrar

3



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month 2003 FF 4b. City, Town, or Location of Deeth 1999 DELAIDE 4e. Fecility Neme (If not Institution, give street end number) 4c. County of Deeth SINAI BALTIMORE N/A OSPITAL If Under 1 Year If Under 24 Hrs. Months Deys Hours Min. 6. Sex 5. Social Security Number 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) Months Deys 10M 20 F 214-22-1862 82 Yrs 11-09-17 Usuel Residence of Decedent 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits NIA 1 Yes 2 No MO 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21228 USA 16 tusting IVENUE 12. Was Decedent Ever in U,S. Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes: 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 11. Marital Status 1 Never Married 2 Married 1□ Yes 20 No Specify: Specify: 3 Widowed 4 □ Divorced BLACK 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working tife. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (#-4or 5+) 12 TH GRADE NA AIDE 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) WILLIAM AMMONS JONES 19e. Informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) YLAURICE FF MISSION WOOD WAY, REISTERSTOWN, MD. 21136 DON 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, crematory or other plece) Date 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete ARBUTUS CEMETERY 4 ☐ Donetion 5 ☐ Other (Specify) 3-10-99 21. Signature of Funerel Service Licenses 22. Name end Address of Fecility VAUGHN C. GREENE FUNERAL SERVICE 5151 BALTO NATTL' PIKE, BALTO MD . 21229 23e. Pert1. Enter the house, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart full unit. List only one cause on each line. Approximete Intervel Between Onset end Deeth Immediate Cause (Finel diseese or condition resulting in death) Due to (or es e consequenca of): Sequentielly list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in death) Lest 2 Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 DUnknown 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 1 Yes 2 No 1 Yes 2 No 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Hospital: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1. Inpatient 2 □ ER/Outpatient 3 □ DOA 28e. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work?

**Physician** /Medical Examiner

**Physician** 

/Medical

Examiner

Director

Funeral

by

Completed

**Funeral** 

Director

238

tem 27 is marked other than "natural", or items 23s or other traumatic event, the Medical Examinar must be a

permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiena. If item 27 is marked other than "natural", or ite any injury or other traumatic event, the Mad call Examines.

Baltimore, Maryland 21215-0020

the Maryland r 28a-f show

> Examiner page 2 Certification: To

physician and the burial-transit signed by i peen : has certificate Hospital or Attending Physician: 24 hours after death. this After Director: / To the Hospital or within 24 hours aft To the Funeral DI completely filled in

Physician/Medical þ Completed Be

Medical

Records, P.O. Box 68760, ADELAIDE NAME: Division of Vital

> State Registrar

27. Menner of Deeth 5 Pending Investigation 1 Neturel
2 Accident 3 ☐ Suicide

29b. Signature end title of certifier

4 Homicide

29a. Certifier

6 Could not be determined

28e. Plece of Injury - At home, ferm, street, factory, offica building, etc. (Specify)

1 ☐ Yes 2 ☐ No

29c. License number

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

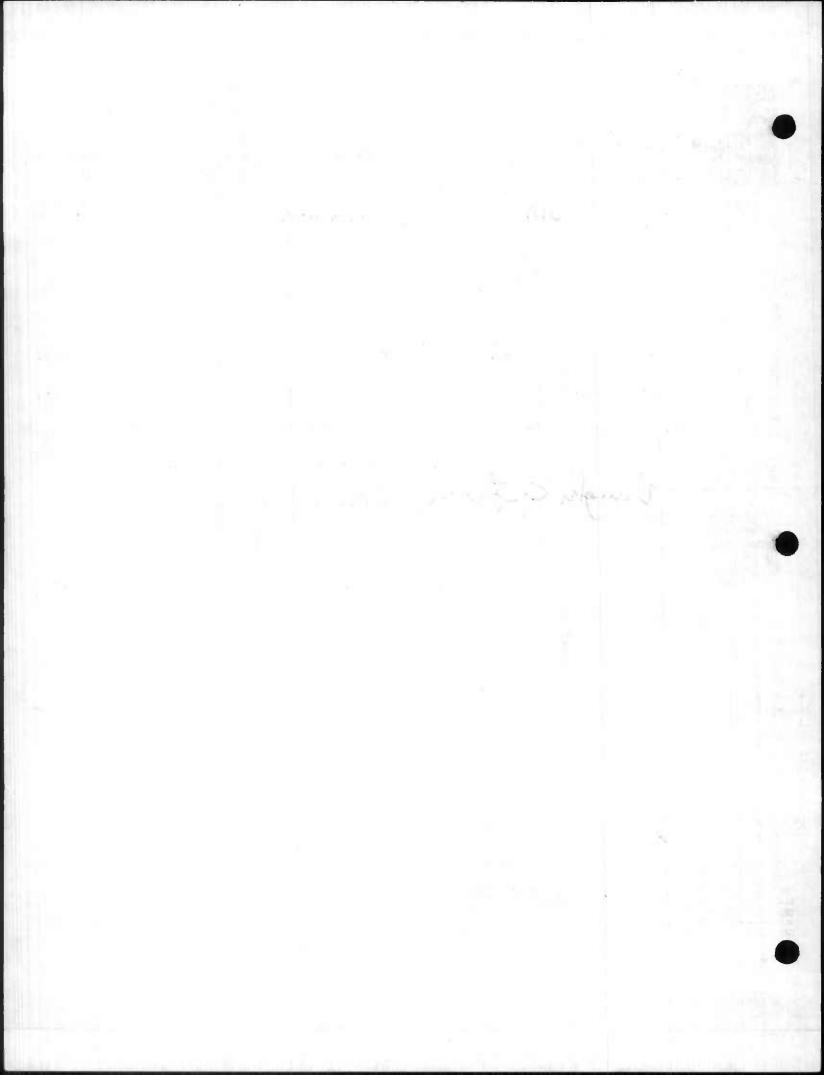
T10883

12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the cause(s) end menner steted. 29d. Date signed (Month, Dey, Year)

30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

BACIAT 900 31. Dete filed (Month, Day, Year)

CATON ANC 32. Registrar's Signeture



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month MILDRED MARIE LASWELL 7:15 PM 7,1999 MARCH /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner BROOKE GROVE FEHABILITATION AND NURSING CENTER SANDV SPRING MONTGONERY If Under 24 Hrs. 8. Date of Birth (Month, Day, If Undar 1 Year 5. Social Security Number 7. Age (In yrs. lest birthday) 9. Birthplece (State or Foraign Country) Days Hours 1□ M 2 F 99 Yrs 333-34-1435 Apr. 18, 1899 Illinois Usuat Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits MD Howard West Friendship 1 Yas 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3455 East Ivory Road 21794 USA Funeral 12. Was Decedent Ever In U,S. Armad Forces? 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-lt Yes, specify Cuban, Maxican, Puerto Ricen, atc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☐ No If Yes, Give X Year or Dates: by 1 ☐ Yes 2 No Specify: 3 Widowed 4 □ Divorced Specify: White Completed 15. Decedent's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retirad) 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) 12 Teacher Education 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be John William Gray Flora Ethel Smith 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Harold W. Laswell/Son 3455 East Ivory Road, West Friendship, MD 21794 20b. Place of Disposition (Nama of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Burial 2 Cramation 3 Removal from State 4 Donation 5 Other (Specify) Baltimore Washington Cr. 3/10/99 Laurel, Maryland ose Licen 22. Name and Address of Facility Fleck Funeral Home, Inc. 7601 Sandy Spring Road, Laure1, MD 20707
The Entire medisease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximetry, or heart failure. List only one cause on each tine. Approximete Interval Between Onset and Death Immediate Cause (Final RECURRENT CARCINOMA OF THE COLON WEEKS disease or condition resulting in death) Due to (or as e consequence of) Examiner CARCINOMA OF THE COLON YEARS Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco usa contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Completed by 24b. Ware autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? 1 Yes 235 No 1 ☐ Yes 2 ☐ No Be 25. Was cese reterred to medical 26. Place of Death (Check only one) Certification: To Other: 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 ☐ Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Deeth 28a. Date of Injury (Month, Day Yaar) 28d. Describe how injury occurred 28c. Injury at Work? 28b. Time of 1 Netural 5 Pending 2 Accident Investigation 1 Yes 2 No 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, tarm, streat, factory, office building, etc. (Specify) 28t. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homlcide 29a. Certifier t⊠ Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner ss stated.

2 ■ Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and dua to tha ceusa(s) and manner stated. Medical (Check only one) 29b. Signatura and title of certifian 29c. Licansa number 29d. Date signed (Month, Day, Year) MARCH 7, 1999 STAFF PHYSICIAN 042046 30. Neme and address of person who completed cause of death (Item 23a) (Type, Print) GRACE BROOKE HUFFMAN, M.D. 18100 SLADE SCHOOL ROAD SANDY SPRING, MARYLAND 31. Date filed (Month, Day, Year) 32. Begistrar's Signature

come

State Registrar

MAR 11

**Funeral** 

Director

must be notified at

7 is marked other than "natural", or items traumatic event, the Medical Example: my

al Hygiene.

h end Mental F

nt of Health e :: If Item 27 is

Department of Important: If any injury or once.

**Physician** /Medical

Examiner

bunal-tran

the

pue

ettending physician for use es the buna

signed by the et

should should

hes

this certificate

the

3

9

or Attending Physician: 'efter death.'
Director; After this certifica

24 hours

To the Hosp within 24 ho To the Fune completely fi

The law requires that the death certificate be executed

Box 68760,

Division of Vital Records. P.O.

Pages 1 and 2 should be

with the Maryland

deeth

filed within 72 hours after

21215-0020

Maryland

Baltimore,

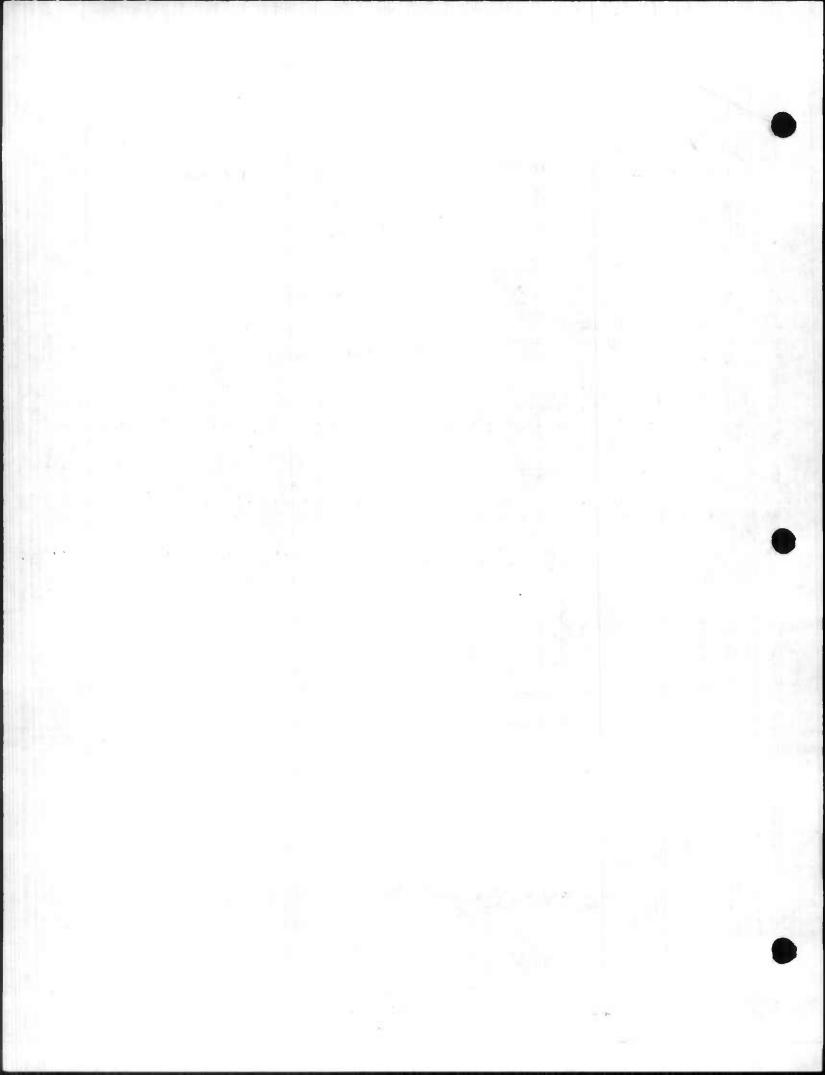
x x x x x E Bec

## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death Month 03 Yaar Q Q 11:33 p.M MOORF Day **Physician** TAMES 08 /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Fdgewood

Winder 1 Year | Hunder 24 Hrs. | 8. Data of Birth (Months Days Hours Min. (Month, Day, Year) Harford Jamestow 17 9. Birthplaca (Stata or Foraign Country) 6. Sex 1 M 2 □ F 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** 217-20-2729 Director Usual Residence of Decedent r 28a-f show 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Harford 1 Yas 2 No Edgewood Director 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number 6 item 27 is marked other than "natural", or items 23s or other treumstic event, the Medical Examiner must be lames town Ct. 21040 Funeral 13. Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuban, Mexican, Puerto Rican, atc.) 11 Marital Status 12. Was Decedent Ever in U.S. 14. Race - American Indian, Was Decedent Ever in U.S. Armed Forces? 1 M Yes 2 □ No If Yes, Give Year or Dates: 50-52 permit. Peges 1 and 2 should be filled within 72 hours effer of Department of Health and Mentel Hygiens. Important: if Nem 27 is marked other than "natural", or Nem any Injury or other treumstic event. Black, Whita, atc. 1 Never Married 2 Married 1 Yes 2 No Baitimore, Maryland 21215-0020 Specify: Black Specify: P 3 ☐ Widowed 4 ☑ Divorced 16s. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) College (1-4or 5+) Beth Furnace Uperator 18. Mother's Nama (First, Middle, Maiden Sumama) 17. Father's Name (First, Middle, Last) Moore Walt Deshazo Dallie 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Liberty Hights Aug . Jones Haughter 5200 BA Ho. Md. 21207 nevelle 20a. Method of Disposition

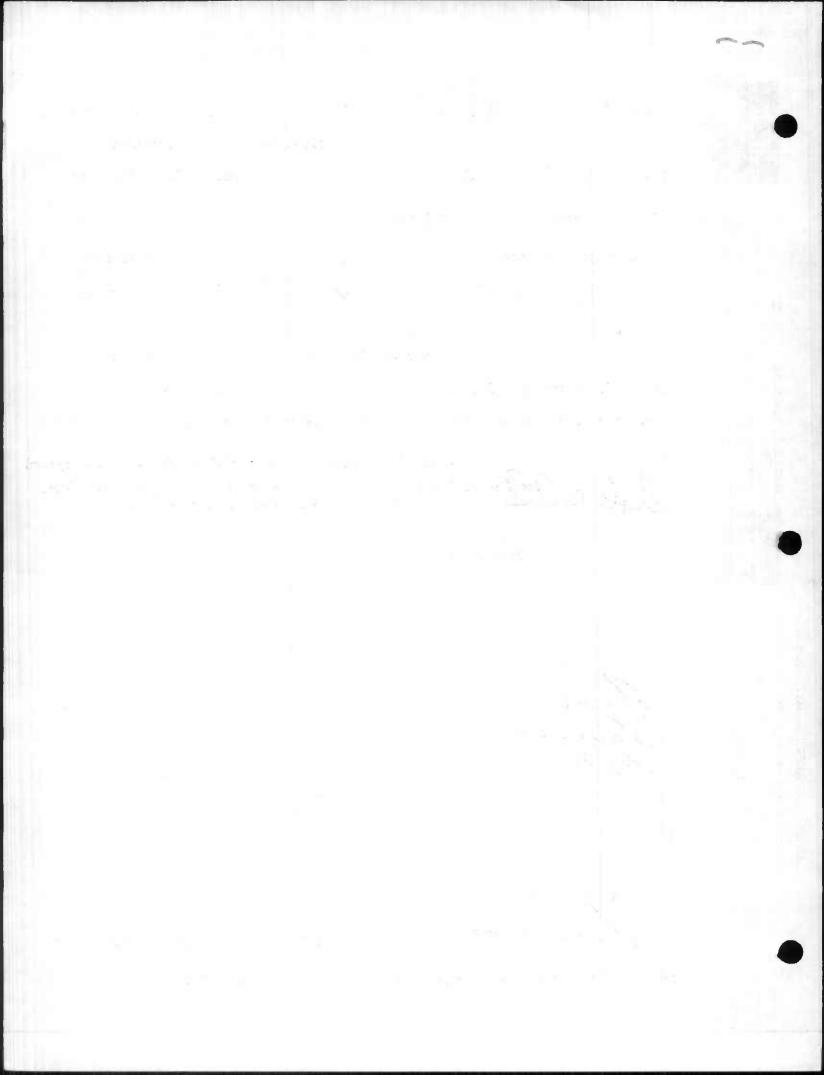
1 Burial 2 Cremation 3 Removal from State 20b. Place of Disposition (Name of cemetery, crematory or other place) Data, 20c. Location - City of Town, State 5/99 Owings Mills Barrison Forest Vet.C 4 Donation 5 Other (Specify) 22. Name and Address of Facility
James A. MORTUN
1701 Laurens St. 21. Signature of Funeral Service Licensee Sons a BAHO. 23a Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest or heart failure. List only one cause on each line. **Physician** ESOPHAGEAL CARCINOMA /Medical tmmediata Cause (Final disease or condition resulting in death) S MONTHS Examiner Physician/Medical Examiner 5 mounts ACHEXIA Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Box 68760, Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. 1 Yes 2 No 3 Probably 4 Unknown CORONARY ARTERY DISEASE 24b. Wara autopsy findings available prior to complation of cause of death? 24a. Was an autopsy performed? Completed 1 Yas 2 XNo 1 ☐ Yas 2 No 25. Was case referred to medical examiner? 8 26. Place of Death (Check only one) Hospital: 1 | Inpatient 2 | ER/Outpatient 3 | DOA To Other: 4 Nursing Homa 5 🖫 Rasidence 6 Other (Specify) 1 Yes 2 No this 28a. Date of Injury (Month, Day Year) 27. Manner of Death he Hospital or Attending Ph in 24 hours efter deeth. he Funeral Director: After th plately filled in by the funeral 28b. Time of Injury 28d. Describe how Injury occurred 28c. Injury at Work? 5 Pending investigation 1 Natural 1 Yes 2 No 2 Accident 6 ☐ Could not be 3 ☐ Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide 156 Certifying Physician: To the best of my knowledge, death occurred at the tima, data and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a. Certifier Medical To the Hosp within 24 ho To the Fune completely fi 29d. Data signed (Month, Day, Year) 29b. Signature and title of certifier 29c. License number MD. MARCH 10, 1999 31856 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) RDAD mD 21047 AIR 32. Registrar's Signature Registrar



State of Maryland / Department of Health and Mental Hygiene 9 9 17836

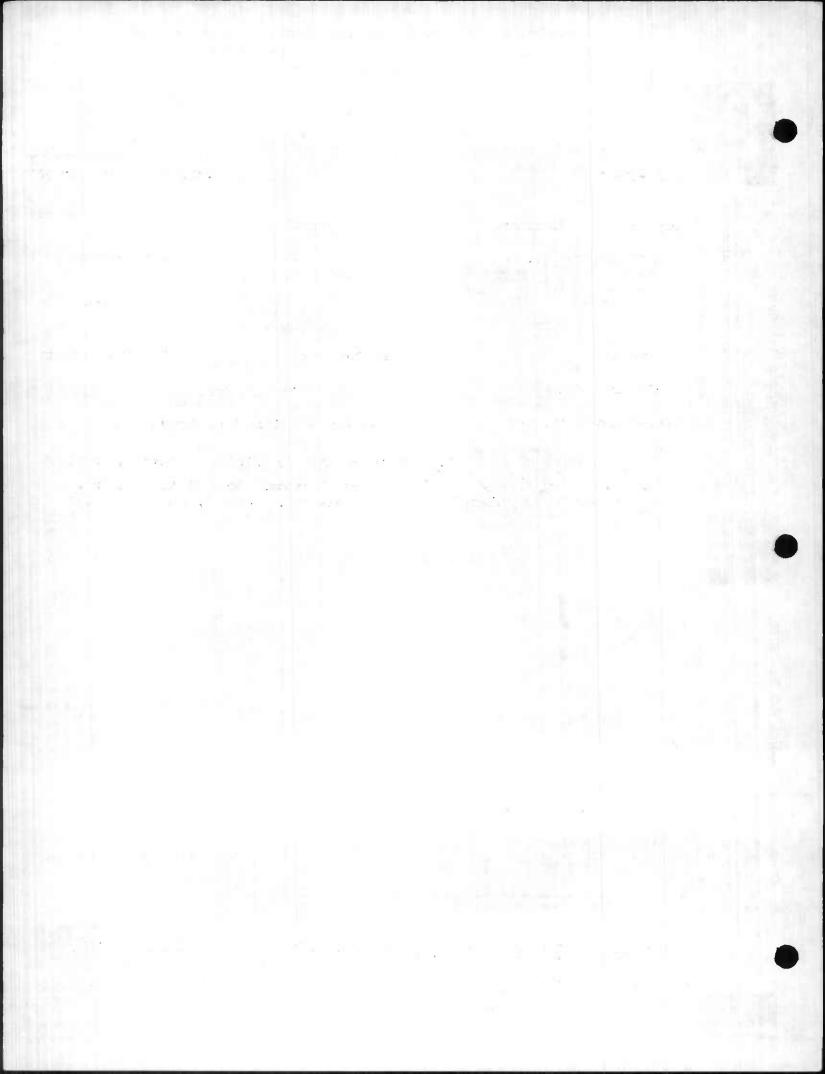
							Ce	rtifica	te of	Death		Reg. No.	01	000	
			Decedent's Name (First, Middla, Last)								2. Data of Death Month Dey Yaar  3. Time of D				
Physici /Medic			DR. GEORGE W. MURGATROYD, JR.							March			:00 pm		
	Exami		4a. Fecility Neme (If not institution, give street end number)  4b. City, Town, or Lo									· uu_piii			
			Stella Maris Timonium Baltimore												
	Funeral		5. Social Sacurity Num			7. Aga (In yrs. last birthdey) If Under 1 Year If Und				S. 8. Deta of Birth (Month, Day, Year)  9. Birthple Countr			(Stete or Foreign		
Maryland 21215-0020	Director		220-44-8		X 2 F	M 2 Yrs. Would Soys House				Dec. 4, 1916 Maryland					
	pue M	Funeral Director	Usuel Residence of Da 10a. Stata 10	b. County		10c, Cit	ty, Town or Lo	cation					104 4	nside City Limits	
	Aaryli		MD	n/a		Baltimore								Yas 2 □ No	
	28a		10e. Street and Number						Of, Zip Coda			10g. Citizen of What Country?			
	With No.				Dood			21210							
	eath 23	era	102 A Cr	oss key							nacify Vac or No	-	States	American Indlen.	
	filed within 72 hours efter death with the Maryland Hygiene. ther than "natural", or ferms 23a or 28a-f show ent, the Medical Examiner must be notited at	To Be Completed by Fun	1 Navar Married	Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Giva Yaar or Datas:			13. Was Decedant of Hispenic Origin? (Specifif Yes, specify Cuban, Maxicen, Puarlo Ric 1 ☐ Yes 2 Mo Specify:			to Rican, atc.)			White, atc. White		
	72 ho		15. Dacedant's Ed (Specify only highast gra		lucetion da complated)  College (1-4or 5+)		16a. Daced	Dacedant's Usual Occupation     (Giva kind of work dona during most of working     iffa. DO NOT use retired)			ulti	16b. Kind of B	Ind of Business/Industry		
	en e		Elamantery/Seconde	lifa.			rking								
21	filed within Hygiene. other than ent, the H				5	Doctor/Allergist			Medical						
arylan	d oth		17. Fether's Nama (Fire	st, Middla, Last)						18. Mothar's Na	na (First, Middla, Maidan Sumema)				
	should be find Mentel It				troyd, Si	. M.I	).			Helen 1	Mildred Parks				
	2 sho		19a. Informant's Name								ural Routa Number, City or Town, State, Zip Code)			•	
	end eelth m 27			-	rgatroyd/					eys Road	Balti	more, M	aryland	21210	
Baltimore,	permit. Pages 1 and 2 should be filled within 72 hours Department of Heelth and Mentel Hygiene. Important: If item 27 is marked other than "natural", any injury or other treumatic event, the Medical Execute.		20a. Mathod of Disposi 1 Burial 2 C 4 Donation 5	ramation 3 🗆		a	Place of Dispo comatary, crar kwood	natory or	othar ple	1	Data 3/13/100		City or Town, S	Stete Maryland	
Salti	Departm Departm Importa any inju		21. Signature of Funer	Service Licens	Stephen					ess of Facility	ck Towso				
ш	20539		Mest	717	y Comen	<i>D</i> . OC		050	York	Road To				, Inc.	
F			23a. Parti. Enter tha c shock, or heart fa	llseasa, or comp	lications that caus	ad tha daat	h. Do not ent	ar tha mod	da of dy	ing, such as cerdia	c or respiretory e	rrest,	App	roximata rvei Batween	
	Physician /Medical Examiner		Immediata Causa (Final disaase or condition rasulting in death)  Dua to (or as a consequence of):									et end Death			
-	₽ #	iner		-	L										
68760,	requires that the death certificate be executed een signed by the attending physician end hould be detached for use as the buriel-transit	Examiner	Sequantially list conditi if any, laading to Imma ceusa. Entar Undarlylr Cause (Disaasa or Inju	lons, diata	Dua to (or as a consequance of):										
	ntificate b	y Physician/Medical	that initiated avents resulting in daath) Last		c										
Box	th ce tendi			,	d										
P.O. E	he al				contributing to death but not resulting in the underlying ceuse given in Part !.					23b. Dld	tobacco uaa co	ntribute to the	causa of death?		
	thet the death cert led by the attendin detached for use		1/50	1.10/2						10	Yes 2□No	3 Probably	4 Unknow		
rds	w requires that been signed to should be det	d by	As to	maid						24a. Wes	24a. Wes en autopsy 24b. Wara autopsy fin				
00	shot	iete	-							perfo	performed? available pr completion of deeth?		a prior to tion of ceuse		
	8 8 6	edical Certification: To Be Completed	Arrs	18412											
			OF Was ones referred	to madical									1 L Yas	2 □ No	
5	certi		25. Was cesa rafarrad axaminar?		28. Place of Death (Chack only one)  Hospital:										
on of Vital	Phys r this		27. Mannar of Death		1 Linpatient 2 Li ER/Outpatient 3 Li DOA 4 W Nursing F					Homa 5 ☐ Residance 6 ☐ Othar (Specify)  28d. Dascribe how injury occurred					
	To the Hospital or Attending Physician: thin 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director,		1X Netural 5	5 Panding invastigation	(Month, D	Injury		28c. Injur Wor	rk? ]Yas 2 □ No	200, 200, 100					
Division			2 Accidant 3 Suicida 6 4 Homicida						28f. Location ( City or To	28f. Location (Streat and Number or Rurel Routa Mumber, City or Town, Stata)					
	To the Hospital or within 24 hours effe To the Funeral Dirt completely filled in											ceuse(s)			
	Foth Foth comp	Me	29b. Signatura and Mile	of certifier	29c. Licansa number				29d. Data signed (Month, Day, Yeer)						
	0		1	Lake	at a me			D 15504				3.9.49.			
RY	8		30. Nama and eddrass of person who complated ceuse of deeth (Itam 23a) (Type, Print)  Eddie Nakhuda, M.D. 2300 Dulaney Valley Rd Timonium, Md 21093												
	•				250			аттей	, Ka	TIMOI	ııuπ, Μα	21093			
	Sta	ite	31. Data filad (Month, L	1000	32. Regis	trar's Signa	nura	ack	1						

NAME: MURGATROYD, DR. GEORGE



# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** 328 AURA MARCH · /Medical 4b. City, Town, or Location of Deeth 4c. County of Deeth 4a Facility Nema (If not Institution, give street end number) S BAYVIEW
6. Sex **Examiner** MEDICAL HOPKINS N/A JOHNS OAUTIMO If Under 24 Hrs. 8 WIER RE If Undar 1 Year 5. Sociel Security Number 7. Aga (In yrs. lest birthday) 8. Dete of Birth (Month, Dev. Year) Birthplece (State or Foreign Country) **Funeral** Deys Months Hours Min. 1 M 2 F Yrs. Director 232-07-4111 80 West Virginia Usuel Residence of Decedent the Marylend 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examiner must be notified at 1 ☐ Yas XXNo Director Dundalk Maryland Baltimore 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number with 1 21222 6508 Colgate Ave. United States permit. Pages 1 and 2 should be filed within 72 hours efter death a Department of Heelth and Mental Hygiene. Important: If tem 27 Is marked other than "natural", or tems 23, any injury or other traumatic event, the Medical Exercite man Funeral 14. Race - Amarican Indian, 12. Was Decedent Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status Bleck, White, atc. 1 ☐ Yes 2 ☑ No If Yes, Giva Yaer or Detes: 1 Nevar Married 2 Merried Baltimore, Maryland 21215-0020 1 Yes 2√2 No Specify: Specify: by 3℃Widowed 4 Divorced White Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working tife. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 10 Years Clothing Industry Press Operator 18. Mother's Neme (First, Middle, Meiden Sumeme) 17. Father's Nema (First, Middle, Last) Be Valentin Bojek Francis Drelik 19a. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Louise Zovko/Daughter 10 Ayr Court Nottingham, Maryland 21236 20b. Place of Disposition (Nema of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete Dete 1 Buriel 2 ☐ Cremation 3 ☐ Ramoval from Stata 4 Donation 5 Other (Specify) Strnislaus Cemetery 3/12/99 Dundalk, Maryland 22. Nama end Address of Facility
Duda-Ruck Funeral Home of Dundalk, Inc. 21. Signature of Funeral Service Accepsed 7922 Wise Ave. Dundalk, Maryland 23a. Part1. Enter the disease, or complications that caused the reath. Do not enter the mode of dying, such es cardiec or respiretory errest, shock, or heer feilure. List only one ceuse on each line. Approximete Intervel Between Onsat end Deeth **Physician** Immediate Ceuse (Finel disease or condition resulting in deeth) /Medical YOCARDIAL HOURS Examiner Due to (or es e consequence of): Examiner physician and the burial-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Couse (Disease or injury that initiated events resulting in death) Lest Due to (or es e consequence of): Box 68760. Physician/Medical Due to (or es e consequance of) Pert II. Other significant conditions contributing to death but not resulting in the underlying causa givan in Pert I. 23b. Did tobacco use contribute to the cause of death? P.0. ed by the e been signed by should be detact 1 Yes 2 No 3 Probably 4 Unknown HYPERTENSION, CORONARY VASCULAR DISEASE, Division of Vital Records, þ 24b. Were autopsy findings eveilable prior to 24a. Wes an autopsy performed? Completed CURRENT TRANSIENT ISCHEMIC ATTACKS completion of causa of death? l or Attending Physician: The after death.
Director: After this certificate I 1 Yes 2 No 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospitel: Inpatient 2 ER/Outpatient 3 DOA Othar: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 28c. Injury et Work? funeral 27. Menner of Deeth 28d. Describe how injury occurred 28b. Time of 5 Pending investigation 1 Neturei 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 4 Homicide A Funeral Hospital 24 hours a 29a, Certifier (Check only one) 🔀 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and place, end due to the ceuse(s) end menner es steted. Medicai 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end menner stated. To the To the F 29d. Data signad (Month, Day, Year) 29b. Signeture end title of certifier 29c. Licansa number runk the completed cause of death (Item 23e) (Type, Print) JOHNS HOPKINS BAYVIEW MEDICAL BANNORE) MEDICAL end eddress of personu MAR I I 32. Régistrer's Signeture State Street Park Registrar



Physician /Medical

Maryland 21215-0020

Examiner

The law requires that the death certificete be executed

Box 68760

Division of Vital Records, P.O.

ettending physician for use es the burie ate has been signed by page 2 should be detac al or Attanding Physician: The sefter death.

In Director: After this certificated in by the funeral director, pa Certification:

this certificate has

Hospital c To the Hospital within 24 hours e To the Funeral C

Examiner Physician/Medical þ Completed Be Signature of Fune at Service Licensee

Immediate Cause (Finel disease or condition resulting in death)

1 Yes 2 No

1 Matural

2 Accidant 3 Suicide

4 ☐ Homicida

31. Date filed (Month, Day, Year)

Sequentially list conditions, if any, leading to immadiate causa. Enter Underlying Cause (Disaasa or injury that initiated events rasulting In death) Last 25. Was cese referred to medical 2 27. Manner of Death

Medical

State

Registrar

AND NECK CANCER

. Or complications that caused the death. Do not enter the mode of dying, such es cerdiac or respiratory arrest, . List only one cause on each line.

Due to (or as a consequence of):

Due to (or es a consequence of)

28b. Time of

Part II. Other significant conditions contributing to death but not resulting in the underlying ceusa given in Part I.

22 Name and Addrass of Facility Fleck Funeral Home, Inc.

1 | Yas 2 | No 3 Probably 4 Unknown

23b. Did tobacco usa contributa to the cause of death?

24e. Wes en autopsy

24b. Were autopsy findings available prior to completion of ceusa of death?

1 Yes 2 No 26. Placa of Death (Check only one)

t ☐ Yes 2 ☐ No

Approximate Intervel Between

Other: 4 Nursing Home 5 Aasidanca 6 Othar (Specify)

1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28d. Describe how Injury occurred 28c. Injury at Work?

7601 Sandy Spring Road, Laurel, MD 20707

1 ☐ Yas 2 ☐ No 28a. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

1 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mannar as stated.

2 Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and mannar stated. 29a. Cartifian 29b. Signature and title of cartifiar 29c. License number 29d. Data signed (Month, Dey, Year)

BLM MO

5 Panding investigation

6 Could not be determined

P12745

MD-21201

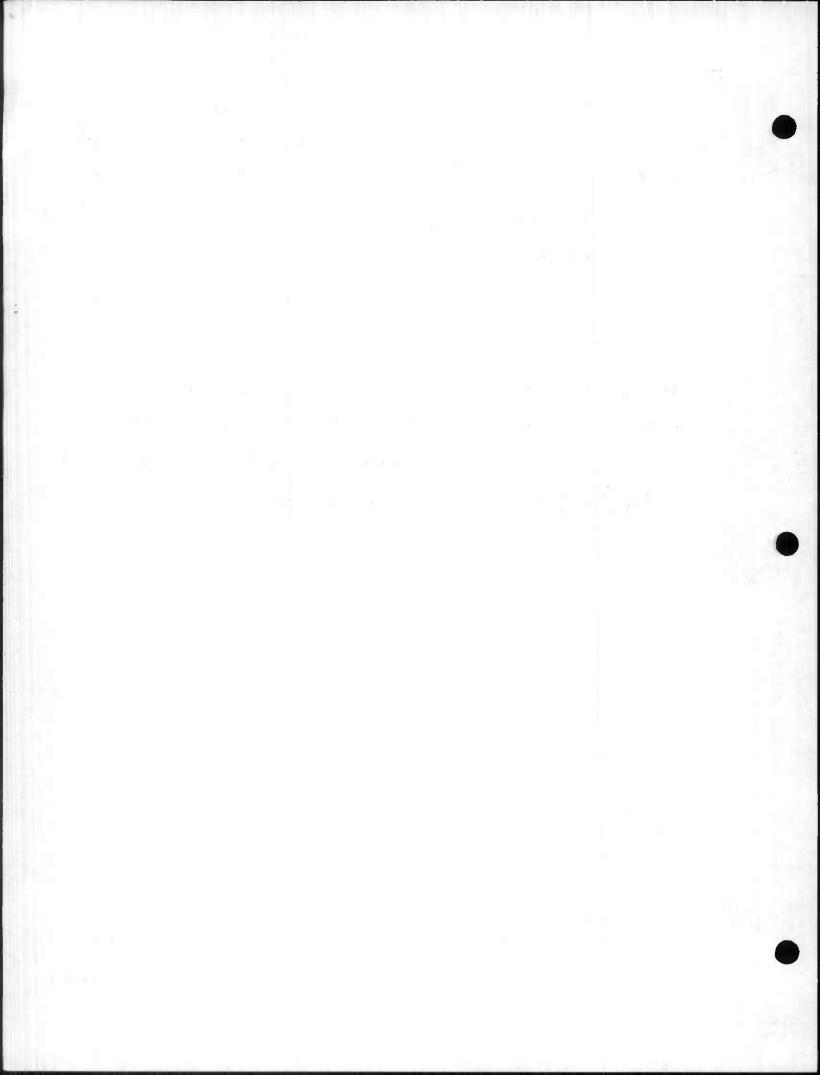
30. Name and address of person who completed ceuse of daath (Itam 23a) (Type, Print)

HOSPITAL, BALTIMORE, BUDDHARAJU VA

32. Registrar's Signature

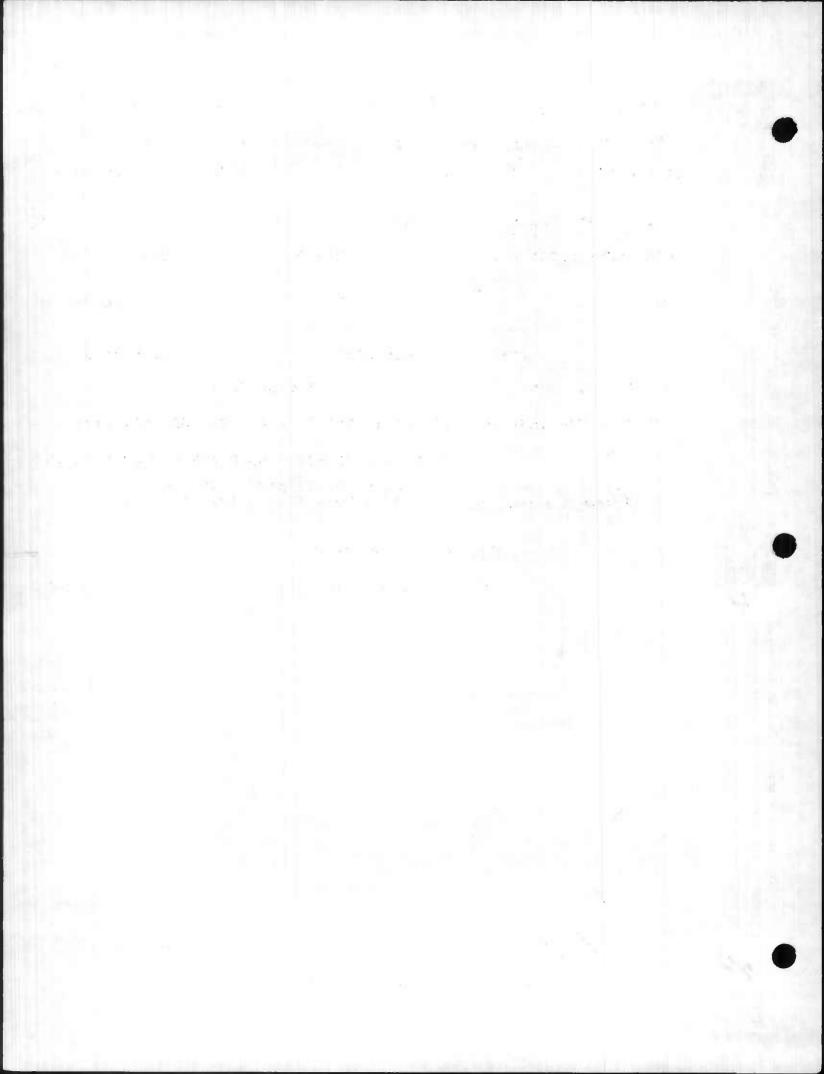
28e. Date of Injury (Month, Dey Year)

Person



## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

		State of Marylar		cate of D	eath	Reg	. No.	07839		
Physician /Medical	1. Decedent's Name (First, Middle, L	6.	Menzies		N	Month Arch	Bay 19	3. Time of Deeth 8:53 pm		
xaminer neral ector	4a Facility Name (If not institution, graph of the Tohns A. 5. Social Security Number 6. 215-50-0472	Ve street and number)  OPKINS HOS  Sok 7. Age (In yrd.	Mon		Hours Min.	,	N/A (ear) 924 \$	9. Birthplace (State or Foreign Country) askatchewan		
or set	Usuel Residence of Decedent  10a. State 10b. County				10d. Inside City Limits					
by Funeral Director	MD. BALTI	MORE		1 ☐ Yes 2 🔀						
Director	10e. Street and Number			100	. Citizen of W	het Country?				
rain	6009 HUNT RII	GE RD.					USA			
by Funeral	11. Meritel Stetus  1 Never Married 2 Merried 3 Widowed 4 Divorced	12. Was Decedent Ever in L Armed Forces? 1 ☐ Yes 2 ☑ No It Yes, Give Year or Dates:	Armed Forces? If Yes, special Types 2 No It Yes, Give 1 Yes 2			y Yes or No- en, etc.)	14. Rece - American Indian, Black, White, etc.  Specify: WHITE			
Completed	15. Decedent's I (Specify only highest g Elementery/Secondary (0-12)	lon Iring most of working	of working  16b. Kind of Business/Industry  HOMEMAKER							
e C	17. Father's Neme (First, Middle, Las	2YRS	HOUSEW		18. Mother's Name (F	irst, Middle, Me				
To Be	ELEAZER W. GA	RNER			ESTHER G	GREY				
_	19a. Intermant's Neme/Relationship	(Type, Print)	19b. Mailing Add	dress (Street er	nd Number or Rural R	al Route Number, City or Town, State, Zip Code)				
	LAURIE T. MENZ									
	20a. Method of Disposition  1 Burial 2 Cremation 3 4 Donation 5 Other (Spec	Removal from State	Place of Disposition cemetery, crematory THOMAS	or other plece	)			S MILLS, MD.		
on al er	23a. Part1. Enter the disease, or cor shock, or heart failure. List only Immediate Cause (Finel disease or condition resulting in death)	lavo III	of Fecility JENKINS RD • BAL , such as cardiac or re	TO., MD	. 212	Approximete Interval Between Onset end Deeth				
	resouring in death)	Due to ( MU/7)	or as a consequence	ot):				5 years		
IIII/Medical Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	C	or as e consequence							
sicia	Part It. Other significant conditions	n in Pert I.	23b. Did tob	acco use con	tributa to the cause of death?					
by Physician/M				1 🗆 Yee	2□ No	3 Probably 4 Unknown				
Completed			24a. Wes en performe	autopsy ed?	24b. Were eutopsy tindings available prior to completion of cause of death?					
Be Com						1 🗆 Yes	2 X No	1 ☐ Yes 2 No		
Be	25. Was cese referred to medicel examiner?	Hospital:		Other	26. Plece of Death (0					
F	1 Yes 2 No  27. Manner ot Deeth 1 Natural 5 Pending 2 Accident investigation	28a. Dete of Injury (Month, Day Year)  28c. Injury et Work?  28d. Describe how injury occurred Work?								
Medical Certification:	3 Suicide 6 Could not determined									
Medical	29a. Certifier  (Check only one)  (Check one)  (Check one)  (Check one)  (Check one)  (Check one)  (Check one)  (Check one)  (Check one)  (Check one)  (Check one)  (Check one)  (Check one)  (Check one)  (Check one)  (Check one)									
×	29b. Signature end title ot certifier	29c. License	number			(Month, Day, Year)				
	THING	OT - M. Mint	RES	-000	March 5, 1999					
	30. Name and andress of person who completed cause of death (flem 23a) (Type, Print)  LEON VIOLE Sweet Baltimure, Maryland 21287									
State egistrar	31. Date tiled (Month, Day, Year)  MAR 1 1	32. Registrar's Sign		loo	11					



Please Type or Print in Black indelible ink. Assure Ali Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Nadolny Edward March 9, 1999 4:05 AM 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death 7104 Martell Ave. Baltimore Dunda1k If Under 24 Hrs. If Under 1 Year 5. Social Security Number 7. Age (In vrs. last birthday) Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) Days Months 1X M 2□ F Hours 216-10-5235 87 April 20,1911 Mississippi Usual Rasidence of Decedant 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Maryland Baltimore Dundalk 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21222 7104 Martell Avenue United States 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 11 Marital Status Black, White, etc. 1 ☐ Never Married 2 Married 1 ☐ Yas 2 ☑ No Specify: Specify. 3 ☐ Widowed 4 ☐ Divorced White 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Cotlege (1-4or 5+) Steel Industry 6 Years Iron Worker 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Stephen Nadolny Antionette Wiatrowski 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1017 Bayner Road Essex, Maryland Mary Minton/Daughter 20b. Placa of Disposition (Name of cemetary, crematory or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal trom State 4 □ Donation 5 □ Other (Specify) Oak Lawn Cemetery 3/12/1999 Baltimore, MD 21. Signature of Funeral Service Licensee 22. Name and Address of Facility
Duda-Ruck Funeral Home of Dundalk, Inc. Dundalk, Maryland 7922 Wise Ave. MARI Q 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final diseasa or condition rasulting in death) Pmpha spma VPQIS Due to (or as a consequenca of): Sequentially tist conditions, if any, leading to immediate causa. Entar Underlying Cause (Disease or trijury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of) 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 28. Placa of Death (Check only ona) Hospitat: Other: 4 Nursing Home 5 Aesidence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 28b. Tima of tnjury 28d. Describe how injury occurred 28c. tnjury st Work?

physician and s the burial-transit that the death certificate be axecuted Box 68760 980 P.O. Records. The law requires page 2 s certificate hes of Vitai this funeral After Division or Attending death. 24 hours after deat Funeral Director: filled in by

**Physician** 

/Medical

Examiner

**Funeral** 

Director

28a-f show

b

Norms 23a

e filed within 72 hours after di if Hygiene. other than "natural", or flem went, the Medical Examiner. "natural", or Itan edical Examiner

permit. Pages 1 and 2 should be filed w Department of Health and Montal Hygies Importants if Isen 27 is marked other th any Injury or other traumatic event, the 9068.

**Physician** 

/Medical

Examiner

Examiner

must be notified

Director

Funeral

þ

Completed

Be

the Maryland

death

Baltimore, Maryland 21215-0020

Physician/Medical Part It. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. ð Completed 25. Was casa referred to medicat axaminer? Be Certification: To 1 Yas 2 No 28a. Date of tnjury (Month, Day Year) 27. Manner of Death 1 Naturat 5 Pending Investigation 1 Yes 2 No 2 Accidant 6 ☐ Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Placa of tnjury - At homa, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier edicai (Check only one)

29c. License numbe

D4223

29d. Date signed (Month, Day, Year)

21222

State Registrar

Hospital

the

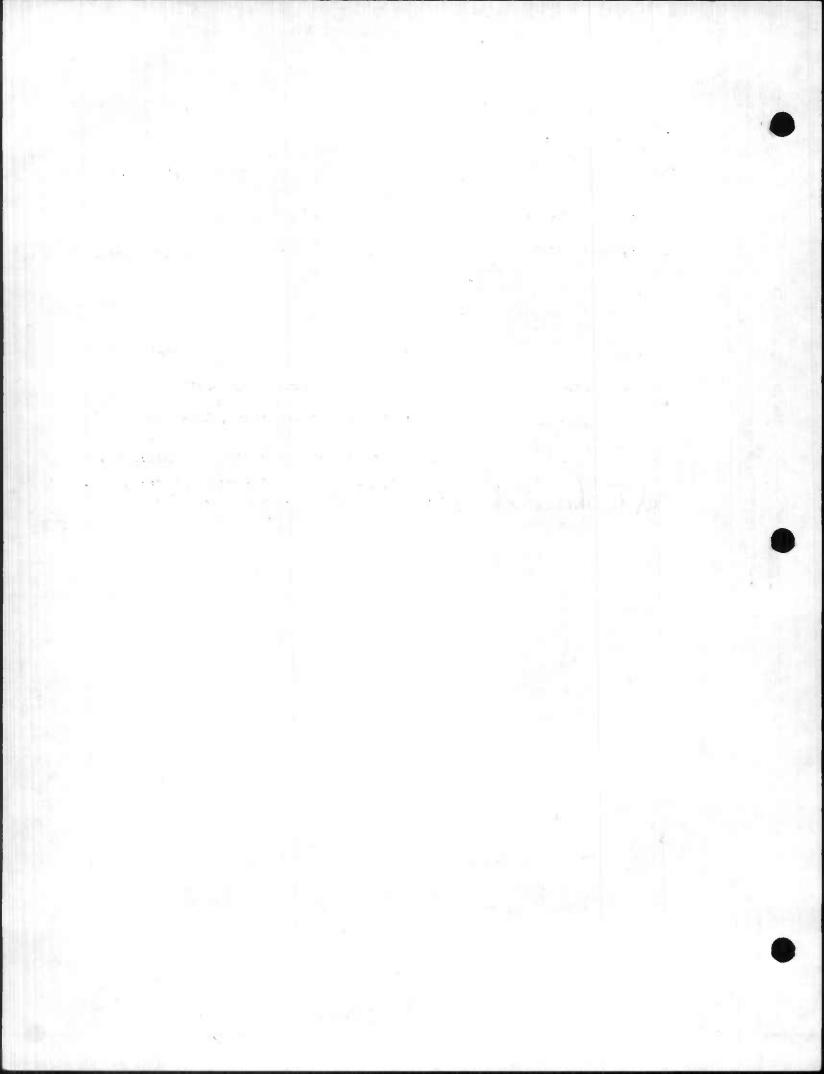
within 24 hor To the Fune completely fi

29b. Signature and title of ceptifie

Scot 31. Date filed (Month, R 2112 Dundalk 32. Registrar's Signature

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

eeser



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene. Certificate of Death 1. Decedent'e Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** Miriam Kosc Parsley 1999 20:03 March /Medical 4b. City, Town, or Location of Deeth 4e Facility Neme (If not institution, give street end number) 4c. County of Death **Examiner** Union Memorial Hospital Baltimore City N/A If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) Jan. 8, 1920 9. Birthpiece (State or Foreign Country)
Baltimore, Md. 5. Sociel Security Number 7. Age (In yrs. lest birthday) **Funeral** 1 □ M 2 🕅 F Deys 218-07-2588 Yrs. 79 Director Usuel Residence of Decedent permit. Pages 1 and 2 should be filled within 72 hours after death with the Marylan Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or itema 23a or 28a-f show any injury or other treumatic event, the Modical Examiner must be notified at once. 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limita 1 Ves 2 No Director Md. N/A Baltimore City 10e Street and Number 10f. Zip Code 10g, Citizen of Whet Country? 1525 E. 35th Street 21218 United States Funerai 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ② No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American indien, Bleck, White, etc. 11 Maritel Status 1 Never Merried 2 Married 1 Yes 2 No Specify: White è 3 M Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16h Kind of Rusiness/Industry College (1-4or 5+) Elementery/Secondery (0-12) School/Church Secretary/Bookkeeper 18. Mother's Neme (First, Middle, Maiden Sumeme) 17. Fether's Neme (First, Middle, Last) William C. Jungblut Magdelena M. Sommerfeld 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Ronald W. Bounds (Son) Princeton, N.J. 423 Terhune Road 20e. Method of Disposition 20b. Plece of Disposition (Neme of cametery, cremetory or other place) 20c. Location - City or Town, State 1 X Burial 2 ☐ Cremation 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Dulaney Valley Memorial 3/15/99 | Timonium, Maryland Milton J Knight Jr 22. Name end Address of Feclity Leonard J. Ruck. Inc. 5305 Harford Road Baltimore, Maryland 21214 Pert1. Enter the disease, or complication the ease the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. This tonly one common each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediete Ceuse (Finel disease or condition resulting in deeth) Examiner Physician/Medical Examiner Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to lo es e conseque Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably Unknown 1 ☐ Yes 2 ☐ No by Bilateral Renal Artery Stenosis 24b. Were autopsy findings aveilable prior to 24e. Was en eutopsy performed? Completed completion of cause of deeth? is certificate has director, page 2: 2 20No 1 Yes 20 No 1 Yes 25. Wes case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Hospitel: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Inpatient 2 ER/Outpetient 3 DOA this 28e. Dete of Injury (Month, Day Year) s after deam.
ral Director: After th funeral 27. Manner of Deeth 28d. Describe how Injury occurred 28b. Time of Certification: 28c. Injury et Work? 1 Neturei 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 281. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) To the Hospital or A within 24 hours after To the Funeral Directompletely filled in by 4 | Homicide ledicai 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) 29b. Signeture and title of gertilier 29c. License number 29d. Dete signed (Month, Day, Year)

Registrar

31. Date filed (Month, Day, Year)

Raly

Thomas

30. Neme ar

32. Registrer's Signature

9110 Kilbride

d eddress of person who completed cause of deeth (Item 23e) (Type, Print)

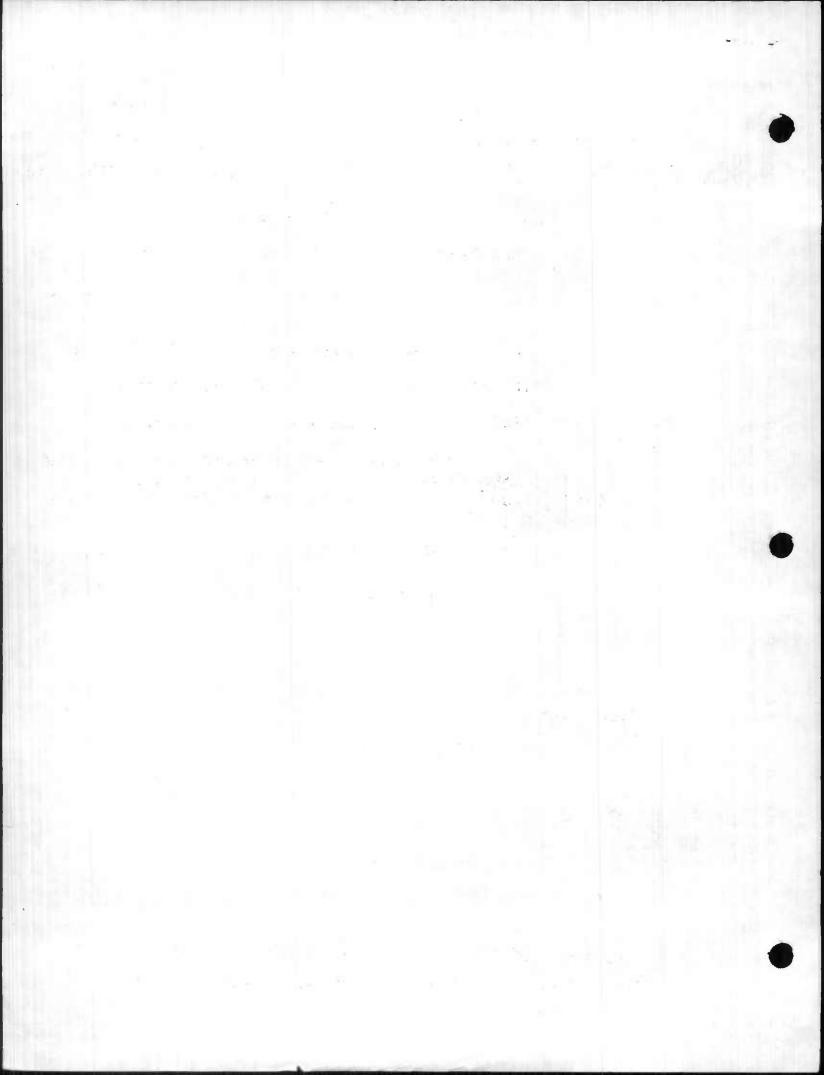
Maryland 21236

**DHMH 16 Rev 6/95** 

Division of Vital Records, P.O. Box 68760,

or Attending Physicien:

the Maryland



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 2. Dete of Deeth 3. Time of Deeth 1. Decedent's Neme (First, Middle, Last) 655PM marci 4b. City, Town, or Location of Death 4a Fedlity Neme (If not institution, give street end number) HOPKINS If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) Months Deys Hours Min 10 M 20F 073-14-9308 Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits NA 14 Yes 2 □ No BALTIMORE MD 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21215 454 4601 Mall Rd. 14. Race - American Indian, Black, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Stetus 1 Yes 2 No If Yes, Give Yeer or Detes: 1 Never Married 2 Married 1 Yes 2 No Specify: Specity: WhiTe 3 ☐ Widowed 4 ☐ Divorced 16b. Kind of Business/Industry UNK 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working wwk life. DO NOT use retired) Elementery/Secondary (0-12) College (1-4or 5+) 17. Fether's Neme (First, Middle, Last) UN Y 18. Mother's Neme (First, Middle, Meiden Sumeme) but 19a. Informent's Name/Reletionship (Type, Print) Crak, an 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Deborah 1000 Catheral Street 315 21 CAHTIMON JUD. 21201 HOMI TOR 20b. Plece of Disposition (Name of cemetery, cremetery or other plece) 20c. Location - City or Town, State 20e. Method of Disposition 1 Suriel 2 Cremetion 3 Removal from State Canoclowere, mo 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Service Licen Abest P. WYLie 7/HPA 23 Fail 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart feiture. List only one cause on each line. Approximate Intervel Between Onset end Death Immediete Ceuse (Final diseese or condition resulting in deeth) pulmorary disease Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Diseese or injury that Initioted events resulting in deeth) Lest Due to (or es a consequence of): Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown diabetes, anemia, tracheostom 24b. Were eutopsy findings eveileble prior to completion of ceuse of deeth? 24e. Wes en eutopsy performed? Schizoafedive disorder 20 No 1 Yes 2 No 26. Plece of Deeth (Check only one) Hospital: 1 ☐ Impatient 2 ☐ ER/Outpetlent 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28b. Time of 28d. Describe how injury occurred

**Physician** /Medical **Examiner** 

**Physician** 

/Medical

Examiner

10e. State

Director

Funeral

by

Completed

MNK

**Director** 

with the Marylend

permit. Pages 1 end 2 should be filed within 72 hours efter death with the Marylen Department of Health end Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any fujury or other traumatic avent, the Mexical Examiner mant be notified at once.

Maryland 21215-0020

altimore,

P.O. Box 68760.

Division of Vital Records,

Hospital or Attending Physician:

Physician/Medical Examiner

Completed by Be 70 Certification:

24 hours efter deeth.

Medical To the within 2 To the

25. Was case referred to medical examiner? 1□ Yes 3□ No 27. Manner of Deeth

1 Natural

2 Accident 5 Pending Investigation 6 Could not be determined 3 Suicide 4 Homicide

28e. Date of Injury (Month, Dey Year)

28c. Injury et Work? 1 Yes 2 No 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

The Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and manner es stated.

| Certifying Physician: To the best of my knowledge, deeth occurred et the time, due to the cause(s) and manner es stated.

| Certifying Physician: To the best of my knowledge, deeth occurred et the time, due to the cause(s) and manner es stated.

| Certifying Physician: To the best of my knowledge, deeth occurred et the time, due to the cause(s) and manner es stated. 29b. Signature and title of certifier

29d. Date signed (Month, Dey, Year)

30. Name and address of person who a floid ceuse of deeth (Item 23a) (Type, Print)

HOR VIEW

31. Dete filed (Month, Dey, Year)

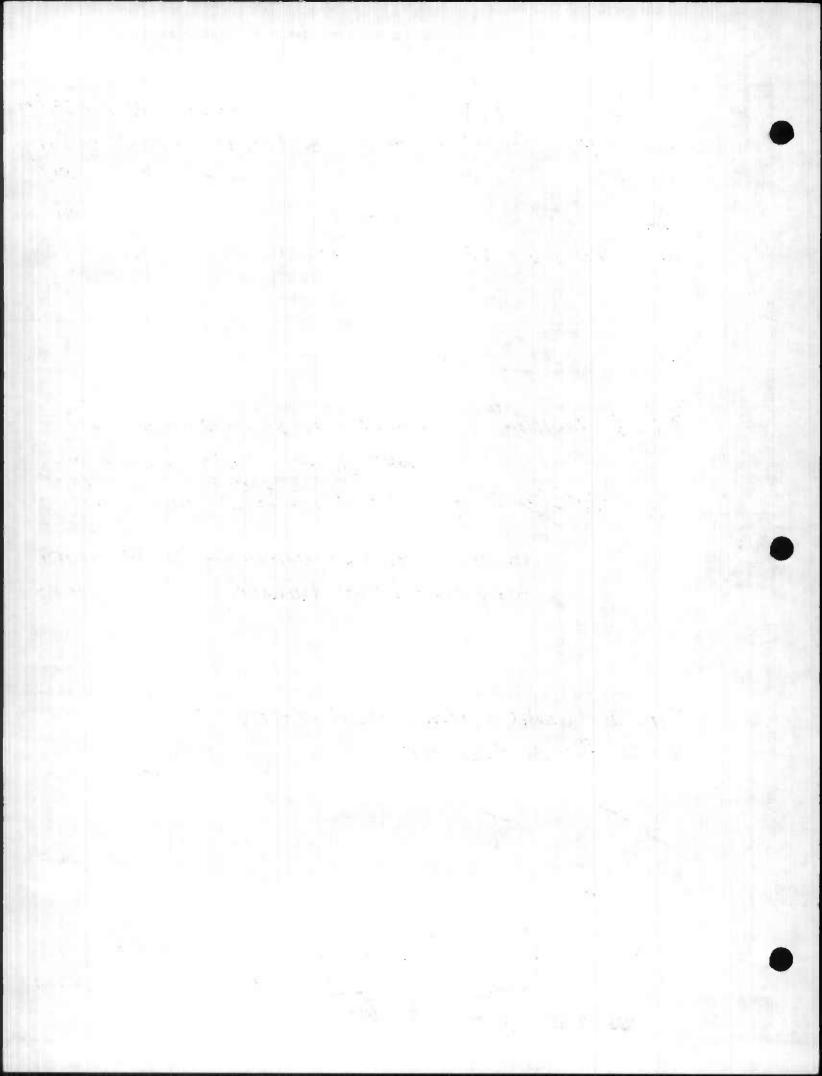
29a. Certifier

(Check only one)

32 Registrer's Signeture

CIRCLE

Registrar **DHMH 16 Rev 6/95** 



sician end burial-transit requires that the death certificete be exec physician of the burial USe signed to or Attending Physician: After this Iunerel after death. To the Hospital or Atterwithin 24 hours after dea To the Funeral Director completely filled in by th

**Physician** 

/Medical

Examiner

**Funeral** 

**Director** 

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

Director

Funeral

þ

the Meryland

permit. Pages 1 and 2 should be filed within 72 hours after death v. Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural" and any injury or other traumatic event.

**Physician** 

/Medical

Examiner

Examiner

Physician/Medical Completed by 25. Was casa ratarred to medical exeminer?

1 Yas 2 No Be To 27. Manner of Death Certification: 1 Neturei 2 Accidant 3 Suicida 4 | Homicide edicai

1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date and piece, and dua to the ceusa(s) and menner es stated.
2 Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, daeth occurred at the time, date end piece, end due to the cause(s) and mannar stated. 29a. Certifier (Check only one) 29d. Data signed (Month, Dey, Year)

29b. Signatura and titia ot certitiar ww

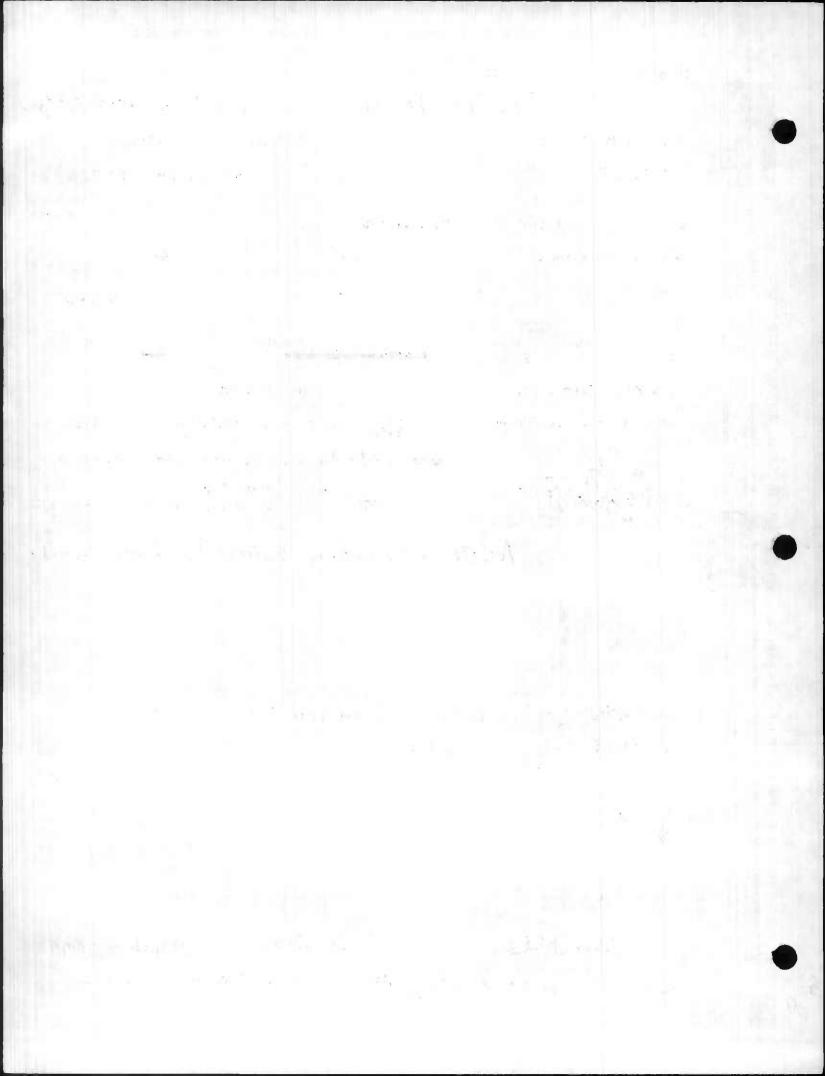
29c. License number 137790

30. Nama and address of person who completed causa of death (Item 23a) (Type, Print)

Medical Center Backmire 21202 Mercun 1 odd enns

State Registrar 31. Data filed (Month, Day, Year) 1999 MAR 11

32. Registrar's Signature



### Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Nama (First, Middla, Last) 2. Date of Death 3. Tima of Death 1029 Month **Physician** Anast 510 Marc 5 pm /Medical on Location of Death 4c. County of Deeth 4a Facility Nama (If not institution, giva straat end number, Examiner tan 110 5. Sociel Security Number 9. Birthplace (Stete or Foreign Country) Z. Aga (In yrs. last birthday) If Under 1 Year Months Days Data of Birth 6 Sax **Funeral** 1 M 2 H Days House 215067614 3 Director Usuel Residence of Decedant with the Maryland 10a Stete 10b. County 10c. City. Town or Location 10d. Insida City Limits "natural", or items 23s or 28s-f show 1 Yas 2 No Rosedale Director B altimore Md. 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 1403 Chesaco Ave. 21237 U.S.A. Funeral Pages 1 and 2 should be filed within 72 hours after death and Mentel Hyglene.
Instit of Health and Mentel Hyglene.
Instit if Hear 27 Is marked other than "natural", or hame 23 any or other traumatic event, in a lead of Experimental any or other traumatic event, in a lead of Experimental and a lead of the second of the seco Was Dacedant of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 12. Wes Decedent Evar in U,S. Armed Forcas? 14. Race - Amarican Indien, 11. Manital Status Black, Whita, atc. 1 ☐ Yas 27 No 1☑ Navar Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 🏖 ☐No Specify: Specify: White þ 3 Widowed 4 Divorced Yaar or Datas Completed 16a. Decedant's Usual Occupetion (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education (Spacify only highast grada complated) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) Student BARC 17. Fether's Name (First, Middle, Last) 18. Mother's Nama (First, Middla, Maidan Sumame) Be James W. Pikovnis Kalliope Roros 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) 19a. informant's Name/Raiationship (Typa, Print) 1403 Chesaco Ave., Balto., Md. 21237
Disposition (Nama of Data 20c. Location - City or Town, Stete James W. Pikovnis/Father 20b. Placa of Disposition (Nama of cematary, cramatory or other placa) 20a. Mathod of Disposition Murial 2 □ Cramation 3 □ Removal from Stata 4 □ Donation 5 □ Othar (Spacify) permit. Page Department of Important: If sny Injury or OakLawn Cemetery 3-9-99 Balto., Md. 212 24 22. Nama and Addrass of Facility 21. Signature of Funeral Service Licen-23a. Part1. Entar tha disaasa, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest,

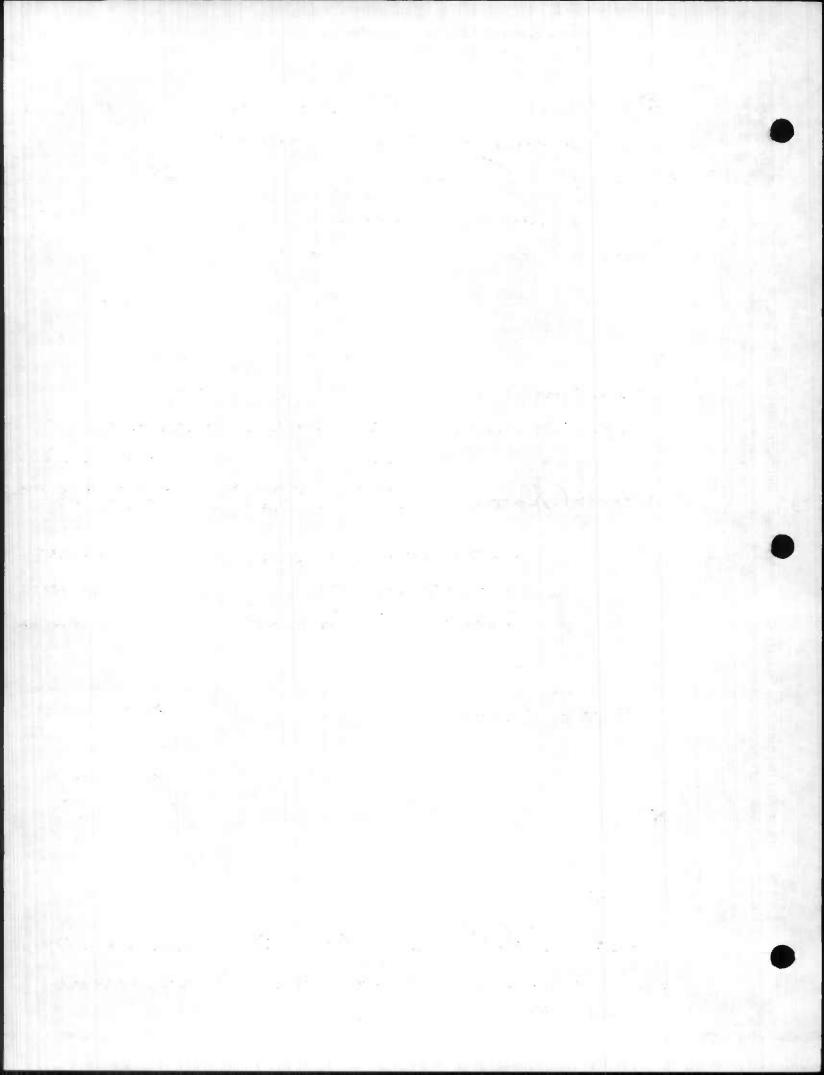
Approximate

Approximate

Approximate Bradley-Ashton-Matthews Funeral Home, INc. Physician /Medical Immediata Cause (Final MRDIOPULMONARY ONE HOUR diseasa or condition rasulting in daath) Examiner Dua to (or as a consequanca of): Examiner MELLITUS TEN YCARS The law requires that the death certificate be exeruted Sequantially list conditions, if any, laading to immadiata cause. Entar Undarlying Causa (Disaasa or injury that initiated avants rasulting in death) Last SYNDROME THIRTY ONE YEAR Division of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? signed by the MORBID OBESITY 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wera autopsy findings available prior to complation of cause of death? 24a. Was an autopsy Completed is certificata has b director, page 2 s 2 X No 1 ∏ Yas 1 □ Yas 2 □ No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director; p. 25. Was casa rafarred to medical Be 26. Place of Death (Check only ona) axaminer? Other: 4 Nursing Homa 5 Rasidanca 6 Other (Specify) Yas 2 No 1 Inpatiant 2 R/Outpatient 3 DOA 2 27. Mannar of Death 28a. Date of Injury (Month, Day Yaar) 28c. Injury at Work? 28d. Dascriba how injury occurred Certification: 28b. Tima of Natural 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 3 Suicida 6 Could not be determined 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, straat, factory, offica building, etc. (Specify) 4 | Homicida Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and dua to the causa(s) and mannar as stated.

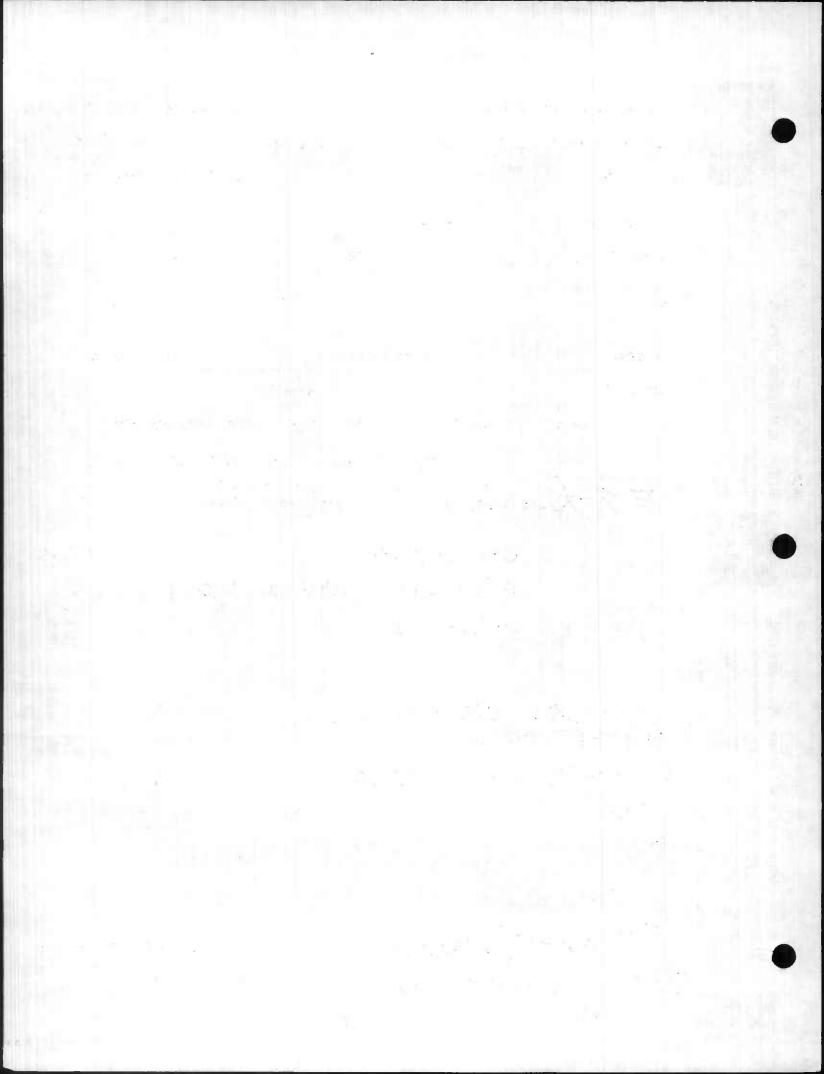
Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar statad. 29a. Certifier Medical 29d. Data signed (Month, Day, Year) 29c. Licensa number 29b. Signatura and title of certifian D41460 30. Name and address of person who completed cause of death (Itam 23a) (Type, Print) EXOD SALVERTAN HOSPITAL : BALTIMORE, MARYLAND A- MATHEUS, M.D. FRANCISCO 31. Data filad (Month, Day, Year) 32. Registrar's Signatura State MAR 11 Registrar



#### Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Data of Death 1. Decedant's Nama (First, Middla, Last) Month **Physician** 5:20 pm much Gertrude M. Phillips /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, giva street and number) Examiner Lorien Riverside Nursing Home Belcamp If Under 1 Year | If Under 24 Hrs. hplace (State or Foreign nuntry) 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number 6. Sex 7. Age (In yrs. last birthday) **Funeral** 1□ M 2 KF Days Hours Min. Yrs. Director 089-22-1704 Dec.7,1905 New York Usuel Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at 1 ☐ Yas 2 💢 No Director Maryland Harford Joppa 10f. Zip Coda 10g. Citizan of Whet Country? 10e. Street and Number 1 Gunpowder Drive 21085 U.S.A Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yes 2 Ø No If Yas, Giva Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - Amarican Indian, 11. Marital Status Black, White, etc. 2 should be filled within 72 hours after n and Mental Hygiene. Is marked other than "natural", or ite 1 Navar Married 2 Married 1 ☐ Yas 2 X No Specify: Specify: ρ 3 Widowed 4 □ Divorced White 15. Dacedant's Education (Specify only highest grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) 10 yrs. n/a Sales Clerk Self-Employed 17. Fathar's Nama (First, Middle, Last) 18. Mother's Neme (First, Middla, Maidan Surnama) Louis Ehrlich Rose Swarz 19e. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, State, Zip Coda) permit. Pages 1 and 2 st Department of Health and Important: If item 27 is n any injury or other traun Gertrude Longworth (Daughter) 1 Gunpowder Drive Joppa, Maryland 21085 20b. Placa of Disposition (Nama of cemetery, crematory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, Stete 1 X Burial 2 Cremation 3 Removal from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Holly Hill Memorial Grds 3/8/99 | Baltimore Md. 22. Nama and Addrass of Facility E. F. Lassahn Funeral Home 21. Signatura of Funaral Sarvice Land 6. 11750 Belair Road Kingsville, Md. 21087 23a. Part1. Enter the chases, or tomplications that caused the death. Do not antar the mode of dying, such as cerdiac or respiretory errest, shock, or heart failure. List only one ceuse on each line. Approximete Interval Between Onsat and Death Physician Immediata Causa (Finel disaasa or condition rasulting in deeth) /Medical URO SEPSIS 7 days Examiner UPPER Gastro intestinal Due to (or as a consequence of): Due to (or as a consequence of): Examiner Sequantially list conditions, if any, laeding to immadiata causa. Entar Undarlying Cause (Diseese or injury Physician/Medical that initiated events resulting in death) Last Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? P.O. REBRAL VASCULAY 2 No 3 Probably 4 Unknown 1 Yea Division of Vital Records, þ PERTENSION 24b. Wara autopsy findings availabla prior to completion of cause of death? 24e. Wes en eutopsy performed? Completed DRONARY ARTERY Diseuse has 1 □ Yas 2 □ No 25. Was casa referred to medical axaminar? 26. Placa of Daath (Check only ona) Be Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 1 ☐ Yes 2 No Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 2 26e. Dete of Injury (Month, Day Year) 27. Manner of Death 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury at Work? 5 Pending Invastigation Natural 1 ☐ Yas 2 🗆 No 2 Accidant or Attend after death Director: 6 Could not be determined 3 Suicida 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stete) 28e. Place of Injury - At home, farm, straet, factory, office building, atc. (Specify) 4 Homicide To the Hospital within 24 hours a To the Funeral C Cartifying Physician: To tha best of my knowladga, daath occurred at tha tima, data and piece, end dua to tha causa(s) and mannar as stated. 2 Madical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and dua to the causa(s) and manner stated. edical (Check only one) 29d. Date signed (Month, Day, Year) Name and address of person who complated Business Centr Way 31. Data filad (Month, Day, Year) 32. Regisfrar's Signatura

State

MAR 11



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Reg. No. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Dev Year **Physician** RUCKER-NATHAN ELIZABETH LLIA MARCH 08 /Medical 4a Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** BALTIMORE MEMORIAL HOSPITAL NIA If Under 24 Hrs. If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Funeral** Months Days 62-313 Hours 1□M 2区F 3 Yrs. Director NG Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 1 Yes 2 □ No Director 10e. Street and Number 10f. Zip Code 10g Citizen of What Country? 8 items 23a ADDOCK Funeral USA 14. Race - American Indien, Black, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritel Stetus Pages 1 and 2 should be filed within 72 hours after 1 ☐ Yes 2 No If Yes, Give Year or Detes: 1 Never Merried 2 Merried natural, or 1 ☐ Yes 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced AC Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry el Hyglene. Elementery/Secondery (0-12) College (1-4or 5+) NURSE YRS 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) permit. Pages 1 and 2 should be fit.
Department of Health and Mentel Hy
Important: if item 27 is marked oth
any injury or other traumatic event Be EUGENE 2 COLEMAN 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 20b. Plece of Disposition (Name of cametery, cremetory or other place) BALTTHORE, MD. 2/2/2 20c. Location - City or Town, State NICHOLAS NATHAN (HUSBAND) AVE, 20e. Method of Disposition Dete 1 ⊠Burial 2 □ Cremetion 3 □ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) WOODLAWN CEMETERY 13-13-9 22. Name end Address of Facility nature of Funeral . BROWNJR. FUNGRAL HOME JOSEPH, FULTON AVE 2140 BALTIPIORE, MO. 2/217 N. 23a First. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory mode, or heart failure. List only one cause on each line. **Physician** /Medical Immediate Ceuse (Finel I MONTHS disease or condition resulting in deeth) Examiner Examiner Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in death) Last Due to (or es a consequence of): physician s the burial Physician/Medical Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Onknown þ Completed 24b. Were eutopsy findings available prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate director Be 25. Wes case referred to medical exeminer? 26. Placa of Deeth (Check only one) Hospitel: 1 Impatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 2 ER/Outpatient 3 DOA this 28a. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? or Attending 1 Netural 5 Pending n 24 hours after death. he Funeral Director: Afte pletely filled in by the fun investigetion 1 ☐ Yes 2 ☐ No 2 Accident 6 ☐ Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 Suicide 28e. Plece of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 4 Homicide

Division of Vital

Baltimore. Maryland 21215-0020

State Registrar

30. Neme and address of person who completed cause of death (Item 23a) (Type, Print) MEMORIAL 31. Dete filed (Month, Dey, Year)
MAR 1 1 1999

HOSPITAL

BALTIMORE, MD - 21218.

29d. Date signed (Month, Dey, Year)

32 Registrer's Signeture

To the Hosy within 24 ho To the Functional

29a, Certifier

(Check only one)

NION

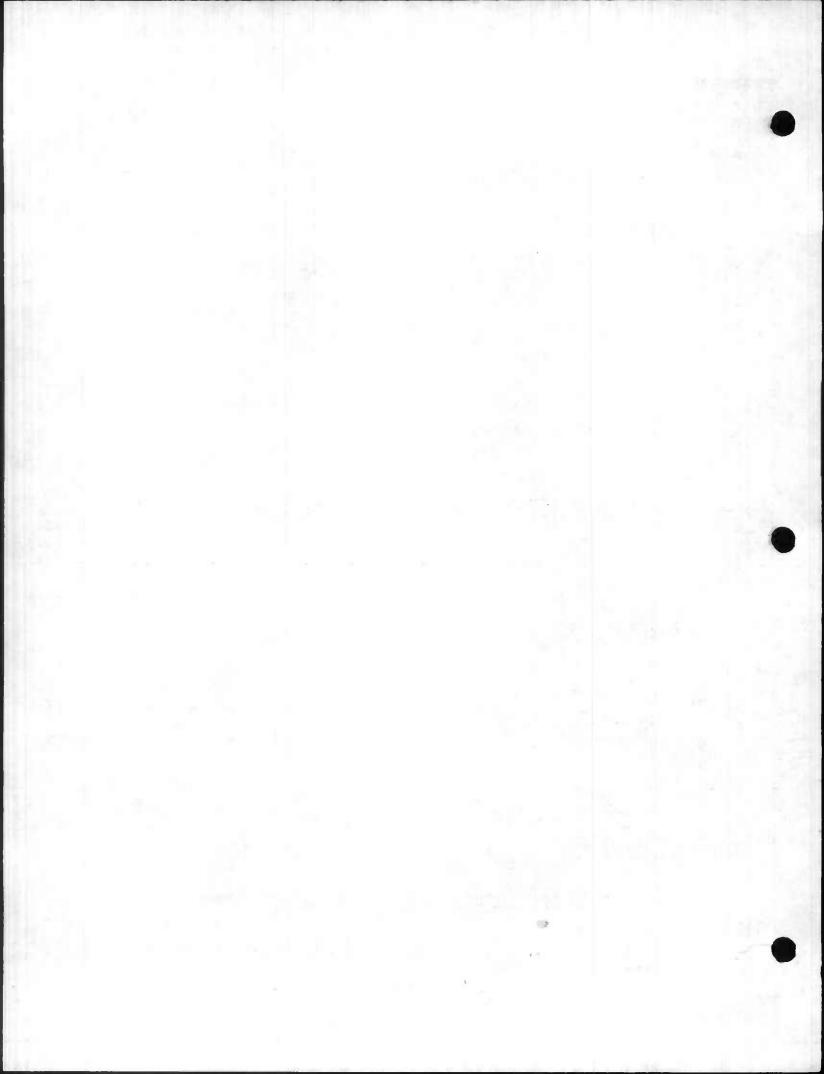
29b. Signature and title of certifle

Medicai

1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end place, end due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) and menner stated.

29c. License number



## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

				State of Ma	aryland / I		tment of H ificate of L			iene g g. No.	0	7847	
	Physici /Medio		Decedant's Nama (First, Middla, L ERWIN	Decedant's Nama (First, Middla, Last)     ERWIN			DOLPH		2. Data of Deet Month MAKCH	Day Vees		3. Tima of Deeth ルレリン	
	Examir		4a. Facility Nama (If not institution, gi	the second secon	MARula	MARYLAND HEDICINE BALTIMO							
	Funeral Director		5. Social Sacurity Number 6. 218–14–5776		a (In yrs. last bi	rthday)	If Undar 1 Year If Undar 24 Hrs. Months Days Hours Min.		8. Data of Birth (Month, Day, APR. 3,	Yaar)	9. Birthplace (State Country)		
	/land low		Usual Rasidance of Decedant  10e. Stata 10b. County		10c. City, Tow	n or Loca	tion				1	Od. Insida City Limits	
	with the Marylan s or 28a-f show be notified at	ctor	MD ANNE AF	UNDEL	P	ASAD	ENA			1 □ Yas 2 \( \bar{\sqrt{2}}			
	a or 2 Lbe no	Director	10e. Straat and Number 400 HARLEM AVEN	מוד		10f. Zip Coda 21122				231	of What Country?		
	death rms 23 C.mus	Funeral	11. Maritai Status	12. Was Dacedent E	evar in U,S.	13. Wa	s Decedent of Hi	ispanic Origin? (Si	pecify Yes or No-	14. Rac	S.A. e - Amaric		
2-0020	our after of, or its Examine	by	1 ☑ Navar Married 2 ☐ Marriad 3 ☐ Widowad 4 ☐ Divorcad	Armed Forcas?  TYP Yas 2 N  H Yas, Giva  Yaar or Datas:	w.W.II		Yas 2½ No	n, Maxican, Puerti Spacify:	o Rican, atc.)	Specify	ck, Whita, WH	ITE	
15-0	n 72 h	leted	15. Decedant's Education (Specify only highast grada complated)			16a. Dacedant's Usuai Occupation (Giva kind of work dona during most of working					usiness/Inc	lustry	
212	filed within Hygiene. ther then ent, the Me	Completed	Eiementary/Secondary (0-12)	) iffa. DO NOT use retired) MAIL CARRIER				U.S. POS			SERVICE		
land	ba file d othe event	Be	17. Fathar's Nama (First, Middla, Las	,	TIPOT DI				ne (First, Middle, A	Maiden Suman			
aryle	should nd Mer marke marke	To	RICHARD  19a. informant's Nama/Raiationship		UDOLPH 19t	Mailing	Address /Street s	JEA	N rai Routa Numbar,	Codel			
Σ	allh ar allh ar 27 is er trau		MR. ALVAN M. RU	** *	THER				BALTIMO	,	212		
more,	t of He if there or oth		20a. Mathod of Disposition 1 XBuriel 2 ☐ Cramation 3 [	Removal from Stata			ion (Nama of tory or other place	a)	Data	20c. Location -	City or To	wn, Stata	
	artmen ortant: injury		4 ☐ Donation 5 ☐ Othar (Special Signature of Funeral Sarvice Lica		BETH	TFIL	OH CONGR	EGATION	3/10/99	WOODL	AWN,	MD	
g	Dept sany		21. Signature of Funeral Sarvice Licansaa  22. Name end Addrass of Facility SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN ROAD — PIKESVILLE, MD 21208										
			23a. Part1. Entar the disease, or conshock, or haart failura. List only	pplications that caused one cause on each lin	the death. Do a.						ا رکیاد	Approximata Intarval Between Onsat and Death	
	Physician /Medical Examiner		Immadiata Cause (Final disaasa or condition resulting in death)	. Se	btice	mi	ia						
		cal Examiner		Pro	Dua to (or as a							5 days	
	affer -transi		Sequantially list conditions, if any, laading to immadiata causa. Enter Undarlying	b	Dua to (or as a		1					75	
8760,	icate be ex physician s the burie		causa. Enter Undarlying Causa (Disaase or injury that initiated evants	. Ren	al y	fai	lure				<	morthy	
20x 68	es that the death certificate be execu igned by the ettending physician affe be detached for use as the burielard	ed g	resulting in daath) Last		oua to (or es a)			disea	se		-	months	
	death he ette ed for	Physician/M	Part ff. Other eignificant conditions	Part ff. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  23b. Did tobacco use contribute									
, r	s that the ned by the e detache	Completed by Phys		1 Yes 2 No 3 P								pably 4 Onknown	
cords,	been s								24a. Was ar perform		ava	are autopsy findings allabia prior to applation of cause daeth?	
Ž Z	The ate h page	Com							1 □ Ye	s 20 No		Yas 2□ No	
Z	Physician: The ribis certificate oral director, pag	o Be	25. Was case rafarred to medical axaminar?	Hospitai:			Otha	ar.	th (Check only one				
n or	ding Phys h. After this funeral di	-	1 Yas 2/2 No   Hospital 2 ER/Outpatient 3 DOA   Other 4   27. Manner of Death   28a. Date of Injury   28b. Time of Injury   28b. Time of Injury   Work?						rising Home 5 ☐ Rasidance 6 ☐ Othar (Specify)  28d. Describe how injury occurred				
DIVISION	r Attentiter deat irector: n by the	Certification:	2 ☐ Accidant investigation 3 ☐ Suicida 6 ☐ Could not to 4 ☐ Homicida determined	ry - At homa, fa (Spacify)					ation (Street and Number or Rural Routa Number, or Town, State)				
2	To the Hospital or At within 24 hours efter of To the Funeral Direct completely filled in by	edical Ce	29a. Cartifiar 12 Certifying Pl	nysician: To the best of	f my knowledge	, daath o	ccurred at the time	e, data and place,	and dua to the ca	use(s) and ma	annar es st	ated.	
	thin 24	Med	one)	end mannar stat	ac.								
	F ≯ F ŏ		Deprolifa (	UD			D34	1974		29d. Data signed (Month, Day, Year)  March, 8th, 1999,  4224, Columba, MD21045			
	3		30. Name and addrass of person who	compiated causa of da	ath (Item 23a)	(Type, Pri	int)		4020	c.1.	12-	430:086	
	Sta	te	CHARU MEHT. 31. Data filed (Month, Day, Year)	AMD, 8	r's Signature	04/0	leap	Court	# 224	Collin	اللاومسا	MULIOT	
	Registr		MAR 1 0 19	99 Sene	va /	9.	Sparks	/					

DHMH 16 Rev 6/95

Rodolph, ERWIN

### Please Type or Print in Biack indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Reg. No. Certificate of Death 3. Time of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) March Harvey E. Russell 4b. City, Town, or Location of Death 4c. County of Death 4e Fecility Name (If not institution, give street and number) Fallston If Under 24 Hrs. Fallston General Hospital Harford 8. Dete of Birth (Month, Day, Year) If Under 1 Year Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) Days Hours Min 1)ØM 2□ F Yrs. 215-30-2575 64 June 1,1934 Balto.Co.Md Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 X No Florida Charlotte Rotonda West 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 102 Sportsman Road 14. Race - American Indian, 33947 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2X No Specify: 3 ☐ Widowed 4 ☐ Divorced White 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) 9 yrs. Owner/Operator Fork Service Station n/a 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Father's Name (First, Middle, Last) Evelyn Irene Fuller Charles Allen Russell, Sr. 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 2512 Chilberry Avenue Mrs.Geraldine B.Russell (Wife Joppa, Maryland 21085 20b. Place of Disposition (Name of cemetery, crematory or other plece) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Highview Cemetery 3/9/99 | Fallston, MD.21047 21. Signature of Funeral Service Licensi 22. Name and Address of Facility E.F.Lassahn Funeral Home complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, Approning one cause on each line. 23a. Part1. Enter the disease, or com shock, or heart failure. List only Approximate tnterval Between Onset end Death METASTATIC COLORECTAL CANCER Immediate Ceuse (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Last Due to (or es e consequence of): Due to (or as a consequence of): Part If. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? AORTIC VALVE PROSTHETIC 1 Yee 2 No 3 Probably 4 Unknown ATRIAL FIBRILLAMON 24b. Were autopsy findings aveileble prior to completion of cause of death? 24a. Was an autopsy performed? BLEEDING Lower GASTROINTESTINAL 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical exeminer? 1 Yes 2 No 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Dete of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? 5 Pending 1 Yes Investigation 3 ☐ Suicide

Hospital or Attending Physician: 24 hours after death. Funeral Director: After this cartifice Kussell To the Hospital within 24 hours a To the Funeral Complately filled

Physician/Medical Examiner

**Physician** 

/Medical

Examiner

**Funeral** 

Director

r than "natural", or Items 23s or 28s-f show the Medical Examiner must be nothing at

permit. Peges 1 and 2 should be filed within 72 hours after death with t Department of Health and Mental Hygiena. Important: If Item 27 ia marked other than "natural", or Items 23a or 3 any injury or other treumatic event, the Medical Examination and injury or other treumatic event, the Medical Examination and injury or other treumatic event, the Medical Examinations.

**Physician** 

/Medical

Examiner

Baltimore, Maryland 21215-0020

Directo

P

Completed

the Maryland

27. Manne of Death 1 Naturel 2 Accident

4 Homicide

29a. Certifier

29b. Signature ar

6 Could not be determined

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the ceuse(s) end menner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner state. 29d. Date signed (Month, Dey, Year) 29c. License number

of death (Item 23e) (Type, Print)

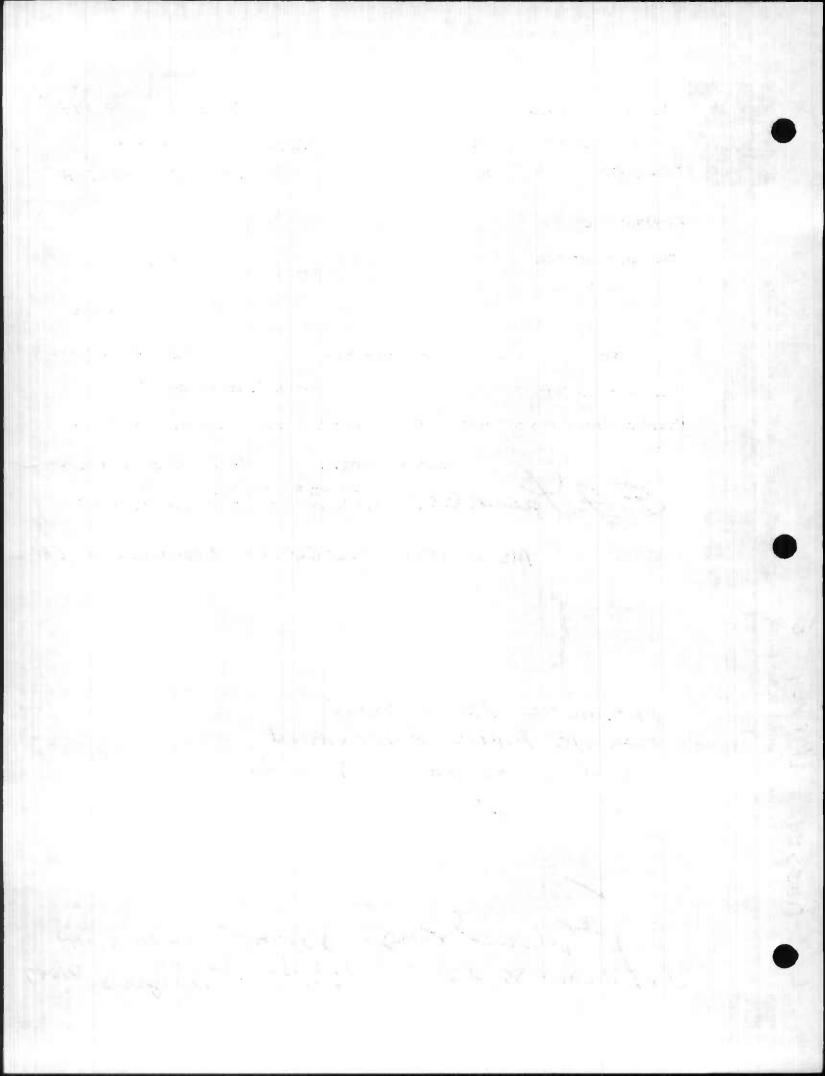
21047

1999. Registrar's Signature

LAUSTON MARGIANS

State Registrar

Medicai



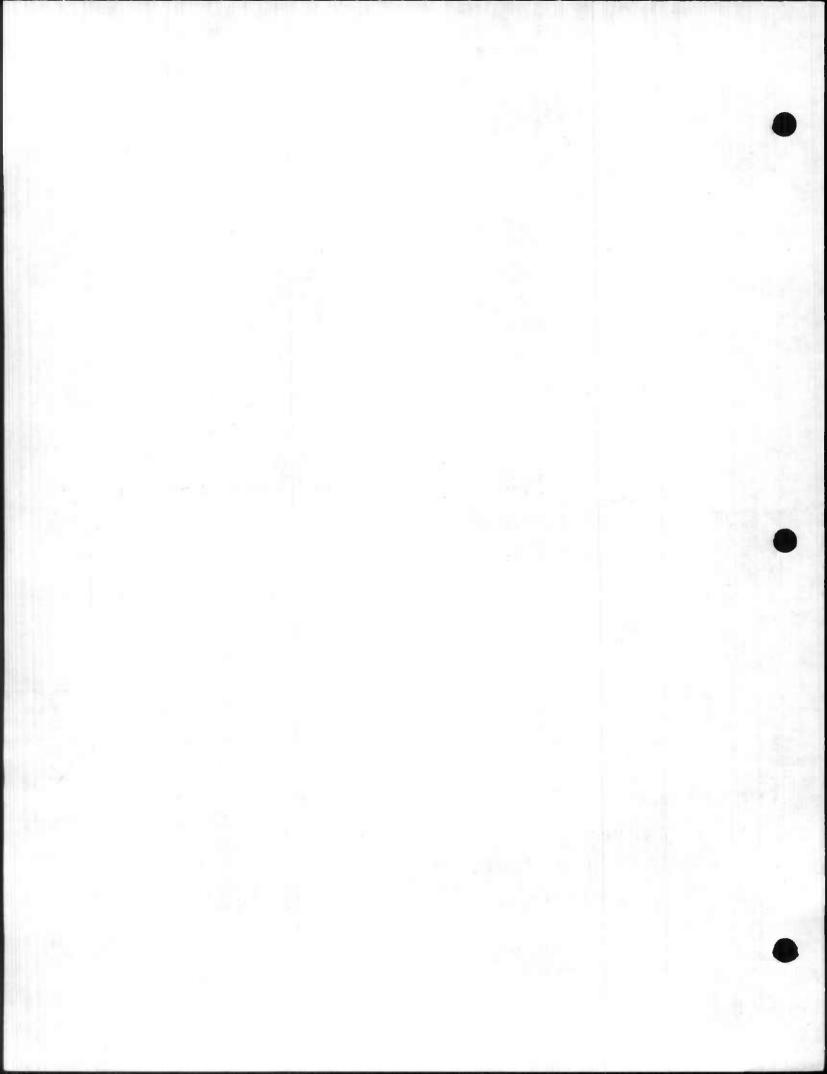
### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Manyland / Department of Health and Mental Hygiene

1. Decedent's Nem	ne (First, Midd	Decedent's Neme (First, Middle, Last)						Reg. No.		3. Tima of Death	
Dolore	Dolores Shirley Strong						Month	B,	Year 1999	12:00 PM	
4a Facility Name (					T	4b. City, Town, or L	1			12.00 111	
840 Braeside Rd.						Westowne		Pal+	imore		
5. Social Security !		6. Sex		s. last birthday)	If Under 1 Year Months Days		8. Dele of Birt (Month, Da)			ace (Stete or Foreign	
219-30-3		10 M 20 F	64	Yrs.	MOIRIS Days	Hours Mill.	SEP. 21			land	
Usual Residence of 10s. State	10b. County	,	10c. (	City, Town or Lo	cation				10	Od. Inside City Limits	
MD	Balt:	imore		Westown	e					1 ☐ Yes 2 ☐ No	
10e. Street and Nu	ımber				10f. Zip Code			10g. Citizen of 1	What Count	ry?	
840 Bra	eside {	Rd.			2	1229		USA			
11. Marital Stalus		12. Wes D	ecedent Ever in Forces?	U,S. 13. V	S. 13. Wes Decedent of Hispar If Yes, specify Cuban, M		pecify Yes or No-	14. Rad	e - America		
1 Never Man		ried 1 ☐ Ye	es 2 X No Give or Detes:		I Yes 2 No		rican, etc.)		v: whi		
/Cna	nt's Education			lent's Usuel Occup	ent's Usuel Occupation ind of work done during most of working			16b. Kind of Business/Industry			
(Specify only highest grade com Elementary/Secondary (0-12)			College (1-4or 5+)		OO NOT use retired)			1. 7.			
	1	Local		Во	okkeeper			P. J. M			
17. Father's Name						18. Mother'a Nam		машеп эйтал	10)	~	
19a. Informant's N	Robert			10h Mailin	n Addrass /Stron	Mamle and Number or Ru	Senkus	e City or Town	State 7in	Code)	
		trong - l	aucha-d								
20a. Method of Dis		crony - I		Place of Dispos	sition (Name of	Rd., Balt	0.4	20c. Location	229 City or Tov	vn, Slete	
1)X Burial 2 4 ☐ Donation		3 Removel fro	om State		ge Memor	ial Pk	3/12/99	Elkrid	ne M	d	
21. Signature of Fi			- 110		. Name end Addre			CINITO	gc, m	u .	
1	- 11	11 1		Ca	ny I Va	ufman Eur	eral Ho	ne @ Mea	dowri	dge MP, Ind	
23a Pari Enter	the disease or	7250 Washington Blvd., Elkridge, Md. 21075 Approximate Approximate									
23a. Pârî 1. Enter the disease, or complications that caused the death shock, or heart failure. List only one cause on each line.  23a. Pârî 1. Enter the disease, or complications that caused the death shock, or heart failure. List only one cause on each line.  23a. Pârî 1. Enter the disease, or complications that caused the death shock, or heart failure. List only one cause on each line.											
Immediate Cause (Final disease or condition and hoses of the Liver 3										men el	
disease or condition resulting in death)  Due to (or as a consequence of):									1	77-7-65-15	
Sequentially list conditions, large and any, leading to immediate cause. Enter Underlying Cause, (Disease or injury c											
cause. Enter Under Cause (Disease or	arlying injury	c									
that initiated event resulting in death)	S		Due to	(or es e consequ	uence of):						
d											
							1				
Part II. Other signi	ricant conditio	ons contributing to	death but not re	esulting in the ur	nderlying cause gi	ven in Pert I.				the cause of death	
DIABLE	s me	11. +87					10,	res 25 No	3 🗌 P70b	ably 4⊡Unknow	
120	<b>~</b>	AL.	. D.	1000			24s. Was	an autopsy	24b. We	re autopsy findings illable prior to	
win	2,0	101001	y Dis	0			perio	med?	con	npletion of cause leath?	
							101	es 25 No	10	Yes 200 No	
25. Was case refe	rred to medica	1				26. Place of Dee	th (Check only o	ne)		•	
examiner?	No	Hospital:	☐ Inpatient 2	☐ ER/Outpatien	3 DOA ON	her: 4 Nursing H	ome 5 Aesid	lence 6 Oth	ner (Specify	)	
27. Manner of Deal	th 5 Pendin		ite of Injury Ionth, Day Year)	28b. Time of Injury	28c. Inju Wo	ry et rk?	28d. Describe I	ow injury occur	red		
2 Accident	investi	gation		,,		Yes 2□No					
3 Suicide 6 Could not be determined 28e. Place of Injury - At home, ferm, atreet, factory, office building, etc. (Specify)							28f. Location (Street end Number or Rural Route Number, City or Town, Stete)				
	To Cortifying	Examiner: On the	the best of my kr basis of examination	nowledge, death netion and/or inv	occurred et the ti restigation, in my o	ma, date end place, opinion, deeth occur	, and due to the cred et the time,	cause(s) and made end place,	anner as sta and due lo	ated. the ceuse(s)	
29a. Certifier (Check only one)		A			29c. Licens	se number		29d. Dale signe			
(Check only	title of certifie	, p					140	0	. 0	1000	
(Check only one)	title of certifie	PIK	avert		030	1951		morch	2+4	1999	
(Check only one)  29b. Signature and	mul	P. JK	ave &	am 23a) (Tvflo I				morch			
(Check only one)  29b. Signature and	mul ress of person	P. JE who completed co	ause of death (No. 405 F	em 23a) (Tybe, I			Imoulte				

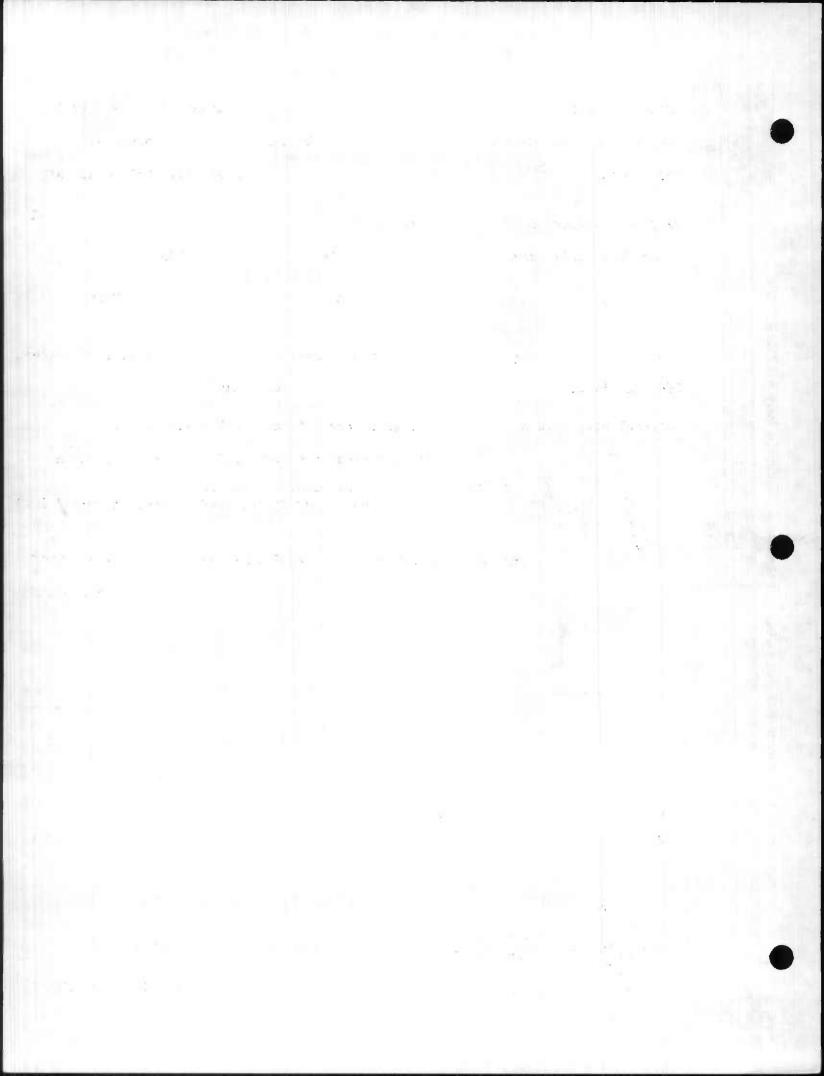
DHMH 16 Rev 6/95

**ORIGINAL** 



# Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

		Otato of Mai		Certificate of			eg. No.	0/820			
	1. Decedent's Neme (First, Middle, La	st)				2. Dete of Deet Month		3. Time of Death			
Physician /Medical	Peter Sievert						cy 22, 19				
Examiner	4a Facility Name (If not institution, giv	e street and number)			4b. City, Town, or L						
	Atlantic General	Hospital			Berlin		Worce	ester			
Funeral	Social Security Number 6. S		In yrs. last birti	Months Days		8. Dete of Birth (Month, Day,		Birthplace (State or Foreign Country)			
Director	397-32-0136 Usuel Residence of Decedent	MM 2□F	63	rs. Months Days	Hours Mill.	Sept.	7, 1935	Wisconsin			
Mend /lend	10a. State 10b. County	1	Oc. City, Town	or Location				10d. Inside City Limits			
the Maryler 28a-f show notified at	Maryland Worcest	er	Re	rlin				1 □ Yes 2\O\No			
28 Per 19	10e. Street end Number			10f. Zip Code		1	0g. Citizen of Who	at Country?			
Oritic death with the Maryle ritems 23s or 28a-1 show intermute he notified at Funeral Director	24 North Pintail	Drive		218	311		USA				
kems 2	11. Marital Status	12. Wes Decedent Ever in U,		J.S. 13. Was Decedent of Hispanic Origin? (Sp. If Yes, specify Cuban, Mexican, Puerto		ecify Yes or No-	14. Rece -	American Indian,			
Maryland 21215-0020 d 2 should be filed within 72 hours effer death with the Maryland th and Mental Hyglene. 7 Is marked other than "natural", or items 23s or 23s-1 show traumatic event, the Medical Exeminar must be notified at To Be Completed by Funeral Director		Armed Forces? 1 ☑ Yes 2 □ No If Yes, Give Year or Dates:		1 ☐ Yes 2 ☑ No		HICAN, etc.)		White etc.			
5-0 72 ho	15. Decedent's Ed (Specify only highest gra	ducation	16e.	Decedent's Usuai Occu (Give kind of work done tife. DO NOT use retin	ipation	kina	16b. Kind of Busin	nass/Industry			
212 Prin 7	Elementary/Secondary (0-12)	College (1-4or 5+)		tife. DO NOT use retin	ed)	ung					
212. d withinglene. or than	12	4		Research Analyst			Department				
Be C	17. Father's Neme (First, Middle, Last)				18. Mother's Nam	e (First, Middle, I	<i>daiden Sum</i> ame)				
ylan Mente	Rudolph Sievert				Alice A	Atkin					
Maryland 2 d 2 should be filed th end Mental Hygir 7 is marked other trsumetic event, I	19a. Informant's Name/Relationship (	Type, Print)	19b.	Mailing Address (Stree	et and Number or Ru	rai Route Number	, City or Town, St	ate, Zip Code)			
2 75 5	Michael Sievert/	Son	7	422 Oakcres	st Lane. (	larksvil	lle. MD	21029			
of Heart of Annual of Annu	20a. Method of Disposition		20b. Place of	Disposition (Name of , crematory or other plant	acel	Date	20c. Location - Ci	ly or Town, State			
Pege ent o	1 ☐ Burial 2 X Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specific			more Washir		2/25	Laurel.	, Maryland			
Baltimore, I permit. Pages 1 and Department of Heal Important: If Itam 27 and Injury or other once.	21. Signature of Funeral Service Licer			22. Name and Addr				1417 14114			
Balt permit. Depart Importa any Inje	Fleck Funeral Home, Inc.										
	Junul J	HULL	)	7601 Sa	andy Sprin	ng Road,	Laurel,	Maryland 20707			
	23a. Pert1 Enter the disease, or com- shock, of heart failure. List only	one cause on each line.	e deeth. Do n	ot enter the mode of dy	ring, such as cardiac	or respiratory arr	est,	Approximate Interval Between Onset end Deeth			
Physician	I							Onset end Deeth			
/Medical Examiner	immediate Cause (Final disease or condition resulting in death)	a. ACUTE	MYOC	ARPIAL	INFAR	CTION		FEW MINS			
	Tesuting in death)	Di		onsequence of):							
68760, ficete be executed physicien and is the bunel-transit edical Examiner		b. CAD						FEW YEARS			
I Records, P.O. Box 68760,  The law requires that the deeth certificate be executed ate has been signed by the ettending physicien and page 2 should be deteched for use as the bunel-transit completed by Physician/Medical Examir	Sequentially list conditions,	Du	ie to (or es e c	onsequence of):							
Se ex	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events										
68760, ficate be expensed to the puriel Edical E	that initiated events resulting in death) Last	Du									
A 6 e es		d									
Box 6 eeth certific ettending i		u									
o dee	Part II. Other significant conditions of	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						ibute to the cause of death?			
P.O. at the at the eteche								☐ Probably 4월 Unknown			
1S, P.O. Box res that the death cer rigned by the ettendir be deteched for use by PhysiclanA											
Records, ne law requires the law requires the speed signed to be completed by			24a. Was an autopsy performed?		24b. Were eutopsy findings evailable prior to						
w re s bee								completion of cause of death?			
The law requir						1□ Y	es 2 No	1 ☐ Yes 2 ☐ No			
Vital I Claim: The certificate rector, page Co	25. Was case referred to medical				00 0110			10169 20160			
	examiner?	Hospital:			thor	th (Check only or		42 41			
A SHOT	17€ Yes 2 No 27. Manner of Death	1 L Inpatient		patient 3LI DOA	4 Li Nuisitig Is	ome 5 Reside	once 6 LIOther ow injury occurred				
Division of or Attending Physical Attending Physical Attentials in by the funeral of ertification: To	1 Natural 5 ☐ Pending	28a. Date of Injury (Month, Day Y	(ear) Ir	jury W	ork? ☐ Yes 2 ☐ No	Edd. Describe in	on injury occurred				
Division or Attendiate deeth Director: A in by the fire by the fertificati	2 Accident Investigation 3 Suicide 6 Could not b	0 00 01 01	A) by a contract			20f Location /C	Imat and Number	or Rural Route Number,			
or Al there in by	4 Homicide determined	building, etc. (	Specify)	m, street, factory, office		City or Town	n, State)	or nural noute (vulliber,			
ral of life											
Division Countries to the Hospital or Attending P within 24 hours after deeth. To the Funeral Director: After the completely filled in by the funeral Medical Certification:		ysician: To the best of r niner: On the basis of ex and manner state	camination and								
within 2 to the comple	29b. Signature end title of certifier	-/1	A	29c. Licer	nse number	2	9d. Date signed (	(Month, Day, Year)			
	South C.	Athurte,	miss	7	06241		03-09	4-99			
	30. Name and address of person who	completed cause of deal	th (Item 23a) /					MD. 2063			
1	DO DO TILL	1/2/2/200	774	MA	. 5.	6 0	U.	Ma ares			
51012	31. Date filed (Month, Day, Year)	32 Registrar's	Signature	-1.20 de	IS SHOW	211 31	VOW MILL	1110, 21863			
State Registrar	MAR 1 1 1999	) Luna	1 /9	land.	/						
3	1 1 1000		10.	KING PROPERTY							



**Funeral** 

Director

r than "natural", or items 23a or 28a-f show the Madical Examiner must be notified at

the Manylend

with

death

filed within 72 hours after

Hygiene. ther than

is marked of

permit. Peges 1 end 2: Department of Health as Important: If Item 27 is any Injury or other trau

**Physician** 

/Medicai

**Examiner** 

Bud buriel-trar

physician

for use es 88

á

signed to

paga 2 should

funerel

the

that the death certificate be axec

P.O.

Peges 1 and 2 should be

other

altimore, Maryland 21215-0020

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** MARCH 07. 1999 11:45 AM. Ernest Swartz /Medical 4e Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 8426 HEARTWOOD RD. **JESSUP** Howard If Under 24 Hrs. If Under 1 Year 8. Date of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Aga (In vrs. last birthday) Birthplace (State or Foreign Country) Min. Days 1 ▼M 2 □ F Months Hours 50 578-58-0371 Apr. 17, 1948 Maryland Usuel Residence of Deceden 10c. City. Town or Location 10d. Inside City Limits 10e. Stete 10b. County 1 ☐ Yas 2 ☐ No Director Howard Jessup 10e Street and Number 10f. Zip Code 10a, Citizen of Whet Country? 8426 Heartwood Road 20794 USA Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11 Merital Status Bleck White etc 1 ☐ Never Married 2 Married 1 ☐ Yes 🏖 No Specify: Specify: White à 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 7 Heavy Equipment Operator WSSC 17. Fathar's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Aubry Swartz Pauline Caldwell 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Neme/Reletionship (Type, Print) Katherine Swartz/Wife 8426 Heartwood Road, Jessup, Maryland 20794 20b. Plece of Disposition (Neme of 20e. Method of Disposition Dete 20c. Location - City or Town, Sleta cematery, crematory or other pleca) 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Spacify) MD Nat'l Memorial Park 3/12/99 Laurel, Maryland 22. Name end Address of Fecility Service Licensee Fleck Funeral Home, Inc. 7601 Sandy Spring Road, Laurel, Maryland 20707 rithe mode of dying, such as cardiac or respiretory errest, Approximate Interval Between Onset and Deeth of the disease, or complications that caused the death. Do not enter the mode of dying, such heart feilure. List only one ceuse on each line. hot gue Would Immediate Ceuse (Finel diseese or condition resulting in deeth) Examiner Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Lest Due lo (or es e consequenca of): Physiclan/Medical Dua to (or es e consequença of) Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobacco was contribute to the cause of death? 1 Yes 2 No 3 □ Probably 4 Unknown by 24b. Were autopsy findings evaileble prior to completion of cause of death? Completed 24e. Wes en eutopsy parformed? 2 No 1 Yes 2 No 25. Was case referred to medical Be 26. Plece of Death (Check only one) Other: 4 ☐ Nursing Home 5 ☑ Residence 6 ☐ Other (Specify) 0 1 ¥ Yes 2 □ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth 28d. Describe how Injury occurred Certification: 28b. Tima of 28c. Injury et Work? Subject Shot St 281. Location (Street and Number City or Town, State) 5 Pending investigation Injury 1 Neturel Furs (3/9/19 (30 HA) 10 288. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 1 Yes 2 Accident 3 Julcide 4 ☐ Homlcide 6 Could not be determined nber or Rurel Routa Number determined building, etc. (Specify)

Nome

City or Town, State)

T.S. Medical Examples: To the best of my knowledge, deeth occurred at the time, date and place, and due to the course of the mener ess stated. 29a, Certifier Medical Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and menner stated. 29d. Dete signed (Month, Dey, Year) 29b. Signeture and title of cartifier 29c. License number

Records, peen certificata Division of Vital this After or Attended efter deetl Director: 24 hours e

> State Registrar

MARCH 08, 1999 O.C.M.E.

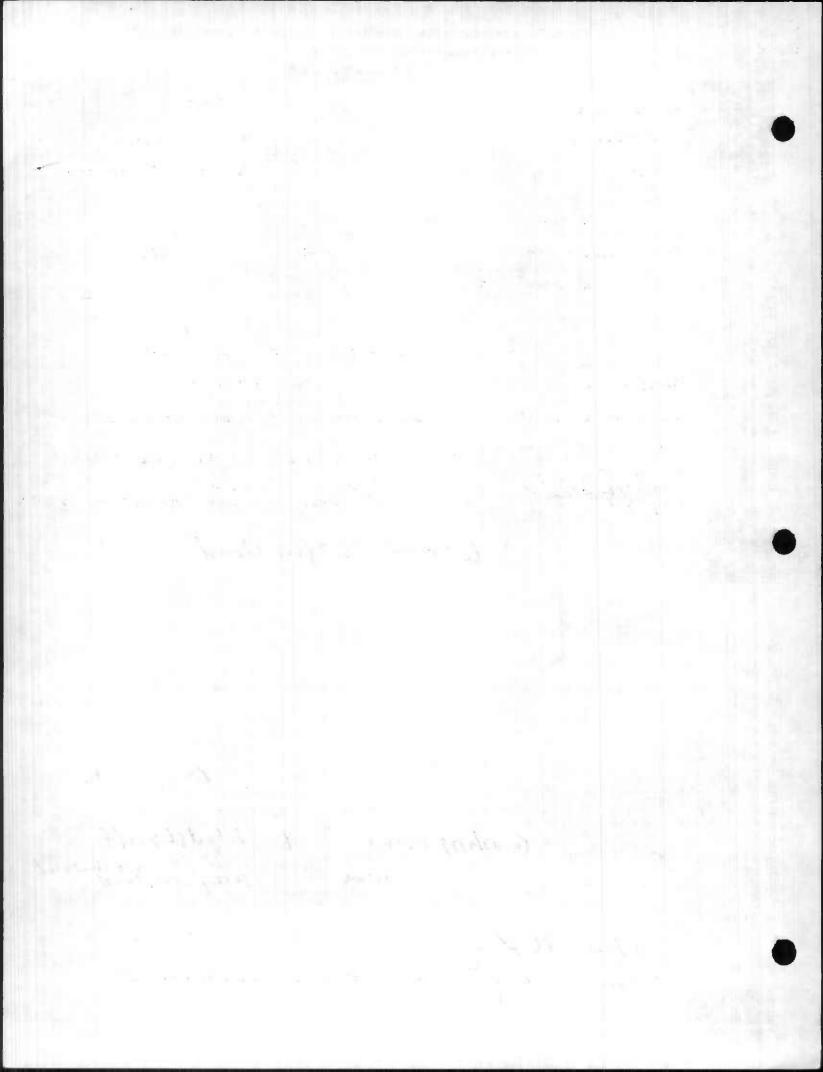
30. Name end address of parson who completed cause of dath (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

MAR 1 1 1999

31. Dete filed (Month, Dey, Year) 32 Registrer's Signature

To the within 2



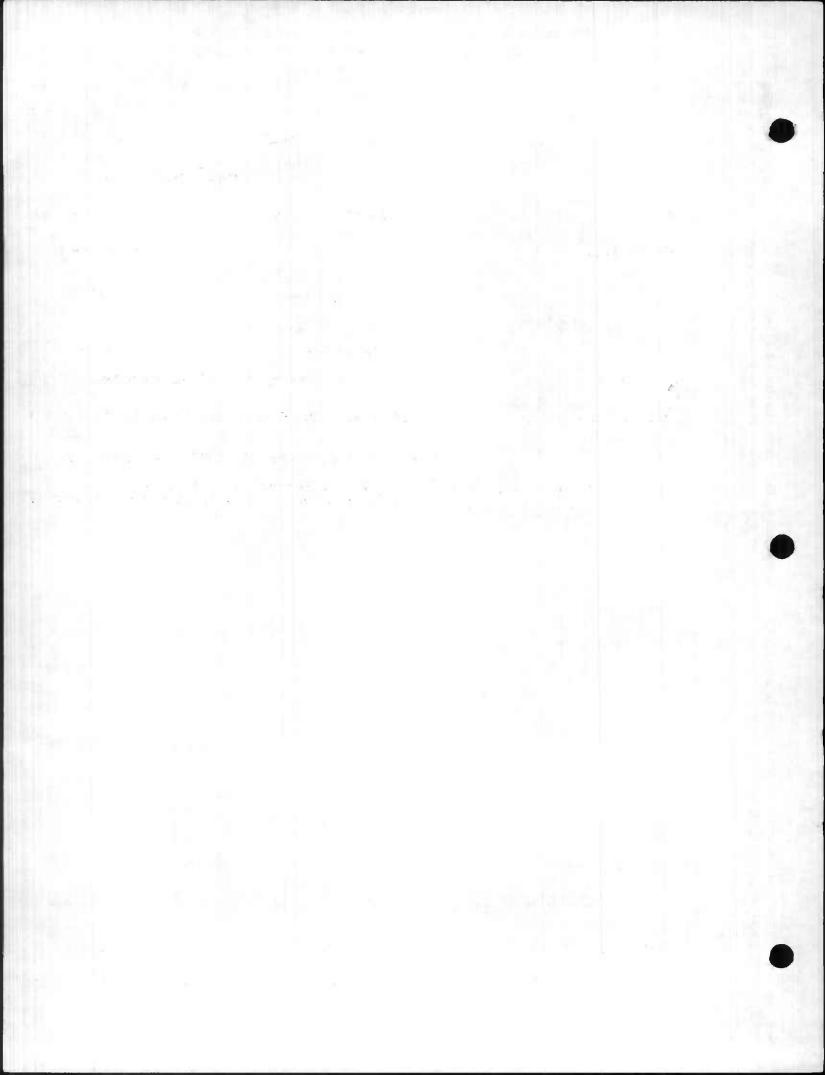
### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 9

Certificate of Death 2. Dete of Death 3. Time of Death 1, Decedent's Neme (First, Middle, Last) Month **Physician** Harch 7:22 An (SEMBIPES 1955 /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street and number) **Examiner** Ravin Baltmore Baltimas Samarita Good Hosb 5601 Loch If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) **Funeral** Days 1 ☐ M 2 🔀 F Yrs 213-50-5952 **Director** Nov. 27, 1911 MD Usual Residence of Decedent the Meryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits is marked other than "natural", or items 23a or 28a-f show traumatic event, the Modical Examiner must be notified at MD XXX Yes 2 □ No N/A Baltimore City Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21223 United States 1131 Hollins Street Funeral death 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14 Bace - American Indian 11 Marital Status Black, White, etc. filed within 72 hours after 1 Yes 2000 No If Yes, Give Year or Dates: 1 Never Married 2 Married White Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: p ₩idowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondary (0-12) Hygiena. permit. Peges 1 end 2 should be filled w. Department of Health and Mental Hygien, important: If hem 27 is marked other the any Injury or other treasment. Homemaker Own Home 18. Mother's Neme (First, Middle, Meiden Sumeme) 17. Father's Name (First, Middle, Last) (Unknown Maiden Name) Matty B. Lewis Welty 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informent's Name/Relationship (Type, Print) 1146 West Cross Street, Baltimore Maryland 21230 Samuel N. Tsembides / Son 20b. Placa of Disposition (Neme of cametery, cremetory or other pleca) Date 20c. Location - City or Town, State 20e. Method of Disposition 1 the Buriel 2 ☐ Cremetion 3 ☐ Removal from State Woodlawn Cemetery March 11, 1999 Baltimore 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility
Charles L. Stevens Funeral Home, Inc. 21. Signature of Funerel Servica Licensee Victor P. Doda, Jr. 1501 East Fort Avenue, Baltimore Maryland 21230 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) VaRIAN Examiner Due to (or as a consequence of): Physician/Medical Examiner physician and s the burial-transit the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Box 68760, Due to (or es e consequence of) 23b. Did tobacco use contribute to the cause of death? detached Part II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. o signed by the 1 Yes 2 Ho 3 Probably 4 Unknown þ Records, The law requires 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? Completed been s completion of cause of death? this certificate hes 2 B No 1 ☐ Yes 2 ☐ No Division of Vital Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☑Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 funeral 28a. Date of Injury (Month, Dey Year) he Hospital or Attending Phin 24 hours after death.

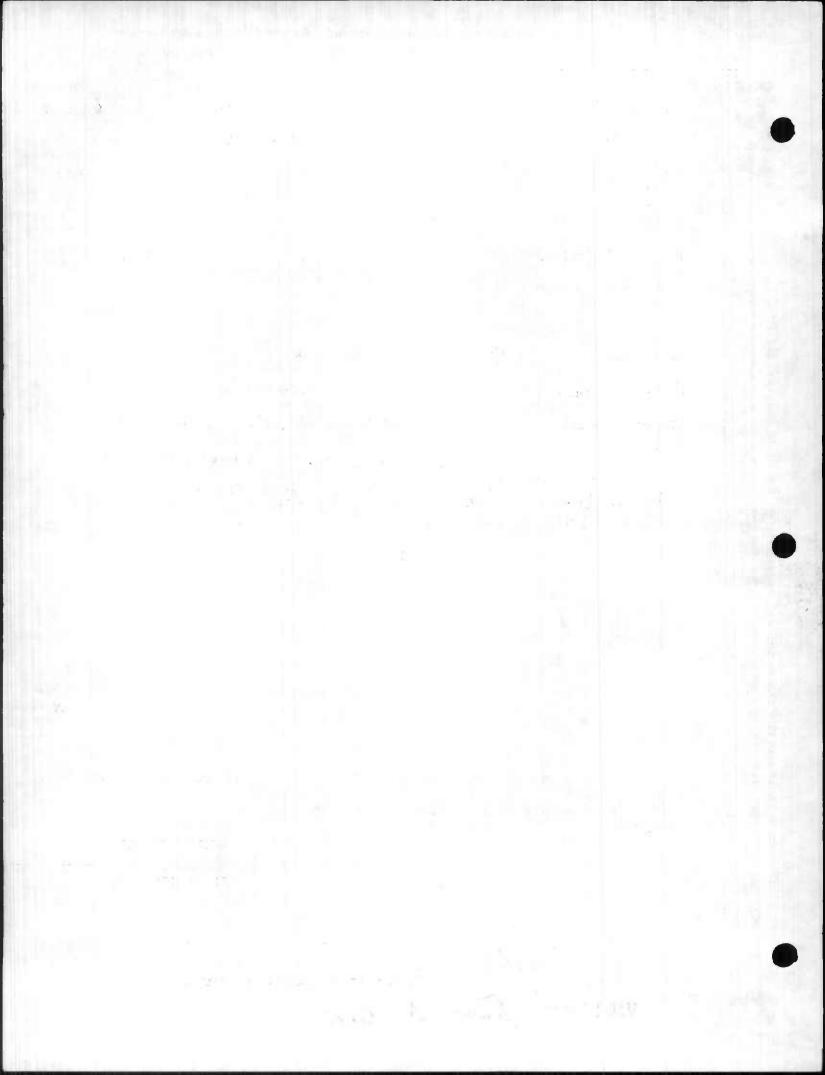
The Funeral Director: After the pletaly filled in by the funeral 28d. Describe how injury occurred 27. Manner of Deeth Certification: 28b. Time of 28c. Injury at Work? 1 Naturel 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Thomicide 29a. Certifier (Check only one) 12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medicai To the I 29d. Date signed (Month, Dey, Year) 29c. License number 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) Boulevard Balhonne MD Loch Kayen Shandelys 5601 31. Date filed (Month, Day, Year) 32. Registrer's Signeture Registrar

DHMH 16 Rev 6/95



### Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

			R MEO G769 3-	29-99 WRLE	entificate of	Death		Reg. No.		n 71		
sician	1. Decedent's Name (First_Middle, Last)						2. Date of D Month	eath Day	Year  3. Time of Death  1622 PM  y of Death			
edical	SHANNA		IEAL			4th City Town on	MARCH	5, 199		1622 PM		
miner	4a Facility Name (If not institution, give street and number) 4b. City, Town, or JOHNS HOPKINS HOSPITAL BALTIMORI						E CIMV		1			
	5. Social Security			n yrs. last birthday	If Under 1 Year		E CITY	irth	N A	e (State or For		
eral tor	218- 911- Usual Residenca	5668 10	THE OFFE	Yrs.	Months Days			- 13	Country	e (State or Ford		
	10a. State	10b. County	10	Oc. City, Town or L	ocation.				10d	. Inside City Lin		
Funeral Director	mo	NA	I E	BALTIMOR	E					1 ☑ Yes 2 □		
Funeral Director	10e. Street and N	lumber			10f. Zip Code			10g. Citizen of 1	What Country	17		
a D	109 N.	PAYSON S	TREET		21:	217		us	3A			
ner	11. Marital Status		12. Was Decedent Eve Armed Forces?	er in U,S. 13.	. Was Decedent of I	Hispanic Origin? (S	Specify Yes or N	0- 14. Rac	ce - American			
F		arried 2 Married	1 Yes 2 No		1 Yes 2 No		, , , , , , , , , , , , , , , , , , , ,	Specif				
dby	3 D Widowed	4 Divorced	Year or Dates:						BLACK			
Completed	(Sp	15. Decedent'a Edu pecify only highest grad	ication le completed)	16a. Dece	edent's Usual Occu re kind of work done DO NOT use retire	pation during most of wo	orking	18b. Kind of B	ualness/Indus	stry		
d E	1	econdary (0-12)	College (1-4or 5+)	me.	Domi			1-	OME			
ပိ	17. Father's Name	ine (First, Middle, Last)	NIA		Domi	1	me (First, Middle	a, Maiden Suman				
o Be	CORNELL	0				DEBORA						
7		Name/Relationship (T)	ypa, Print)	19b. Mai	iling Address (Stree	-			State, Zip C	ode)		
5	GEORGE	GIBSON		109 1	U. PAYSON	0 -		10. 212				
To Be Completed	20a. Method of D	Disposition			position (Name of ematory or other pla		Date	20c. Location		n, State		
5		2 Cremation 3 F	demoval from State	MT. ZON		DV	3-15-99	BALTO.	mp			
once.		Funerai Harvice Licens			22. Name and Addr	ess of Facility	0 .0 .	Dricio.				
once	MO	1	1 Mars		AUGHN C.	GREENE	- FUNER	AL GERL	NCE	000		
	23a. Part1. Enter	or the disease, or comp	lications that caused the ne cause on each line.	a death. Do not er	nter the mode of dy	Ing, such as cardia	c or respiratory	BALTO. N	. A	pproximata		
ian	shock, or he	aart mure. List only o	ne cause on each line.						C	nterval Between Inset and Deatt		
cal	Immediate Cause disease or condit			HANGIN	iG.				1			
ier	resulting in death	1)	a. Du	a to (or as a conse								
ne.												
Examiner	Sequentially list of any, leading to	conditions,	b Due to (or as a consequenca of):									
<u></u>	cause. Entar Un Cause (Disease	eriying rinjury c										
dical Examir	that initiated ever resulting in death	nts	Due	e to (or as a conse	quenca of):							
g <b>w</b>			d						ì			
Cia C												
ysiciar	Part II. Othar sign	nificant conditions con	ntributing to death but n	ot reaulting in the	undariying causa gi	ivan in Part I.		d tobacco uae co		١.		
y Physician/Med	Part II. Othar sign	nificant conditions co.	ntributing to death but n	ot resulting in the	undarlying causa g	ivan in Part I.		I tobacco uae co ] Yes 2 □ No				
by Phys	Part II. Othar sign	nificant conditions co	ntributing to death but n	ot reaulting in the	undarlying causa g	ivan in Part I.	1	Yes 2□No	3 Probe	bly 4 Unk		
by Phys	Part II. Other sign	nificant conditions co	ntributing to death but n	ot reaulting in the	undarlying causa g	ivan in Part I.	1	Yes 2□No	3 Probe	a autopsy findinable prior to		
by Phys	Part II. Othar sign	nificant conditions co	ntributing to death but n	ot resulting in the	underlying cause g	iven in Pert I.	1 [ 24a. Wa	Yes 2 No	3 Proba	a autopsy findinable prior to bietion of cause ath?		
Completed by Phys			ntributing to death but n	not reaulting in the	undarlying causa g		1 Z	Yes 2□ No s an autopsy formed?  Yea 2□ No	3 Probe	bly 4 Unkr a autopsy findina able prior to pietion of cause ath?		
o Be Completed by	25. Was case ref	ferred to medicat	Hospital:		VV 0	26. Place of De	24a. Wa per	yes 2 No s an autopsy formed?  Ofea 2 No ona)	3 Probe	bly 4 Unkr a autopsy finding able prior to pietion of cause ath?		
To Be Completed by	25. Was case reference?	ferred to medicat  ☐ No  Interpretation	Hospital: 1 ☐ Inpatient	2 ☐ ER/Outpatie	ent 3XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	26. Place of De thar: 4 □ Nursing	24a. Wa per 15. Annual Check only Home 5 Res	Yes 2□ No s an autopsy formed?  Yea 2□ No	3 Probe  24b. Ware availaged on the composition of	bly 4 Unkr a autopsy findina able prior to pietion of cause ath?		
To Be Completed by	25. Was case referement?	ferred to medicat	Hospital: 1 ☐ Inpatient	2 ☐ ER/Outpatie	ent XXXDOA Of 28c. Inju	26. Place of De thar: 4 □ Nursing	24a. Wa per 126 eath (Check only Home 5 Res	yes 2 No s an autopsy formed?  Orea 2 No ona) sidenca 8 Ott	3 Probe  24b. Ware availated availat	bly 4 Unkr a autopsy findina able prior to pietion of cause ath?		
To Be Completed by	25. Was case referement.  25. Was case referement.  26. Was case referement.  27. Manner of Da.  2	ferred to medicat	Hospitai: 1 ☐ Inpatient  28a. Date of Injury (Month, Day Y. 3-5-99  28e. Placa of Injury	2 ER/Outpatie	ent 3XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	26. Place of De than: 4 ☐ Nursing uny at ork? ] Yaa 2 ☑ No	24a. Wa per 15 Subject	S an autopsy formed?  Orea 2 No rona)  sidenca 8 Otto b how injury occur  HANGED SI	24b. Wars avails comported for (Specify)	a autopsy findin abla prior to oletion of cause ath?		
cation: To Be Completed by Phys	25. Was case reference examiner?  **Land Year 2	ferred to medicat	Hospitai: 1 ☐ Inpatient  28a. Date of Injury (Month, Day Y. 3-5-99  28e. Placa of Injury building, etc. (3-2)	2 ER/Outpatie	ent 3XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	26. Place of De than: 4 ☐ Nursing uny at ork? ] Yaa 2 ☑ No	24a. Wa per 12 24a. Wa per 12 28d. Describe SUBJECT 28f. Location City or To	S an autopsy formed?  Ofea 2 No  ona)  sidenca 8 Ott show Injury occur  HANGED SI (Street and Numbown, State) WOM	3 Probe  24b. Ware availe come of de the come of de	a autopsy findiniable prior to oletion of cause ath?  Yes 2 No		
cation: To Be Completed by Phys	25. Was case referement.  25. Was case referement.  26. Was case referement.  27. Manner of Da.  2	ferred to medicat  No  ath 5 Pending Investigation 6 Could not be determined	Hospital: 1 ☐ Inpatient  28a. Date of Injury (Month, Day Y.  3 – 5 – 9 9  28e. Placa of Injury building, etc. (.  C  alcian: To the best of mer. On the basis of ex	2 ER/Outpatie ear) 28b. Time Injury UNKNOW! - At home, farm, s Specify) ELL amination and/or li	ent 3XXDOA Of Of 28c. Inju Wo N M 1E street, factory, offica	26. Place of De ther: 4 □ Nursing ury at ork? □ Yea 2 □ No	24a. Wa per 12 24a. Wa per 12 28d. Describe 28d. Describe 28d. Location City or T. BAL TIMOI 24, and dua to the	S an autopsy formed?  Drea 2 No rona)  sidenca 8 Otto how Injury occur  HANGED SI (Street and Numbown, Stata) WOM  RE CITY, Me cause(s) and me	24b. Wars avails comported for (Specify) rred	a autopsy findin abla prior to oletion of cause ath?  Yes 2 No  Route Number, TENTION Coded.		
cation: To Be Completed by Phys	25. Was case reference examiner?  22. Manner of De  1  Natural  2  Accident  3  Suicide  4  Homicide  29a. Certifler  (Check only	ferred to medicat  No  nath  5 Panding Investigation 6 Could not be determined  1 Certifying Phy XIX Medical Exami	Hospital: 1 ☐ Inpatient 28a. Date of Injury (Month, Day Y. 3-5-99 28e. Placa of Injury building, etc. (	2 ER/Outpatie ear) 28b. Time Injury UNKNOW! - At home, farm, s Specify) ELL amination and/or li	ent 3XXDOA Of Of 28c. Inju Wo N M 1E street, factory, offica	26. Place of De ther:  ye at	24a. Wa per 12 24a. Wa per 12 28d. Describe 28d. Describe 28d. Location City or T. BAL TIMOI 24, and dua to the	S an autopsy formed?  Drea 2 No rona)  sidenca 8 Otto how Injury occur  HANGED SI (Street and Numbown, Stata) WOM  RE CITY, Me cause(s) and me	24b. Ware availe composition of de the composition of the composition	a autopsy findin abla prior to oletion of cause ath?  Yes 2 No  Route Number, TENTION Code.  ed. he cause(s)		
cation: To Be Completed by Phys	25. Was case reference examiner?  **XAYea 2[ 27. Manner of Da 1	ferred to medicat  No  nath  5 Panding Investigation 6 Could not be determined  1 Certifying Phy XIX Medical Exami	Hospital: 1 ☐ Inpatient  28a. Date of Injury (Month, Day Y.  3 – 5 – 9 9  28e. Placa of Injury building, etc. (.  C  alcian: To the best of mer. On the basis of ex	2 ER/Outpatie ear) 28b. Time Injury UNKNOW! - At home, farm, s Specify) ELL amination and/or li	ent 32700A Of Of Of Of Of Of Of Of Of Of Of Of Of	26. Place of De ther: 4 Nursing try at order Yea 2 No try tima, data and plac oplinion, death occurse number	24a. Wa per 12 24a. Wa per 12 28d. Describe 28d. Describe 28d. Location City or T. BAL TIMOI 24, and dua to the	S an autopsy formed?  Drea 2 No rona)  sidenca 8 Otte how Injury occur  HANGED SI  (Street and Num. own, Stata) WOM  RE CITY, Me cause(s) and me did and place,  29d. Date signe	24b. Wars avails composed for the control of the co	a autopsy findin abla prior to leition of cause ath?  Poute Number, TENTION Code.  Tended the cause(s)		
edical Certification: To Be Completed by Physical	25. Was case reference? **Affee 2  27. Manner of Da  1  Natural 2  Accident 3  Suicide 4  Homicide  29a. Certifler (Check only one)  29b. Signature an	ferred to medicat  No leath 5 Panding Investigation 6 Could not be determined  1 Certifying Phy Medical Exami	Hospital: 1 ☐ Inpatient  28a. Date of Injury (Month, Day Y.  3 – 5 – 9 9  28e. Placa of Injury building, etc. (.  C  alcian: To the best of mor: On the basis of ex and manner stated	2 ER/Outpatie ear) 28b. Time Injury UNKNOW! - At home, farm, s Specify) ELL ay knowledga, dea amination and/or left.	ent XXXOOA Of Of Of Of Of Of Of Of Of Of Of Of Of	26. Place of De ther: 4 Nursing try at order Yea 2 No try tima, data and plac oplinion, death occurse number	24a. Wa per 12 24a. Wa per 12 28d. Describe 28d. Describe 28d. Location City or T. BAL TIMOI 24, and dua to the	yes 2 □ No s an autopsy formed?  Oyea 2 □ No r ona) sidenca 8 □ Ott a how injury occur HANGED SI (Street and Num bwn, State) ₩ OM RE CITY, M a cause(s) and m by, date and place,	24b. Wars avails composed for the control of the co	a autopsy findin abla prior to leition of cause ath?  Poute Number, TENTION Code.  Tended the cause(s)		
cation: To Be Completed by Phys	25. Was case reference examiner?  **XAYea 2[ 27. Manner of Da 1	ferred to medicat  No leath 5 Panding Investigation 6 Could not be determined  1 Certifying Phy Medical Exami	Hospital: 1 ☐ Inpatient  28a. Date of Injury (Month, Day Y.  3 – 5 – 9 9  28e. Placa of Injury building, etc. (.  C  alcian: To the best of mer. On the basis of ex	2 ER/Outpatie ear) 28b. Time Injury UNKNOW! - At home, farm, s Specify) ELL hy knowledga, dea animation and/or in	ent 3000A Of of 28c. Inju. Wo N M 1 Correct, factory, offical ath occurred at the trinvestigation, in my 29c. Licen OCM.	26. Place of Dether:  1 Nursing  1 y at  1 Yea 2 N No  1 Ima, data and plac  1 oplnion, death occurse number	24a. Wa per 24a. Wa per 24a. Wa per 24a. Wa per 24a. Wa per 24a. Wa per 28d. Describe 28d. Describe 28d. Describe 28d. Location City or 7. 28f. Location 24 and dua to the time	San autopsy formed?  OYea 2 No  Tona)  Sidenca 8 Ott  Show Injury occur  HANGED SI  (Street and Num  State) WOM  RE CITY, M  e cause(s) and m  o, date and place,  29d. Date signe  MARCH (	3 Probe  24b. Ware availe composited the composited	a autopsy findin abla prior to oletion of cause ath?  Poute Number, TENTION (Code).  Tending the cause(s)		
edical Certification: To Be Completed by Phys	25. Was case reference? **Affee 2  27. Manner of Da  1  Natural 2  Accident 3  Suicide 4  Homicide  29a. Certifler (Check only one)  29b. Signature an	ferred to medicat  No  ath  5 Panding Investigation 6 Could not be determined  1 Certifying Phy XX Medical Exami	Hospital: 1 ☐ Inpatient  28a. Date of Injury (Month, Day Y.  3 – 5 – 9 9  28e. Placa of Injury building, etc. (.  C  alcian: To the best of mor: On the basis of ex and manner stated	2 ER/Outpatie ear) 28b. Time injury UNKNOW! - At home, farm, s Specify) ELL amination and/or in th (item 23a) (Type 111 Penr	ent XXXOOA Of Of Of Of Of Of Of Of Of Of Of Of Of	26. Place of Dether:  1 Nursing  1 Yat 2 No  1 N	24a. Wa per 24a. Wa per 24a. Wa per 24a. Wa per 24a. Wa per 24a. Wa per 28d. Describe 28d. Describe 28d. Describe 28d. Location City or 7. 28f. Location 24 and dua to the time	San autopsy formed?  OYea 2 No  Tona)  Sidenca 8 Ott  Show Injury occur  HANGED SI  (Street and Num  State) WOM  RE CITY, M  e cause(s) and m  o, date and place,  29d. Date signe  MARCH (	3 Probe  24b. Ware availe composited the composited	a sutopsy findir able prior to oletion of cause ath?  Yes 2 \( \subseteq \text{No} \)  Route Number, TENTION ( ed. he cause(s)		



Box 68760 Division of Vital Records, P.O. or Attending **Physician** 

/Medical

Examiner

Director

Funeral

þ

Completed

Be

**Funeral** 

Director

7 is marked other than "naturel", or items 23e or 28s-f show treumetic event, the Medical Examiner must be notified at

pemit. Pages 1 and 2 should be filed within 72 hours effect Department of Heelth and Mentel Hygiene. Important: if item 27 is marked other than "naturel", or item any injury or other freumetic event, the Medical Examinations.

**Physician** /Medical

Examiner

lcian end buriel-transit

physician

ettending nse

deteched

signed by t

hes

this funeral

After

efter death. Director: Aft

24 hours e Funerel

To the To the To the

director,

the

Examiner

Physician/Medical

þ

Completed

Be

2

Certification:

Medicai

Baltimore, Maryland 21215-0020

the Merylend

with

deeth

disease or condition rasulting in daath) Sequentially list conditions, if eny, leading to immediate causa. Entar Undarlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Lest Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 25. Was case referred to medical examinar? Othar: 4 Nursing Home 5 Rasidance 6 Othar (Specify) 1 ☐ Yes 25 No 1 Inpatient 27. Menner of Deeth 28e. Dete of injury (Month, Day Year) 28c. Injury et Work? 28d. Dascribe how Injury occurred 28b. Time of 1 Naturel 5 Pending 1 TYes 2 □ No Invastigation 2 Accident 6 Could not be 3 ☐ Suicide 28a. Place of Injury - At home, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homloide 29a. Certifier 1st Certifying Physician: To the best of my knowledga, deeth occurred et the time, date end piece, end due to tha causa(s) and menner as stated. (Check only one) 2 Medical Examiner: On the besis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date and place, end due to the cause(s) end menner steted. 29d. Dete signed (Month, Dey, Year) 29b. Signeture end titla of certifier 29c. License number Drawell wo resident physician

State Registrar

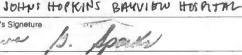
31. Dete filed (Month, Dey, Year)

32. Registrer's Signeture

30. Nama end address of person who completed ceuse of daath (Item 23a) (Type, Print)

A. KLEIN, MO

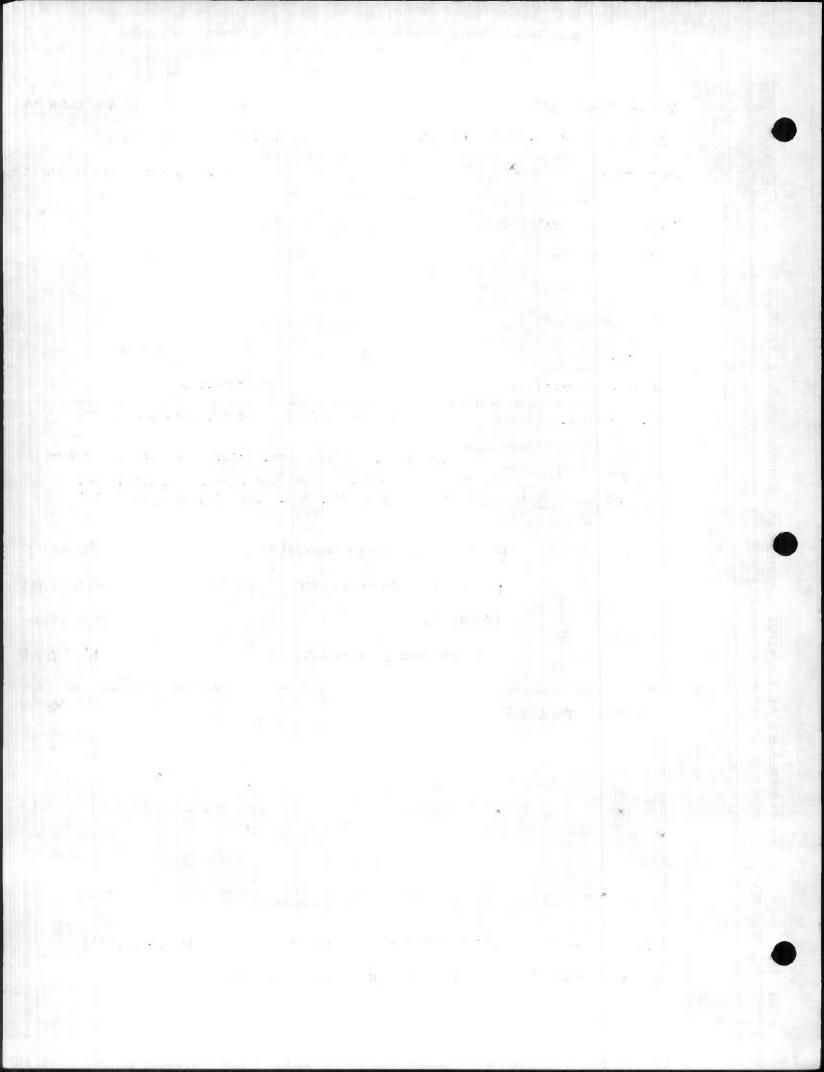
1999



98039

MARCH 8,1999

**DHMH 16 Rev 6/95** 



### Piease Type or Print in Black indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middla, Last) 2. Data of Death 3. Time of Death Month Year John W. Vitzthum March 1999 8:50 AM 1014 4a Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Union Memorial Hospital Baltimore City N/A Hours Min. 8. Date of Birth (Month, Day, Year) May 12, 1922 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) If Under 1 Year Birthplaca (Stete or Foreign Country) Months Days 1₽ M 2□ F Maryland 215-18-0605 76 Usual Residanca of Decedant 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Baltimore Timonium 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 216 Deep Dale Drive 21093 U.S.A. 12. Was Decedant Evar in U,S. Armed Forces? 1∑ Yas 2 □ No If Yas, Giva Yaar or Datas: WWII Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indian, 11. Marital Status Black, White, etc. 1 Nevar Married 2 Married 1 Yas 2 No Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Collega (1-4or 5+) Sales Manager Trucking 17. Father's Name (First, Middla, Last) 18. Mothar's Name (First, Middle, Maiden Sumame) John W. Vitzthum Margaret Shuppner 19a. Informant's Neme/Ralationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Shirley Vitzthum/Wife 216 Deep Dale Drive Timonium, Maryland 21093 20b. Place of Disposition (Nama of cematery, cremetory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☑ Cramation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Othar (Specify) Hilltop Service Corp. 3/12/99 Towson, Maryland 22. Nama and Addrass of Facility 21. Signatura of Funaral Sarvice Licenses Ruck Towson Funeral Home, Inc. 1050 York Road Towson, Maryland 21204 23a. Part1. Enter tha disaasa, or complications that of used the death. Do not antar the mode of dying, such as cardiec or respiratory errest, shock, or heart fellura. List only one cause on each line. Approximata Interval Between Onset and Death Immediata Causa (Final Hyperkalemia disaasa or condition rasulting in death) Failur Bleede Dua to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? 3 Probably WUnknown 1 Yes 2 No YEATZ

**Physician** /Medical Examiner

**Physician** 

/Medical

Examiner

10a Stata

**Funeral** 

Director

28a-f ahow

8 234

"natural", or Itams

Hygiene.

permit. Pages 1 and 2 should be file Department of Health end Mental Hy Important: If Itam 27 Ia marked other any Injury or other traumatic avent

Director

Funeral

P

Completed

Be

the Maryland

filed within 72 hours after

Baltimore, Maryland 21215-0020

Records, P.O. Box 68760.

Examiner Sequentially list conditions, if any, laading to immadiata cause. Entar Undarlying Cause (Disease or injury that initiated evants resulting In death) Last page 2 should be detached for use as

Physician/Medical Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Dementia þ 24b. Wera autopsy tindings available prior to completion of cause of death? Be Completed 24a. Was an autopsy performed? Depression / Anxieta 1 ☐ Yas 2 No 1 ☐ Yas 2 ☐ No 25. Was casa rafarred to medical axaminar? 26. Placa of Death (Check only ona) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Rasidence 6 Other (Specify) 1 Yas 2 No Medical Certification: To 27. Mannar of Death 28b. Time of 28d. Describe how injury occurred 28a. Date of Injury (Month, Dey Year) 28c. Injury at Work? 1 Natural 2 Accident 5 Pending invastigation 1 Yas 2 No 6 Could not be 3 Sulcide 28a. Placa of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifiar (Check only one)

29c. License number

certificate

this

After

death.

within 24 hours after deat To the Funeral Director:

or Attanding Physician:

Hospital

\$

State Registrar

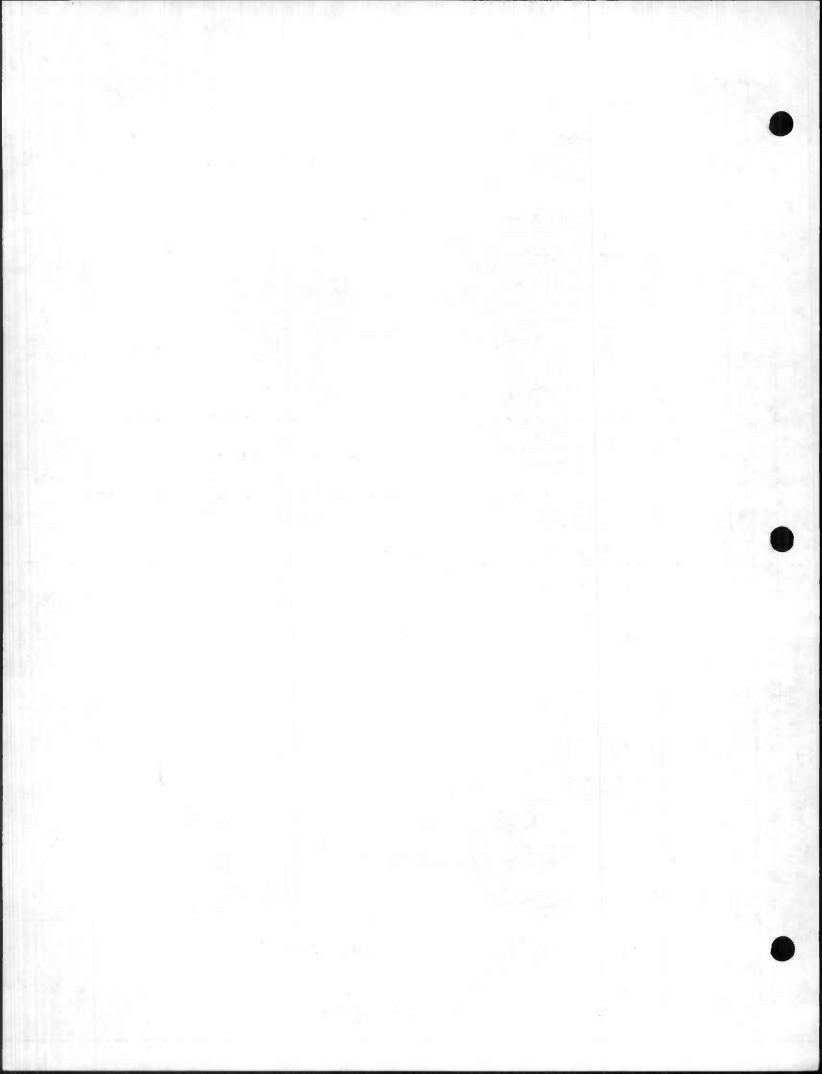
30. Name and addrass of person who completed causa of death (Item 23a) (Type, Print)

AT 2438946 March

29d. Data signed (Month, Day, Year)

Urhersita

29b. Signature and fitla of cartifier



#### Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 Item#20c perFH g769 3/11/99EW Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3 Time of Death Winston March 8, Joseph 1999 9:42pm 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street and number) Edgemere Balto. VAMHCS Fort Howard Division If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 1 M 2□F Months Days Hours Min Yrs. Va. 70 April 3,1928 226361173 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Yes 2 No Baltimore Turners Station 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number 21222 USA 716 Peach Orchard Lane 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14 Race - American Indian 11. Marital Status Black, White, etc. 1 XYes 2 No If Yes, Give Year or Dates: 1 Never Married 3 Married 1 ☐ Yes 2 No Specify: Specify Black 50 - 523 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) laborer Beth Steel 10 18. Mother's Name (First, Middle, Meiden Sumame) 17. Father's Neme (First, Middle, Last) Daisy Johnson Winston Lucas 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informant's Name/Relationship (Type, Print) Thelma Winston/wife 731 N. Avondale Rd. Balto., Md. 21222 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City of Town, State Crownsville 20a. Method of Disposition 1 Surial 2 □ Cremation 3 □ Removal from State Crownsvill# Mo Crownsville Vet. 3/12/99 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Servica Licensee 22. Name and Address of Facility James A. Morton & Sons F.H., Inc 9. Lon 1701 Laurens St. Balto, Md. 21217 23a. Pertiv. Enter the disease, or compilcations that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Prostate Cancer unknown Due to (or es e consequence of): Metastasis to Bone unknown Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or es e consequence of): Liver Cirrhosis unknown Due to (or as e consequenca of): Chronic Pancreatitis unknown 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was an eutopsy performed? 1 Yes 35 No 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Painpatient 2□ ER/Outpatient 3□ DOA 28a. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? 5 ☐ Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

Examiner physician end s the burial-transit The law requires that the death certificete be executed Box 68760. Physician/Medical attending pl signed by the a Division of Vital Records. is certificate has director, pege 2 this funeral

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

r 28a-f show inotified at

"natural", or itsens 23a or adical Examiner must be r

the Me

10

e di

death

hours after

1 and 2 should be filed within 72

Hygiene,

Mental marked in

#

Health Health Other tra

**Physician** 

/Medical

**Examiner** 

Pages nent of H

Winston

altimore, Maryland 21215-0020

MD

Directo

Funeral

g

Completed

or Attending Physician: To the Hospital or A within 24 hours efter To the Funeral Diracompletely filled in b

à Completed Be P Certification: edicai

State Registrar

29a. Certifier

(Check only one)

29b. Signatury MD 30. Name and address of perso Arastoo Yazdahi,

29c. License number 50

🗺 Comitying Phyalolan: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as steted.

Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the ceuse(s) and manner stated. 29d. Date signed (Month, Day, Year) March 1999

o completed ceuse of death (Item 23a) (Type, Print) MD 9600 North Point Road, Fort Howard MD 21052

31. Date filed (Month, Day, 32. Registrate Signature

**DHMH 16 Rev 6/95** 

---roffe Turrer customics 21 22 22

physician end the bunal-transit Division of Vital Records, P.O. Box 68760, signed by the certificate has b Hospital or Attending Physician: director, this funeral After efter deet Director: 3 To the Hospital within 24 hours a To the Funeral Completely filled

**Physician** 

/Medical

Examiner

Director

Funeral

by

Completed

**Funeral** 

Director

"natural", or Itama 23a or

Peges 1 and 2 should be filed within 72 hours after can of Health and Mentel Hygiene.
Int. if Item 27 is marked other than "netural", or iter
Iny or other traumatic event, the Medical Engineer
Iny or other traumatic event, the Medical Engineer.

**Physician** 

/Medical

Examiner

Examiner

Physician/Medical

by

Completed

Be

Certification: To

edical

Baltimore, Maryland 21215-0020

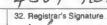
death with the Maryland

State Registrar

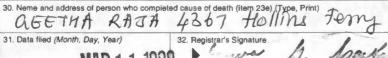
abetha RAJA 31. Data filed (Month, Day, Year)

29b. Signature and title of certifie

Getha



Kap MD



29c. License number

D27541

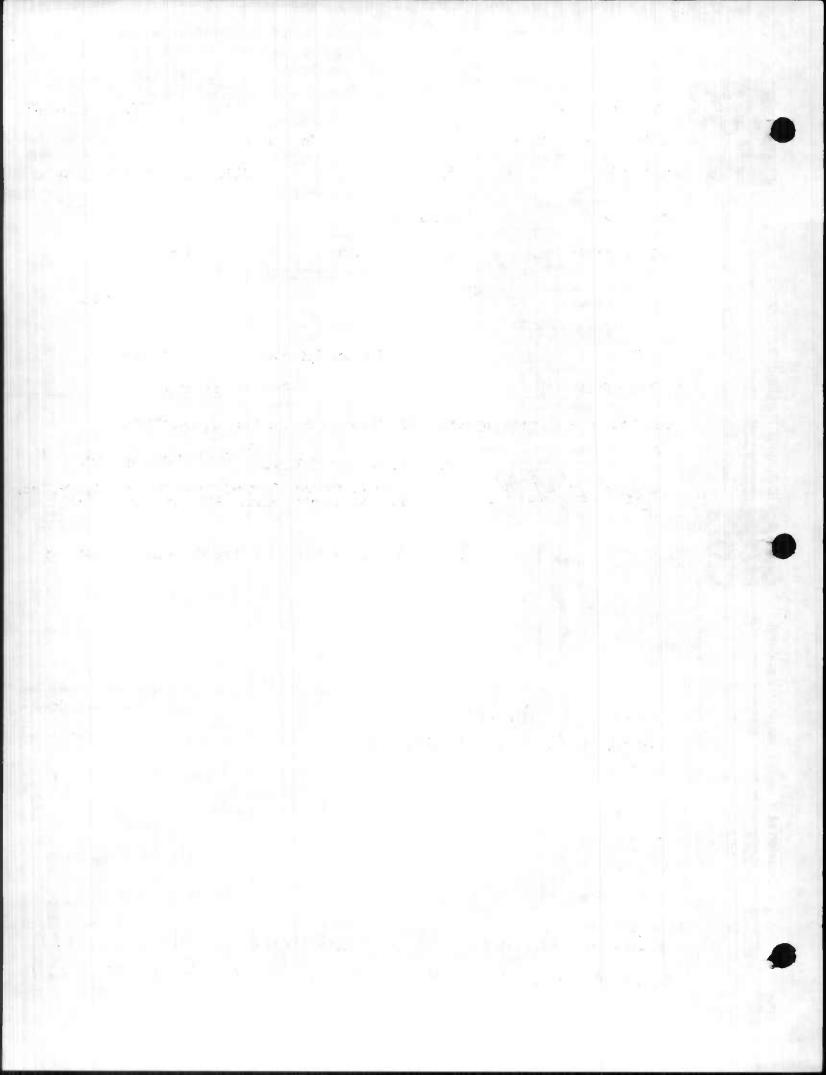
29d. Data signad (Month, Day, Year)

10,1999

March

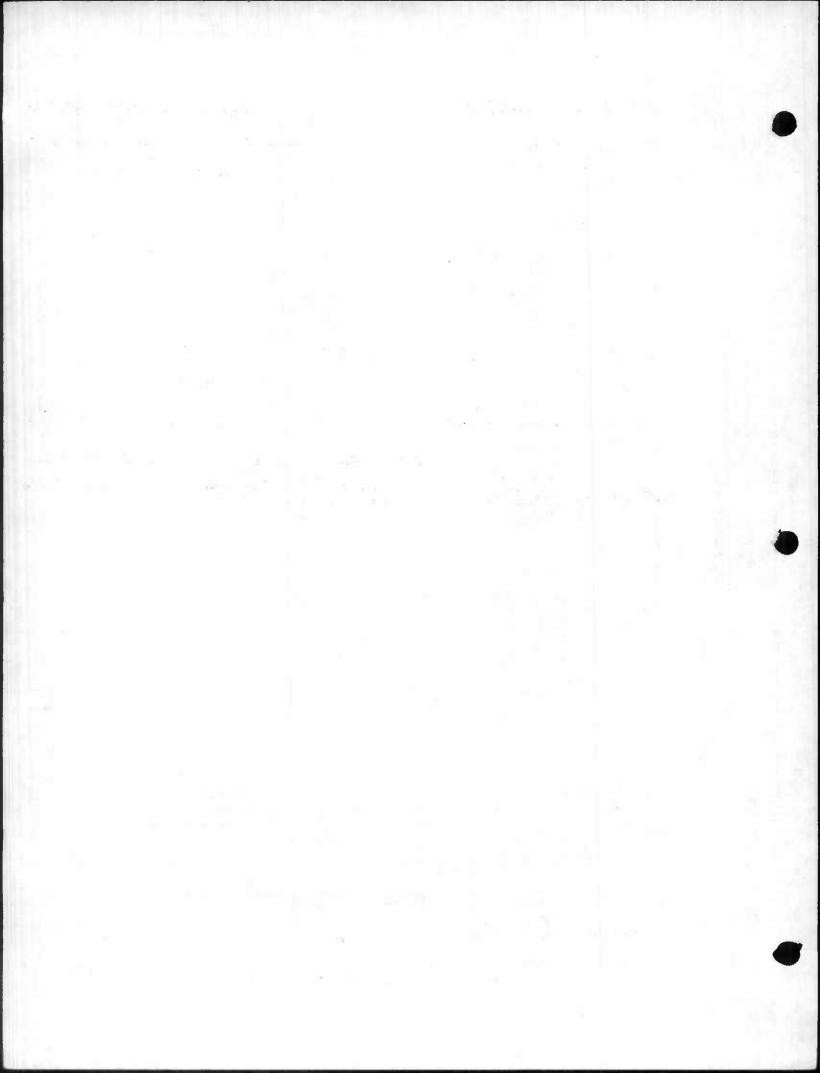
Rd, Balfmore MD-21227

MAR 1 1



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				State of Mai	Cei	tificate of			Reg. No.	0	7858			
ı	Physic	ian	1. Decadant's Nama (First, Middla, Last)			2. Data of De Month	Day	Yaar	3. Tima of Death					
N	/Medi	cal	4a. Facility Nama (If not institution, giva s		4h City Town or	Location of Daath			04:15 Am					
4	Examir	ner	Homewood Gara	E-E-F-F-F-F-F-F-F-F-F-F-F-F-F-F-F-F-F-F			BALTIM				61			
Н	Funeral	Г	5. Social Sacurity Number 6. Sax	(In yrs. last birthday)	If Undar 1 Yaar Months Days	If Undar 24 Hrs			9. Birthpl	aca (Stata or Foreign				
	Director		213-84-1986	M ŽEŽF	3.4 Yrs.	Widitiis Days	nours Mili	8. Data of Birt Month, Da DEC 3	y. 1964	YLAND				
	and w		Usual Rasidanca of Decadent  10a. Stata 10b. County		10c. City, Town or Lo	cation				10	d Inside City Limits			
	Maryl -1 sho	to	MARYLAND N/A		ORE CIT	Y			XIXYas 2□No					
	r 28a	lrec	10e. Straat and Number	_ }	10f. Zip Coda				10g. Citizan of W	/hat Count	iry?			
21215-0020	th wil	alD	806 WHITELOCE	K STREET	00	2121	.7		U.S.A	Α.				
	should be filed within 72 hours after death with the Maryland of Mental Hygiene.  marked other than "natural", or ftems 23s or 28=4 show imatic event, the Medical Examinar must be rotified at	by Funeral Director	11. Marital Status  1 ☑ Mevar Married 2 ☐ Marriad  3 ☐ Widowad 4 ☐ Divorced	2. Was Dacedant Ev Armed Forces? 1 ☐ Yas 2 ☐ Ao If Yas, Giva Yaar or Datas:		Vas Decedant of H Yas, specify Cub ☐ Yas 2XXIIIo	fispanic Origin? (S an, Maxican, Puar Specify:	Specify Yas or No- rto Rican, atc.)		k, Whita, a	itc.			
5-0	72 ho	eted	15. Decedant's Educ (Spacify only highast grada	ation complated)	16a. Dacad	16a. Dacadant's Usual Occupation (Give kind of work dona duning most of work lifa. DO NOT usa ratired)			16b. Kind of Bu	sinass/Ind	ustry			
121	vithin nne. han "	Completed	Etementery/Secondary (0-12)	College (1-4or 5+)	lifa DO NOT usa ra				DDTMAME					
d 2	filed with Hygiene. other than		12th grade  17. Fathar's Nama (First, Middla, Last)		110	MEMAKEN		ma (First, Middla,		a contribute to the cause of the competition of cau of death?  10d. Insida City XXYas 2  10d. Insida City XXYas 2  10d. Insida City XXYas 2  10d. Insida City XXYas 2  10d. Insida City XXYas 2  10d. Insida City XXYas 2  10d. Insida City XYas 2  10				
Maryland	ges 1 and 2 should be filed within 72 hc t of Health and Mantal Hygiena. If item 27 is marked other than "natur or other traumatic event, the Wed cal	To Be	BURLINE WELDON	J				SA ROBI		D. Citizan of What Country?  U.S.A.  14. Race - Amarican Indian, Black, Whita, atc. Specify: BLACK  bb. Kind of Businass/Industry  PRIVATE  Idan Sumama)  SON  City or Town, Stata, Zip Code) 21206  1timore, Maryland  bc. Location - City or Town, Stata  ALTIMORE, MARYLAND  NITY FUNERAL HOME  Approximata Intraval Batwaan Conset and Death  Conset and Death  Conset and Death				
lary	2 should end Men is marks aumatic		19a. Informant's Name/Ralationship (Typ	a, Print)	19b. Mallin	g Addrass (Streat	end Number or A	lural Routa Numbe	er, City or Town,	Stata, Zip	Code) 21206			
	1 end 2 a Health er em 27 is ther trau		Belenda D Weldo	on/Siste			lale Ave							
Baltimore,	permit. Peges 1 end Department of Health Important: If item 27 any Injury or other to once.		20a. Mathod of Disposition  1 Surial 2 Cramation 3 Re	moval from Stata		natory or other pla		Data						
ij	permit. Pe Departmen Important: any Injury		4 □ Donation 5 □ Other (Spacify)		WESTERN									
Ba	Departm Departm Importar any Injui		21. Signature of Funaral Sarvica Licenses WILLIAM C BROWN COMMUNITY 1206 W NORTH AVENUE									FUNERAL HOME		
Box 68760,	Physician / Medicate pe swarfier production of the production of t	n/Medical Examiner	Immediata Causa (Finai disaasa or condition rasulting in deeth)  Sequantially list conditions, if any, laading to immediate causa. Entar Undertying Cause (Disaesa or injury that initiated evants rasulting in daath) Last	Du	ge Acquis us to (or as e consaqua to (or as a consaqua to (or as a consequa to (or as a consequant)	uanca of):	mun o o no defici	deficient 1	Posito	rm-e				
	death cert e ettendin ed for use	sicla	Part II. Other significant conditions cont	ributing to death buf r	not rasulting in the un	dariving causa giv	an in Part I	23b. Did t	obacco usa con	tribute to	the cause of death?			
s, P.O.	v requires thet the de been signed by the should be detached	by Physician/M	Ho Crypto coccas		1 Yss 2 No 3 Probably 4 1									
of Vital Records,	\$ 00 N	Completed							en eutopsy rmed?	ava con	llabla prior to			
R		Соп						101	as 2 No	1 🗆	Yas 2□ No			
Vita	Physician: The this certificate ral director, par	Be	25. Was case rafarred to medical axaminar?	ospitel:		Oth	ar.	ath (Check only o						
	phys this al di	1: To	1 Yas 2 No	1 ☐ Inpatiant 28a. Date of Injury	2 ER/Outpatient	3LI DOA	4 12 Nursing I	Homa 5 Rasid	ianca 6 Otha		1			
ion	Attending ir death. ector: After by the fune	atlor	1 ☑ Natural 5 ☐ Panding 2 ☐ Accidant Invastigation	(Month, Dey Y	'ear) Injury	28c. Injur Wor M 1	k? Yas 2□No		,.,					
Division	구 등 등 은	Certification:	3 Suicida 6 Could not be datamined		281. Location (Straat and Number or Rural Routa Number, City or Town, Stata)									
	24 hours Puneral Puneral etely filled	edical	29a. Cartifiar (Check only one)  1 Certifying Physi 2 Medical Examine	cian: To the best of ner: On the basis of ax and mannar stated	amination and/or inv	occurred at tha tire astigation, in my o	na, data and place plnion, daath occi	e, end dua to tha durred at tha time, d	causa(s) and mar data end piece, a	nnar as sta nd dua to	ited. tha causa(s)			
	To the within 2 To the comple	Me	29b. Signature and titla of certifiar	1		29c. Licans	a number		29d. Data signed		Pay, Year)			
			) DSSale	74		DI	7 5 3 7		3-9	-99				
			30. Nama and addrass of person who con		th (Itam 23a) (Type, F	Print) OW.MOL	INT Roy	AL Awes	BALT	0 2	.1217			
	Sta	te	31. Date filed (Month, Day, Yeer)  MAR 1 1 1000	32 Registrar's		lac.	/							



# **Funeral** Director the Maryland r 28a-f show with 1 Francher roust be r

NHITELEY

1. Decedent's Name (First, Middle, Last)

Month Dey **Physician** 10, MARY H. WHITELEY 7:50AM 1999 MARCH /Medical 4b. City, Town, or Location of Deeth 4a Facility Neme (If not Institution, give street and number) 4c. County of Death Examiner GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign
Country) Months 1 ☐ M 2 🗑 F Yrs. 213-38-6561 94 05/22/1904 NEW YORK Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No MD Directo BALTIMORE TOWSON 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 615 CHESTNUT AVE. 21204 USA d 2 should be filed within 72 hours after death th and Mantal Hyglena.
7 Is marked other than "naturel; or Items 23 feurmite event, the Mantal Examination runs. Funeral 12. Was Decadent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 11. Marital Status Bleck, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: þ 3 ₩Widowed 4 Divorced WHITE Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 4YRS HOUSEWIFE HOMEMAKER 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) FREDERICK R. HIRSH SUSAN B. GEDDES 19e. informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) permit. Pagas 1 and 2 sh Department of Haelth and Important: If Nem 27 is m eny Injury or other treum page. SUSAN PAYNE (DAUGHTER) 524 BEECH TREE LN. HOCKESSIN, DELAWARE19707. 20b. Pleca of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 20a. Method of Disposition 1 ☐ Buriel 2 Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) GREEN MOUNT CREMATORY03/11/99 BALTO., MD. 21. Signeture of Funeral Service Licenses 22. Name and Address of Fecility HENRY W. JENKINS & SONS C 4905 YORK RD. BALTO., MD. SONS CO. elleank 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiec or respiretory errest, shock, or heart feiture. List only one cause on each line. Approximate fntervel Between Onset and Death **Physician** immediate Ceuse (Finel disease or condition resulting in deeth) /Medical Acute DNEUMONIA Examiner Due to (or es a consequence of): Physician/Medical Examiner Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, requires that the death certificate be thet initiated events resulting in deeth) Lest Due to (or es e consequenca of): USB signed by the a 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings avelleble prior to bean sign 24e. Wes en eutopsy performed? Completed completion of cause of death? director, page 2: 2 No Physician: 25. Was case referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Hospitel: 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No P funaral 27. Menner of Deeth 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? ne Hospital or Attending Pi n 24 hours aftar daeth. Ne Funerel Director; Aftar the pletely filled in by the funara Certification: 1 Natural 5 Pending 1 TYes 2 No investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, and due to the ceuse(s) and manner es stated.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end plece, and due to the cause(s) Medicai To the Hosp within 24 hor To the Fune completely fi end menner stated. 29d. Date signed (Month, Day, Year) 29b. Signature and the of certifier 29c. License number

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death

2. Date of Death

3. Time of Death

State Registrar

MAR 1

Lec

Ri

30. Name and address of person who completed cause of death (I)em 23e) (Type, Print)

6-BING

32. Registrer's Signeture

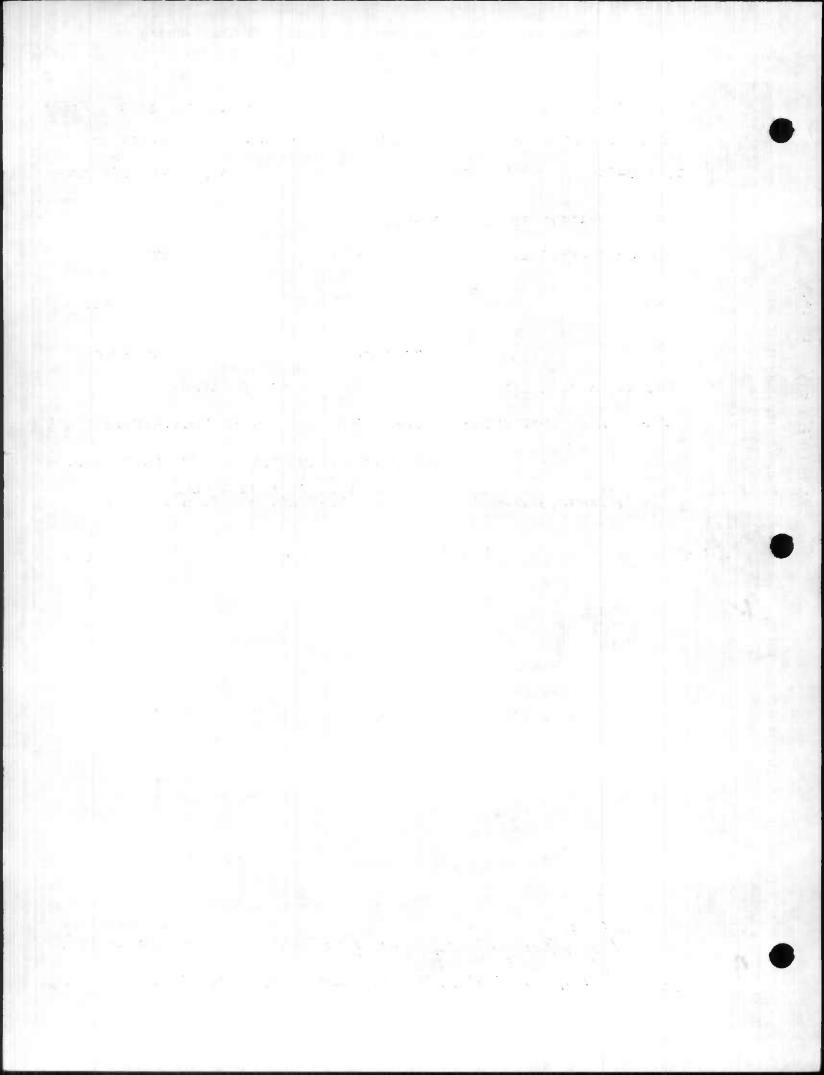
6701

mo

**DHMH 16 Rev 6/95** 

MArch 10, 1999

Charles St. Balto. md 2120x



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death Day Year March Znces 4c. County of Beath 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street and number) TOWSON BALTIMORE GREATER BALTIMORE MEDICAL CENTER 7. Aga (In yrs. last birthday) If Under 1 Yaar if Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 10/07/1911 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) Days 1 M 25 F Months Hours Min 87 Yrs. 213-03-6950 MARYLAND Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yas 2 ☑ No N/A BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? USA 21212 6807 Bellona Ave. Apt-B 12. Was Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian. Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No 1 Yes 2 No Specify: Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced Year or Dates: 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Giva kind of work done during most of working life. DO NOT use ratired) Flamantary/Secondary (0-12) College (1-4or 5+) SEDRETARIAL WORK 12YRS SECRETARY 17. Fathar's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Surname) ANNE YUSKEVETCH CHARLES WOCELUS 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Relationship (Type, Pnint) RAYMOND J. MACNESS SR. (COUSIN) 8252 CAMION RD. PASADENA, MD 21122. 20b. Place of Disposition (Name of cematary, crematory or other place) 20c. Location - City or Town, Stata 20a. Method of Disposition Date 15 Burial 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify) MOST HOLY REDEEMER 03/12/99 BALTO., MD. 21. Signature of Funeral Service Licensee 22. Name and Address of Facility HENRY W. JENKINS & SONS CO. 4905 YORK RD. BALTO., MD. william K. Falu 2/11 21212. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failura. List only one cause on each line. Approximate Interval Between Onset and Death tmmediate Cause (Final enosclandic diseasa or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or injury Due to (or as a consequence of): that initiated events resulting in death) Last Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 thknown 24b. Wera autopsy findings available prior to 24a. Was an autopsy completion of ceuse of daath? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was casa referred to medical 26. Place of Death (Check only one) 1 Yes Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2□ No 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

**Physician** /Medical Examiner

**Physician** 

/Medical

Examiner

**Funeral** 

Director

"natural", or items 23e or 28e-f show adical Examiner must be notified at

Director

Funeral

þ

Completed

MD

the Maryland

with

permit. Pages 1 and 2 should be filed within 72 hours after death v Department of Health and Mantal Hygiena. Important: if item 27 is marked other than "natural", or items 23s any injury or other traumatic event, the Mantal

Examiner physicia Physician/Medical 987 signed by the a þ been si Completed has e 2 s certificata has director, page 2 director, Be Certification: To

Records, P.O. Box 68760, The law requires that the death certificate be Division of Vital or Attending Physician: this funeral After within 24 hours after death.

To the Funeral Director: A completely filled in by the form Hospital

To the Vithin 2

State Registrar

Medical 29b. Signature and life of gentilier

27. Manne of Death

1 Natural

2 Accident

3 Sulcide

29a. Cartifian

4 Homicida

(Check only

31. Data filed (Month, Day, Year)

5 Pending

investigation

6 Could not ba

· cordo

28b. Time of

28e. Place of Injury - At home, farm, street, factory, office building, atc. (Specify)

28a. Date of Injury (Month, Day Year)

28c. Injury at Work?

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s)

29c. License number

1 Yes 2 No

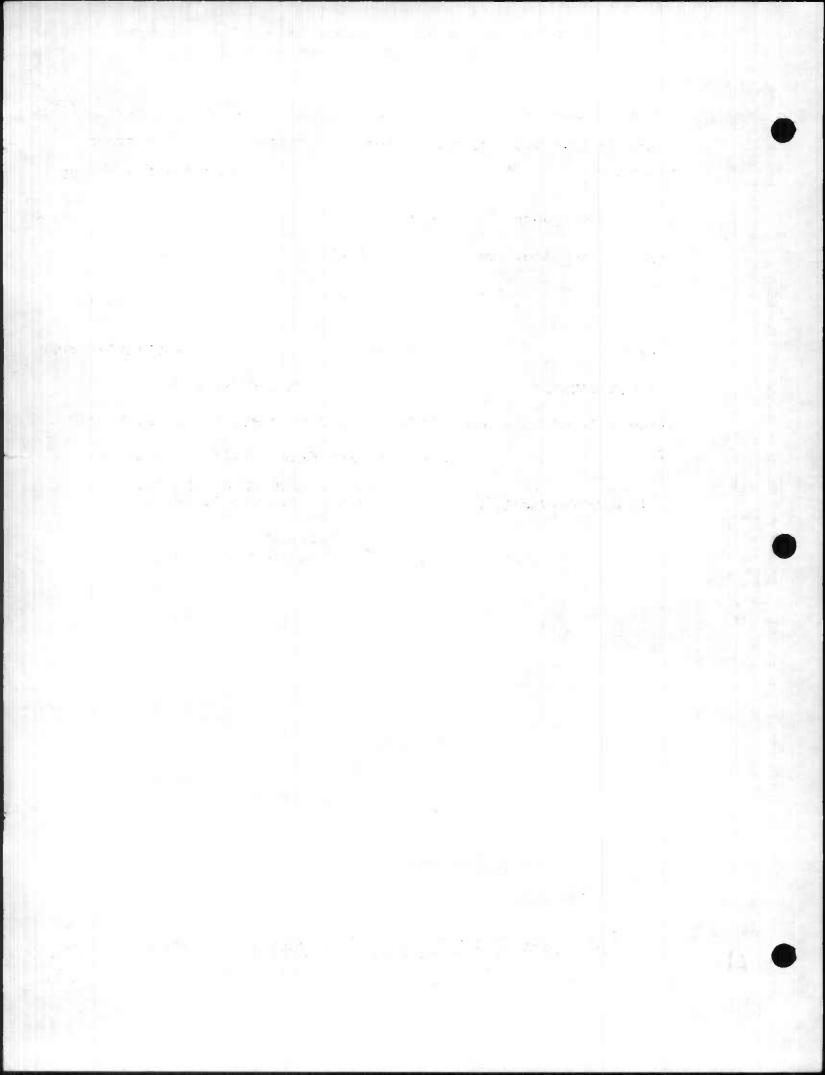
29d, Date signed (Month, Dav. Year)

28f. Location (Straet and Number or Rural Route Number, City or Town, State)

28d. Dascribe how injury occurred

30. Name and addrass of person who completed ceuse of death (Item 23a) (Type, Print), // NamleTH1//KL B3/ md harles 21210 PINNEIMID 32. Registrar's Signature

MAR 1



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Data of Daath 1. Decedant's Nama (First, Middla, Last) Day Month Year **Physician** Amrhein March 10, 1999 Marjorie 8:30 AM Mary /Medica 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Nama (If not institution, giva street and number) -Examiner Stella Maris Hospice and Rehab. Center Baltimore Towson If Undar 24 Hrs 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (State or Foreign Country) if Undar 1 Yaar 5. Social Security Number 6. Sax **Funeral** Months Days 1□M 2√F Hours 214 50 6586 93 May 12,1905 Maryland Director Usual Rasidance of Decedant 10d. Insida City Limits 10a. Stata 10b. County 10c. City, Town or Location r than "natural", or items 23a or 25a-f show the Medical Examinar must be notified at the Maryla 1 Yas 2 No Director Maryland Baltimore Essex 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 801 Norris Lane 21221 USA Funeral 12. Was Decedant Evar in U,S. Armad Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: 14. Race - Amaricen Indian, Black, Whita, atc. Was Decedant of Hispanic Orlgin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Ricen, atc.) 11. Marital Status hours after 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☒ No Specify: Specify: White p 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry 15. Decedant's Education (Specify only highast grada completed) filed within Hygiens. Collega (1-4or 5+) Elamentery/Secondary (0-12) Housewife 6 Own Home 18. Mothar's Nama (First, Middle, Maidan Sumama) 17. Fathar's Nama (First, Middla, Last) permit. Pages 1 and 2 should be Capartment of Health and Mental Important: If frem 27 is marked of Alfred Ibbott Mary Hamill Ith and Ment 7 is marked traumatic e 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) 19a. Informant's Name/Raiationship (Type, Print) Marie L. Holback (daughter) 1206 Bennett Place Belair, Maryland 21015 20b. Place of Disposition (Nama of cematary, cramatory or other placa) 20c. Location - City or Town, Stata 20a. Mathod of Disposition Data 1 ☑ Buriai 2 ☐ Cramation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) Most Holy Redeemer Cem. 3/12/1999 Baltimore, Maryland 22. Name and Address of Facility
Bruzdzinski Funeral Home PA 1407 Old Eastern AVenue Essex, Maryland 21221 Enter the disease, or complications that a used the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, is, or heert feilure. List only one cause on each line. Approximete Intarval Between Onsat and Daath **Physician** Immediata Causa (Finei disaasa or condition rasulting in deeth) /Medical Cerebro Vascular Accident Examiner Due to (or as a consequence of) Physician/Medical Examiner nding physician and use as the buriaf-transit certificate be executed Sequantially list conditions, if any, leading to immadiate ceuse. Enter Underlying Causa (Diseese or injury that initiated avants rasulting in death) Last Due to (or as a consaquance of) 68760 Dua to (or as a consequence of): Box ( esn ō ed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? P.O. signed by t 1 Yes 2 No 3 Probably 4 Onknown Dementia Records, þ 24b. Wara eutopsy findings available prior to completion of ceusa of death? been sig Completed Osteo arthritis 24e. Wes en eutopsy performad? has ebed 1 ☐ Yes 2 ☐ No 1 Yas 2 No this certificate Division of Vital director, Be 25. Wes case refarred to medicel axaminar? 26. Placa of Daath (Check only ona) Hospitel: 1 ☐ Inpetiant 2 ☐ ER/Outpetient 3 ☐ DOA Othar: 4 Mursing Homa 5 Residence 8 Othar (Specify) Certification: To 1 Yas 2 No 28a. Data of Injury (Month, Day Year) funerai 27. Manner of Daath 28c. Injury et Work? 28d. Dascribe how Injury occurred 28b. Time of After or Attending F efter death. Director: After d in by the funer 1 Naturai 5 Panding 1 ☐ Yas 2 ☐ No invastigation 2 Accidant 6 Could not be datamined 28e. Piece of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida To the Hospital or A within 24 hours effer To the Funeral Directions and the Foundation of the Funeral Direction of the Funeral Place o 112 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated. Medical 2 Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29d. Data signed (Month, Day, Year) 29c. Licansa number 29b. Signature and title of certifiar

Back River Neck Rd

MO JUST

Baltimore

State Registrar

TARIG

31. Data filed (Month, Day, Year)

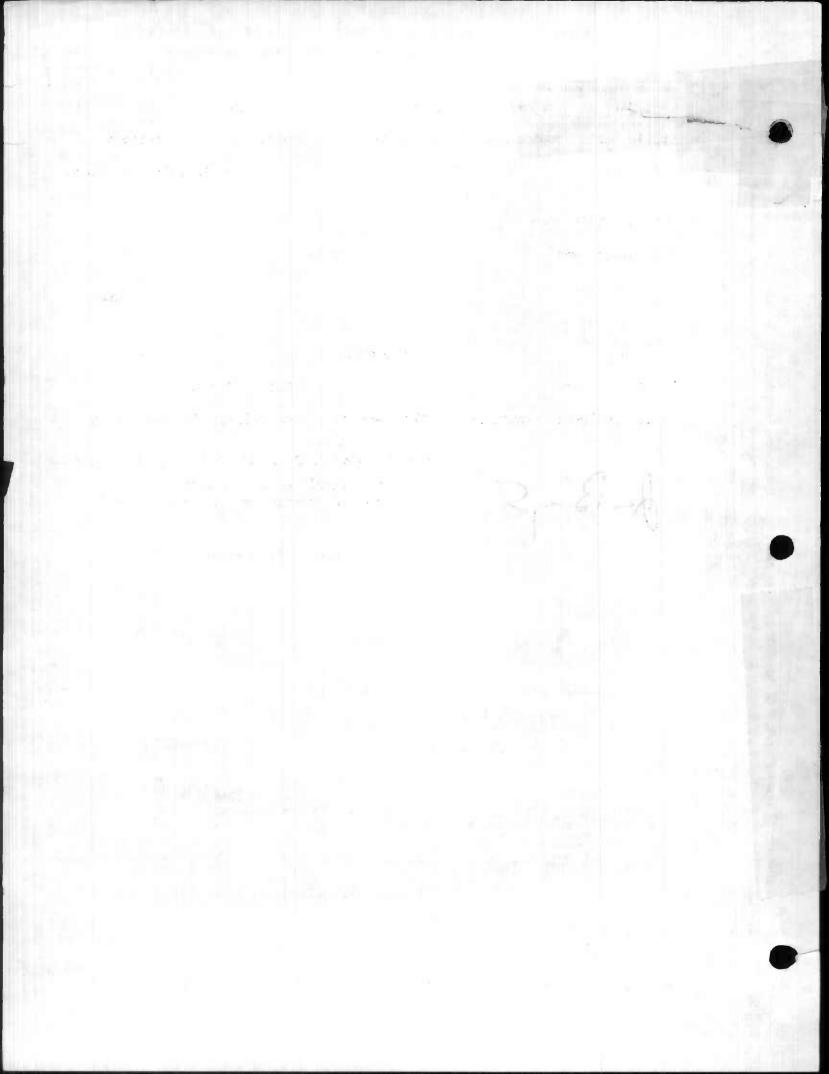
MAR 1 2 1999

30. Nama and addrass of person who completed cause of death (Item 23a) (Type, Print)

MAHMOOD

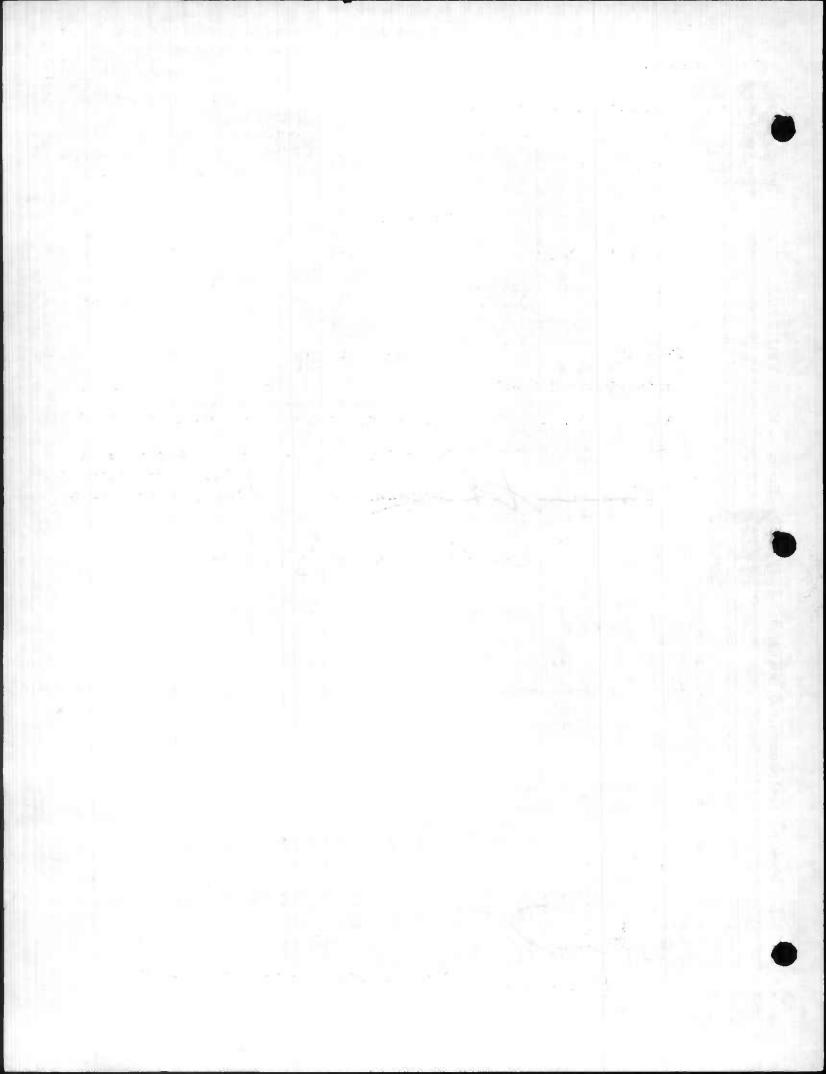
201-109

32. Registrar's Signatura



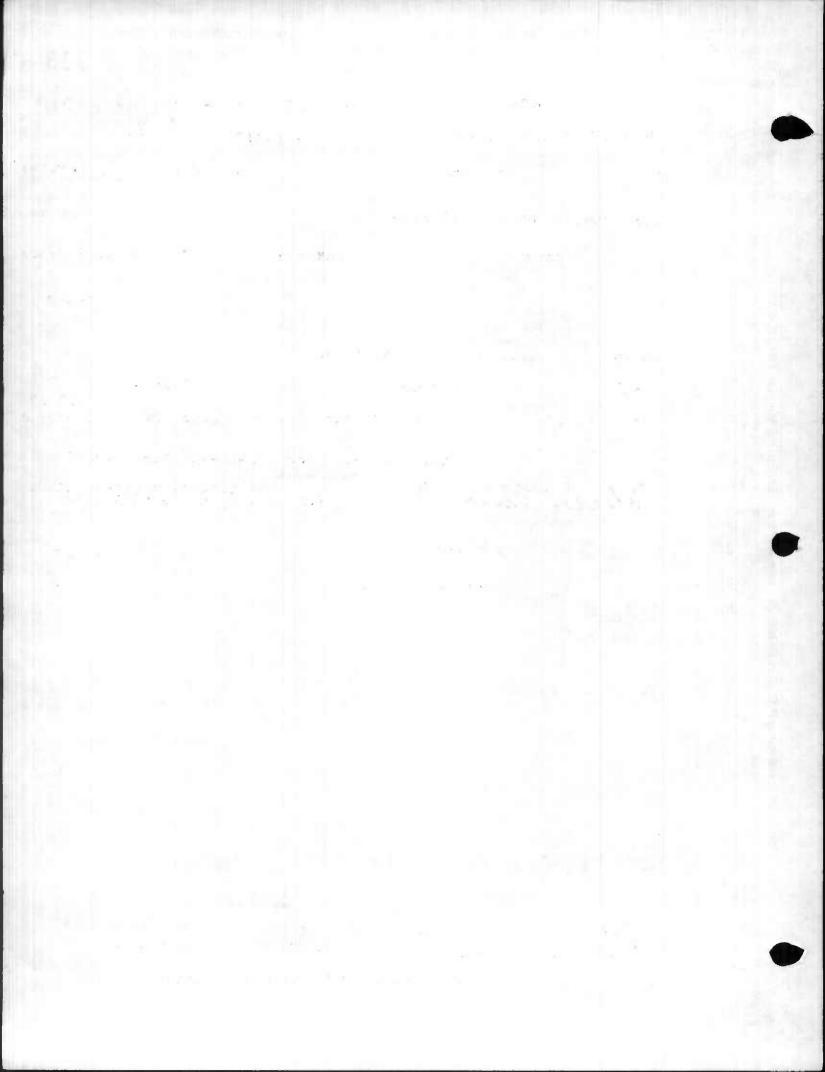
5		
	State of Maryland / Department of Health and Mental Hygiene	
ORN SHABAZZ ALLAH	Continue of Booth	0

RN SH	MD										Reg. No		-		
husisian	_	Decedant's Nama (First, Middla, Last)						2. Dete of Month					Yaar	3. Tima of D	
hysician /Medical		Shaborn Shabazz Allah 4a Facility Nama (If not institution, give street and number)								MARCH	5,	1999	9	1543 E	
xaminer	4.0							5	b. City, Town, or		h 40	c. County of			
				NORTH AV			1 1/1		BALTIMO			NA			
neral ector	5.	Social Security		Sax MDM 2□F	7. Aga (In yrs. 30	last birthday) Yrs.	If Under Months	1 Yaar Days	If Undar 24 Hrs Hours Min		th 19, Year, -68		9. Birthpla Counti NY	aca (Stata or i	
		Jsual Rasidance Oa. Stata	of Dacedent		100 0	ty, Town or Lo	nation						140	d incide City	
													10	d. insida City	
octo		MD	N2	4	Do	altimo					•				
funeral Director		0e. Street and N 721 M∈	ello Cot	ırt			10f. Zip Coda 21206					10g. Citizan of What Country? USA			
ygiene. ier than "naturel", or items 23a or 28a-f show it, the Medical Examiner must be notified al Completed by Funeral Director		1 Nevar Marriad 2 Married 1 Y			2 No			lispanic Origin? (San, Maxican, Puar Specify:				Whita, a	itc.		
		3 ☐ Widowed 4 ☐ Divorced If Yas, Giva Yaar or Datas:							Specify:	вта	СК				
		(Spe	15. Decedant's	Education grade complated)		16a. Deced	dant's Usua kind of wor	al Occup	ation during most of we	rking	16b. F	Kind of Bus	inass/Indi	ustry	
and mental raygente.  s marked other than 'r  sumatic event, the Men  To Be Comple		Elemantary/Sec	condary (0-12)	Collega (1-	4or 5+)		<ol> <li>Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa ratired)</li> </ol>								
So	3 ]	l2th Gr		NA		Con	stru	cti						ion Co	
Se Se	3 17		(First, Middla, La							me (First, Middle	, Maider				
19a. Info	Rodney		Mitchell	L				Annie				OSW			
		19a. fnformant's l		-		and Number or R Court									
	20	20a. Method of Disposition  20b. Placa of Disposition (Nama of Cematary, crematory or other placa)  20c. Deta 20c.									20c. Location - City or Town, Stata Hampton, VA				
	2		uneral Service Lic		1				ss of Facility B			-			
eny l	1	and the second second second		1-	. 0					II CIMOL	C /			u 21.	
ician dical niner	tr d	23a. Part1. Entar shock, or ha mmadlata Cause disaasa or condit asulting in death	(Final	omplications that ca ply ona causa on as	بعل		tar the mod			1101 E		lorth	T	enue Approximeta Intarval Batw Onsat and De	
ician dical niner	tr d	mmadlata Causa disaasa or condit	onditions, mmediata lerlying or injury	a. L. C.	Due to (	of w	quence of):					lorth	T	Approximeta Intarval Batwo	
for usa as the burial-transit to use as the burial-transit clan/Medical Examiner	tr d	immadiata Causa disaasa or condit 'asulting in death Gequantially list of any, leading to 'ausa. Enter Unc Causa (Disease of hat initiated evan asulting in death	onditions, mmediata erlying r injury ts	a	Due to (c	or as a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a co	quence of): quanca of):	da of dyir	ng, such as cardia	c or raspiratory a	nrrast,			Approximeta Intarval Batwo Onsat and De	
for usa as the burial-transit to use as the burial-transit clan/Medical Examiner	tr d	immadiata Causa disaasa or condit 'asulting in death Gequantially list of any, leading to 'ausa. Enter Unc Causa (Disease of hat initiated evan asulting in death	onditions, mmediata erlying r injury ts	a	Due to (c	or as a consequence as a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a conseq	quence of): quanca of):	da of dyir	ng, such as cardia	c or raspiratory a	tobacco	o uae cont	ribute to	Approximeta Interval Batwo Onsat and De	
by the attending physical end in a language is the burial-transit and in a language is the burial-transit and in a language in a language is the burial-transit and in	tri d ri	immadiata Causa disaasa or condit 'asulting in death Gequantially list of any, leading to 'ausa. Enter Unc Causa (Disease of hat initiated evan asulting in death	onditions, mmediata erlying r injury ts	a	Due to (c	or as a consequence as a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a conseq	quence of): quanca of):	da of dyir	ng, such as cardia	c or raspiratory a	tobacco	o uae cont		Approximeta Interval Batwo Onsat and De	
be detached for usa as the burial-transit and lead by Physician/Medical Examiner	find on Sit on Co.	immadiata Causa disaasa or condit 'asulting in death Gequantially list of any, leading to 'ausa. Enter Unc Causa (Disease of hat initiated evan asulting in death	onditions, mmediata erlying r injury ts	a	Due to (c	or as a consequence as a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a conseq	quence of): quanca of):	da of dyir	ng, such as cardia	23b. Did	tobacc	o uae cont	tribute to 3 Prob 24b. Wa	Approximeta Interval Batwo Onsat and De	
mes been signed by the attanbing physician end ye 2 should be detached for usa as the burial-transit an in property that the physician/Medical Examiner	find on Sit on Co.	immadiata Causa disaasa or condit rasulting in death Sequantially list of any, leading to lausa. Enter Und Causa (Disease of hat initiated evan asulting in death	onditions, mmediata erlying r injury ts	a	Due to (c	or as a consequence as a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a conseq	quence of): quanca of):	da of dyir	ng, such as cardia	23b. Did	tobacco Yes s an autoomad?	o uae cont 2  No	tribute to 3 Prob  24b. Wa ava con of d	Approximeta Interval Batwo Onsat and De the cause of ably 4 Urra autopsy finiliable prior to apletion of caleath?	
page 2 should be detached for use as the burial-transit  an in page 2 should be detached for use as the burial-transit  Completed by Physician/Medical Examiner	tide of the second of the seco	immadiata Caussidisaasa or condit asulting in death Gequantially list of any, leading to o auss. Enter Unc auss (Disease o hat initiated evan asulting in death	onditions, mmediata lerlying r injury ts Last	a	Due to (c	or as a consequence as a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a conseq	quence of): quanca of):	da of dyir	ng, such as cardia	23b. Did	tobacce Yes an autoormad?	o uae cont 2  No	tribute to 3 Prob  24b. Wa ava con of d	Approximeta Interval Batwo Onsat and De the cause of ably 4 Urra autopsy fin ilable prior to npletion of poletion of the cause of the cause of ably 4 Urra autopsy fin ilable prior to npletion of the cause of the cause of the cause of able to the cause of the cause	
setor, page 2 should be detached for usa as the burial-transit  Be Completed by Physician/Medical Examiner	fr dd n	immediate Cause disease or condit asulting in death de	onditions, mmediata leriying ir injury is Last	a b c d d	Due to (c	or as a consequence or a consequence or a consequence or a consequence or a consequenc	quence of): quence of): quence of): ndarlying ci	da of dyir	yan in Part i.	23b. Did 1 24a. Was perio	tobacce Yes an autoormad? Yas 2 ona)	o uae cont	ribute to 3 Prob 24b. Wa ava con of d	Approximeta Interval Batwo Onsat and De the cause of sebty 4 Ura autopsy finilable prior to replation of caleath?	
This continuate has been algued by the attending physician and in a part of a firector, page 2 should be detached for use as the burial-transit and page 1. To Be Completed by Physician/Medical Examiner	ti de la companya de	immadiata Cause disaasa or condit asulting in death Gequantially list of any, leading to- dause. Enter Unc ause a (Disease of the initiated evan asulting in death Part ii. Other elgn	onditions, mmediata leriying ir injury ts the state of th	a b c d d	Due to (c	or as a consequence as a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a conseq	quence of): quence of): quence of): quence of):	da of dyir	yan in Part i.  26. Placa of Da	23b. Did	tobacco Yes an autormad? (Yas 2 ona)	o use cont	ribute to 3 Prob 24b. Wa ava con oid	Approximeta Interval Batwo Onsat and De the cause of ably 4 Urra autopsy finiliable prior to apletion of caleath?	
This continuate has been algued by the attending physician and in a part of a firector, page 2 should be detached for use as the burial-transit and page 1. To Be Completed by Physician/Medical Examiner	ti de la companya de	immadiata Caussidisaasa or condit asulting in death Gequantially list of any, leading to auss. Enter Uncausa (Disease chat initiated evan asulting in death grant ii. Other elgn axaminar?	onditions, mediata leriving in Injury tast ifficant conditions if it is a condition if	a	Due to (compared to the compared or as a consequence or as a consequence or as a consequence of as a consequence or as	quence of): quanca	eausa giv	yan in Part i.  26. Placa of Dalar: 4 Nursing	23b. Did 1 24a. Was perid	tobacco Yes an autormad? (Yas 2 ona)	o use cont	ribute to 3 Prob 24b. Wa ava con oid	Approximeta Interval Batwo Onsat and De the cause of sebty 4 Ura autopsy finilable prior to replation of caleath?		
This continuate has been algued by the attending physician and in a part of a firector, page 2 should be detached for use as the burial-transit and page 1. To Be Completed by Physician/Medical Examiner	ti de la companya de	mmadiata Cause disaasa or condit asulting in death asulting in death cause. Enter Uncause. Enter Uncause Disease of the initiated evan asulting in death cart iii. Other eign cart ii.  Ot	onditions, mmediata leriying in injury ts Last  Ifficant conditions  Ifficant conditions  Ifficant conditions  Ifficant conditions  Ifficant conditions  Ifficant conditions  Ifficant conditions  Ifficant conditions  Ifficant conditions  Ifficant conditions  Ifficant conditions  Ifficant conditions  Ifficant conditions  Ifficant conditions  Ifficant conditions  Ifficant conditions	a	Due to (c  Dua to (c  Dua to (c  ath but not res  patient 2  f injury,  , Day Year)  - S Q Q  of injury - At h	or as a consequence or as a consequence or as a consequence of a consequence of a consequenc	quence of): quence	DA Other Wor	yan in Part i.  26. Placa of Da	23b. Did 1 24a. Was periodath (Check only) Homa 5 Rasi 28d. Dascribe	tobacco Yes an automad? (Yas 2 ona) Idence how inju	o use cont 2 No opsy 2 No eXXOther ury occurre	tribute to 3 Prob 24b. Wa ava con of d 1	Approximeta Interval Batwo Onsat and De onsa	
in by the funeral director, page 2 should be detached for use as the burial-transit  a p p  rtification: To Be Completed by Physician/Medical Examiner	ti de la companya de	immadiata Cause disaasa or condit asulting in death Gequantially list of any, leading to- ause. Enter Unc ause disease of the list of any leading to- ause in the lead of the list of any leading to- ause in the list of any leading to ause. Part ii. Other elgn  25. Was casa rafe axaminar? 12 yes 2 2 17. Mannar of Deat 1 Naturaf 2 Accidant	onditions, mmediata leriying in injury ts Last  Ifficant conditions  Ifficant conditions  Ifficant conditions  Ifficant conditions  Ifficant conditions  Ifficant conditions  Ifficant conditions  Ifficant conditions  Ifficant conditions  Ifficant conditions  Ifficant conditions  Ifficant conditions  Ifficant conditions  Ifficant conditions  Ifficant conditions  Ifficant conditions	a	Due to (c  Dua to (c)  Dua to (c)  ath but not rase  spatient 2  finjury Year)  Day Year)	or as a consequence or as a consequence or as a consequence of a consequence of a consequenc	quence of): quence	DA Other Wor	yan in Part i.  26. Placa of Dalar: 4 Nursing	23b. Did 1 □ 24a. Was period ath (Check only Homa 5 □ Rasi 28d. Dascribe 28f. Location) City or To	tobacco Yes an autoormad? (Yas 2 ona) idence how inju	o use cont 2 No opsy 2 No eXXOther ury occurre	tribute to 3 Prob 24b. Wa ava con of d 1	Approximeta Interval Batwo Onsat and De onsa	
in by the funeral director, page 2 should be detached for use as the burial-transit  a p p  rtification: To Be Completed by Physician/Medical Examiner	fider Sit of Court in the Court	mmadiata Cause is any leading to large. Sequentially list of any, leading to large. The United Sequentially list of any, leading to large. Enter United Sequential Cause. Enter United Sequential Cause (Disease of at initiated even asulting in death and initiated even asulting in death and initiated even asulting in death.  Part ii. Other eign of the Cause	onditions, mmediata lerlying rinjury to Last ificant conditions it is least ificant conditions investige 6 Could no datarmine certifying	a	Due to (c  Due to (c  Due to (c  Due to (c  Due to (c  Due to (c)	or as a consequence or as	quence of): quence	DA Other Word 1	ang, such as cardia  Tan in Part i.  26. Placa of Da  1ar: 4□ Nursing  Yas 2 No	23b. Did 1 24a. Was period ath (Check only Homa 5   Rasi 28d. Dascribe 28l. Location City or 70	tobacco Yes an autoormad? (Yas 2 ona) Idence how inju	o use cont 2 No opsy 2 No eXXOther ury occurre that Number (b) s) and man	24b. Wa ava con of d  1 (Specify d)  1 (Specify d)	Approximeta Interval Batwo Onsat and De onsa	
in by the funeral director, page 2 should be detached for use as the burial-transit  a p p  rtification: To Be Completed by Physician/Medical Examiner	find on Shift Court Property 2:	immadiata Cause disaasa or condit asulting in death Gequantially list of any, leading to- ause. Enter Unc ause (Disease or any leading to- ause in the control of a control ause (Disease or a control of a control ause (Disease or a control of a control ause (Disease or a control auxe (Disease or a control auxe (Diseas	onditions, mediata leriving in Injury to state to medical leriving investige 6 Could no datarmine.	a	Due to (c  Dua to (c)  Dua to (c)  Dua to (c)  ath but not ras  patient 2   finjury, Day Year)  of injury - At h g, etc. (Special	or as a consequence or as	quence of): quence	DA Other Worn 1	26. Placa of Dalar: 4 Nursing yar Yas 2 No	23b. Did 1 24a. Was period ath (Check only Homa 5   Rasi 28d. Dascribe 28l. Location City or 70	tobacco Yes s an autommad? (Streat a wn, State Causa(s) date ar	o use cont 2 No opsy 2 No eXXOther ury occurre tel of Number s) and mann d plece, er	24b. Wa ava con of d	Approximeta Interval Batwo Onsat and De onsa	
Certification: To Be Completed by Physician/Medical Examiner	find on Shift Court Property 2:	immadiata Cause disaasa or condit asulting in death Gequantially list of any, leading to o ause. Enter Unc ause (Disease or any) ause inter Unc ause (Disease or any) ause inter Unc ause (Disease or any) ause inter Unc ause (Disease or any) au	onditions, mmediata lerlying rinjury to Last ificant conditions it is least ificant conditions investige 6 Could no datarmine certifying	a	Due to (c  Due to (c  Due to (c  Due to (c  Due to (c  Due to (c)	or as a consequence or as	quence of): quence	DA Other Word Word of the tire, in my oc. Licans	ang, such as cardia  Tan in Part i.  26. Placa of Da  1ar: 4□ Nursing  Yas 2 No	23b. Did 1 24a. Was period ath (Check only Homa 5   Rasi 28d. Dascribe 28l. Location City or 70	tobacco Yes an automad? Yas 2 ona) Idence how inju	o use cont 2 No opsy 2 No eXXOther ury occurre that Number (b) s) and man	24b. Wa ava con of definition of the control of the	Approximeta Interval Batwo Onsat and De onsa	
in by the funeral director, page 2 should be detached for use as the burial-transit  a p p  rtification: To Be Completed by Physician/Medical Examiner	Sit of the state o	mmadiata Cause disaasa or condit asulting in death asulting in death asulting in death asulting in death asulting in death dea	onditions, mmediata leriying in injury to Last ifficant conditions if it is conditionally included in the conditions if it is conditions if it is conditionally included in the conditions if it is conditionally included in the conditions if it is conditionally included in the conditions if it is conditionally included in the conditions if it is conditionally included in the conditions if it is conditionally included in the conditions if it is conditionally included in the conditions if it is conditionally included in the conditions if it is conditionally included in the conditions in the cond	a	Due to (c  Dua to (c)  Dua to (c)  Dua to (c)  ath but not ras  apatient 2   finjury, Day Year)  of injury - At h g, etc. (Special  pest of my known in a statad.	or as a consequence or as	quence of): quence	DA Ott- 28c. Injur Wor 1 y, offica at the tir, in my o	yar 2 No	23b. Did 1 24a. Was period ath (Check only Homa 5 Ras) 28f. Location City or 70 28f. Location City or 70 a, and dua to tha surred at the time,	tobacco Yes san autoormad?  (Yas 2 ona) Idence how injute of the causa(state are 29d. D. M.	o use cont 2 No opsy 2 No eXXOther ury occurre tel s) and man nd plece, er ata signad ARCH	24b. Waava con of d  1 Control	Approximeta Interval Batwo Onsat and De onsa	



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** FASLA AL-RAGAS MARCH 11 1999 13:25 /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** THE JOHNS HOPKINS HOSPITAL NA BALTIMORE If Under 24 Hrs. If Under 1 Year 9. Birthplace (State or Foreign Country)
Alartawi 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year, **Funeral** Deys 1□M 20 F Months Hours Yrs. Saudiarabia 07-25-41 Director NA Usual Residence of Decedent with the Maryland 10e. State 10b. County 10c. City, Town or Location 10d. inside City Limits "natural", or items 23a or 28a-f ahow solical Examiner must be notified at 1 Yes 2X No Directo Saudi Arabia NA Alartawi 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? Rivadh Saudi Arabia Unknown Unknown Funeral filed within 72 hours after death Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, 11. Marital Status 12. Was Decedent Ever in U,S. Armed Forces? Bleck White, etc. Yes & No 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: Aroberic If Yes, Give Year or Dates: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) The Madical 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) nd Mental Hygiane. marked other than Elementary/Secondary (0-12) College (1-4or 5+) NA Unemployed Unknown Unknown 18. Mother's Name (First, Middle, Malden Sumeme) permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked oth any linjury or other traumatic event DICs. 17. Fether's Name (First, Middle, Last) Be Unknown Nailau Al-Ragas Wassil 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 21287. 19a. Informent's Name/Reletionship (Type, Print) 601 N. Caroline St. Suite 1080 Baltimore, MD Vickie Hardin 20b. Plece of Disposition (Neme of 20c Location - City or Town, State Date 20a. Method of Disposition cemetery, crematory or other place) XXBurial 2 Cremation 3 Removal from State 03-18-99 Arabia Plot Saudi Arabia 4 ☐ Donation 5 ☐ Other (Specify) Saudi 21 Signeture of Funeral Service Licensee 22. Name end Address of Facility Baltimore, Maryland 21202 W,.C.March FH 1101 E. North Avenue lmone 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset end Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical LIVER FAILURE 1 WEEK **Examiner** Due to (or as a consequence of): Examiner GALL BLADDER CANCER 6 MONTHS physician and s the bunal-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting In death) Last Due to (or as a consequence of) Records, P.O. Box 68760. Physiclan/Medical Due to (or es e consequenca of): attending g ed by the a Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the ceuse of death? 1 Yee 2 No 3 Probably 4 Unknown signed b þ 24b. Were eutopsy findings available prior to completion of ceuse of death? been si 24e. Wes en autopsy Completed has ja 2 page 2 No 1 ☐ Yes 2 ☐ No ils certificate I 1 □ Yes Division of Vital or Attending Physician: Be 25. Was case referred to medical 26. Place of Deeth (Check only one) examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ Yes 2 No 1√2 Inpatient 2 ER/Outpatient 3 DOA this After thi 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred 1 Neturel 2 Accident 5 Pending Investigation 1 Yes 2 No death. Director: A 6 Could not be determined 3 Suicide Location (Street end Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, atreet, factory, office building, etc. (Specify) 4 Homicide within 24 hours aft To the Funeral Dis complataly filled in Hospital \*\*Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, end due to the cause(s) and manner as atated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated. 29a. Certifier Medical (Check only one) To the Vithin 2 29b. Signatur 29c. License number 29d. Date signed (Month, Day, Year) MS **RES-000** MARCH 11,1999 eddress of person who completed cause of deeth (Item 23e) (Type, Print) 600 NORTH WOLFE STREET G.K. Bruce BALTIMORE, MARYLAND 21287 32. Registrar's Signature State Registrar

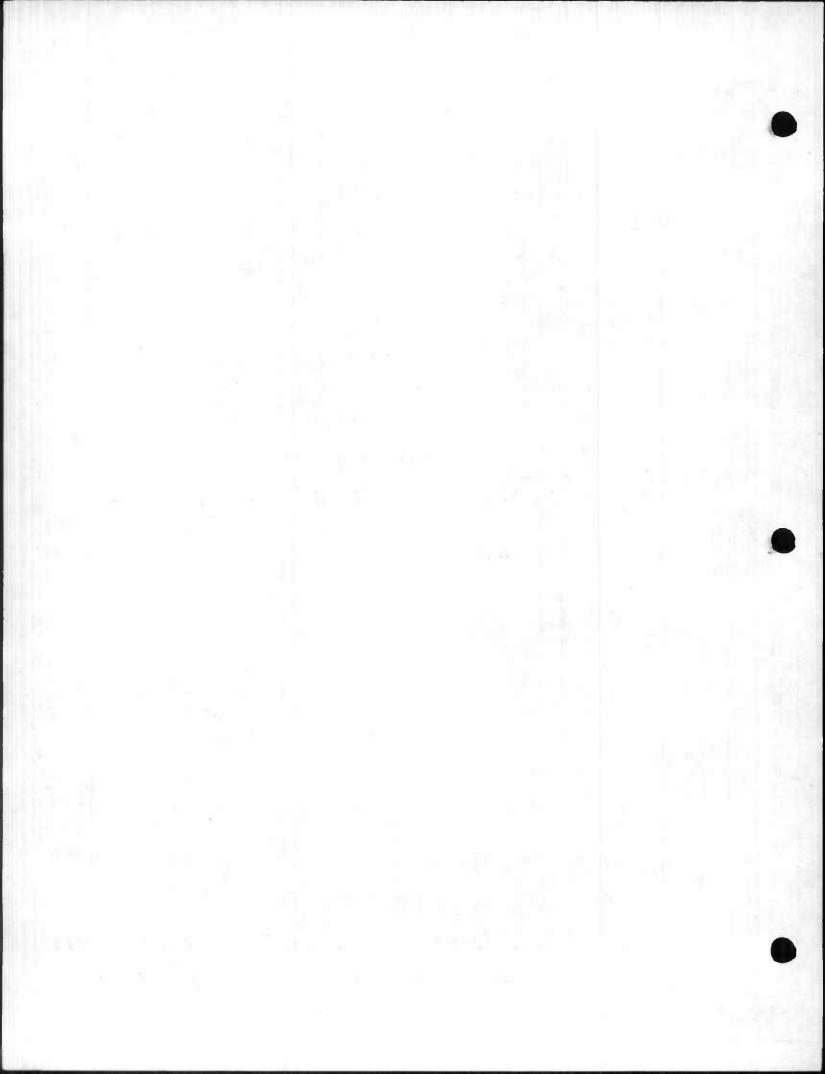


State of Maryland / Department of Health and Mental Hygiene 9 9 07861

				(	Certificate of	Death		Reg. No.				
Physician		rme (First, Middle, Las	st)				2. Date of D Month	leath Day	3. Time of Death			
/Medica	H'read arti	ck Joseph 1	r.			March	8, 1999	6:15 AM				
Examine	4a Facility Name	(If not institution, give	street and number)		4b. City, Town, o	r Location of Dea	th 4c. County	of Death				
		917 Circle Drive Ba						Balti	more			
Funeral Director	5. Social Security 212-38-	4977	NA OFF	n yrs. last birth	Months Day			hey, Year)	9. Birthplace (State or Foreign Country) Maryland			
land	10a. State	Usual Residence of Decedent  10a. State 10b. County 10c. City, Town or Location										
Marylar ef show	Marylan	d Baltimor	e	Balt:	imore				1 ☐ Yes 2 🔀 No			
or 28	Marylan 10e. Street and N	lumber			10f. Zip Code			10g. Citizen of What Country?				
23a (1)		cle Drive		.27		USA						
urs a	3 ☐ Widowed	arried 200 Married  4 Divorced	12. Was Decedent Eve Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:	r in U,S.	13. Was Decedent of If Yes, specify Cu 1 ☐ Yes 2 N		Specify Yes or N into Rican, etc.)	lo- 14. Race Black Specify:	e-American Indian, k, White, etc. White			
	Elementary/Se	15. Decedent's Educcify only highest grad	de completed) College (1-4or 5+)	mpleted) (Give kind of work diffe. DO NOT use n			orking	16b. Kind of Bu				
flied within it Hygiene.		2	0	Se	curity Off		- Wind Added	Educat				
d be filed intel Hyge ed others sevent,	n l	e (First, Middle, Last) .ck J. Bind					ce Mae A	e, Maiden Sumame 1bert	9)			
Maryland d 2 should be flie th and Mental Hy 7 ie marked oth traumatic event	-	Name/Relationship (7)		19h I	Aailing Address (Stre				State. Zip Code)			
		. Bindeman			Circle Dr							
other tra	20a. Melhod of D			20b. Place of D	Disposition (Name of crematory or other p		Date		City or Town, State			
Dallimore, pemir. Pages 1 ar Department of Haa Important: if item 2 any injury or other	Quation	2 Cremetion 3 1 1 5 Other (Specify	)		ew Memoria	1 Park	3/12/99	Sykesvi	lle, Maryland			
Deparii Impounii Buy ir	21 Signature of	Funeral Service Licens	500		22. Name and Add Hubbard F 4107 Wilk	uneral H			aryland 21229			
Physician	23a. Part1. Ente shock, or he	r the disease, or comp eart failure. List only o	olications that caused the	2					Approximete intervat Between Onset and Death			
/Medical Examiner	Immediate Cause disease or condi- resulting in death	tion	· Lun	Ca	nsequence of):				5 mo			
7	5			0 10 (01 63 2 00	nooquonoo ory.				\$ •			
filests be assected filests be assected symptotic and structure and stru	Sequentially list of if any, leading to cause. Enter Un	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury c.										
	that initiated ever resulting in death	nts	d.	to (or as a co	nsequence of):							
at the deeth certiff by the attending etached for use as	8								1			
* O m V	Part II. Other sign	iffcant conditions co	ontributing to death but n	ot resulting in t	he underlying cause	given in Part I.	23b. Die	/	tribute to the cause of death?			
							1/2	Yes 2 No	3 Probably 4 Unknow			
been s ahould					2000		24a. Wa per	s an autopsy formed?	24b. Were autopsy findings available prior to completion of cause of death?			
7 0 6	5						10	Yes 200	1 ☐ Yes 2 No			
yalclan: The yalclan: The gractor, pag	25. Was case ref	erred to medical				26. Place of D	eath (Check only	one)				
D 000	1 TVes 2	No	Hospitel: 1 ☐ Inpatient	2 ER/Outp	atient 3 DOA	Other: 4 Nursing	Home 5 Res	sidence 6 Othe	er (Specify)			
. 2 . 0		27. Menner of Death  1 Secretaria   Secretaria   Pending (Month, Day Year)   28b. Time of Injury   28c. Injury at Work?  2 Accident   Accident						forme 5.2 Residence 6 □Other (Specify)  28d. Describe how injury occurred				
A SE P		investigation			8e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)				28t. Location (Street and Number or Rural Route Number, City or Town, State)			
tending Physical Cor. After this the funarai di		investigation 6 Could not be	28e. Place of Injury		n, street, factory, offic	9	28f. Location City or To	(Street and Numbe own, State)	er or Rural Route Number,			
Hospital or Attending Physics Abouts after death. Funeral Director: After this liely filled in by the funeral director.	27. Menner of De 1 Netural 2 Accident 3 Suicide 4 Homicide	investigation 6 Could not be determined	28e. Place of Injury	Specify)  y knowledge, of aminetion and/	death occurred at the	time, date and plac	City or To	own, State) e cause(s) and ma	nner as stated.			
Hospital or Attending Physics Abouts after death. Funeral Director: After this liely filled in by the funeral director.	27. Menner of De 1 Netural 2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only one)	investigation 6 Could not be determined  Certifying Phy 2 Medicat Exam	28e. Place of Injury building, etc. (s ysician: To the best of m iner: On the basis of ex	Specify)  y knowledge, of aminetion and/	death occurred at the or investigation, in my	time, date and plac	City or To	own, State) e cause(s) and maile, date end place, a	nner as stated.			
the Hospital or Attending Physin 24 hours after death.  the Funeral Director: After this mpletely filled in by the funeral of Aedical Certification: Tr	27. Menner of De 1 Netural 2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only one)	investigation 6 Could not be determined  Certifying Phy 2 Medicat Exam	28e. Place of Injury building, etc. (s ysician: To the best of m iner: On the basis of ex	Specify)  y knowledge, of aminetion and/	death occurred at the or investigation, in my	time, date and place opinion, death occ	City or To	own, State) e cause(s) and maile, date end place, a	nner as stated. and due to the cause(s)			
Hospital or Attending Physical Control of Attending Physical Abouts after death. Funeral Director: After this liefy filled in by the funeral of Ical Certification: Tr	27. Menner of De 1 Netural 2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only one)	investigation  6 Could not be determined  Certifying Phy  Medical Exami	28e. Place of Injury building, etc. (s ysician: To the best of m iner: On the basis of ex	y knowledge, aminetion and/	death occurred at the or investigation, in my	time, date and place opinion, death occ	City or To	own, State) e cause(s) and maile, date end place, a	nner as stated. and due to the cause(s)			

DHMH 16 Rev 6/95

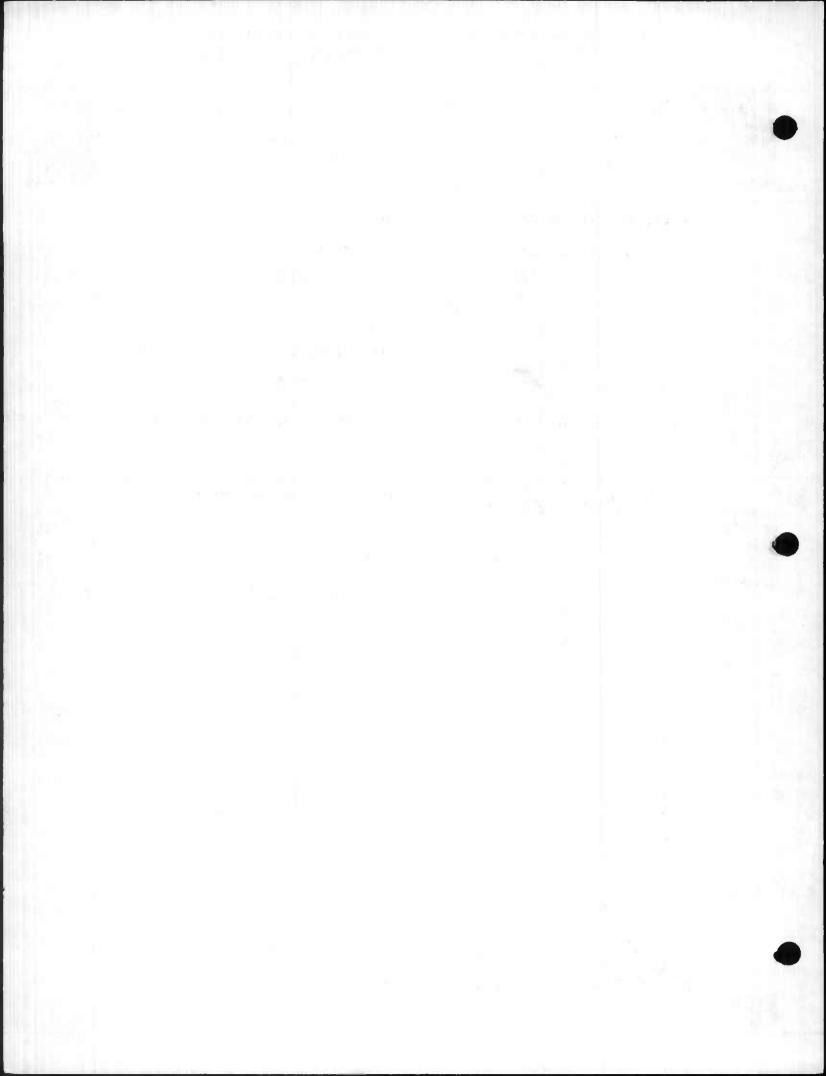
ORIGINAL



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Month BRKWKR JOHN! HENRY 1800 MARCH /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner WASHINGTON HAGKKITTUN WEST ANTIGTAM 5. Social Sacurity Number If Undar 1 Yaar If Undar 24 Hrs. 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** Days 1₩ M 2□ F 219-05-2739 75 Yrs Director Feb. 8, 1924 Maryland Usual Rasidance of Decedant with the Meryland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23e or 28s-f sho traumatic event, the Mexical Examiner must be notified at 1 ☐ Yas 2 No Hagerstown Maryland Washington Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? U.S.A. 21740 121 West Antietam Street permit. Peges 1 end 2 should be filed within 72 hours efter deeth v Department of Health end Mental Hygiene.
Important: If item 27 is marked other than "natural", or items 23e and Injury or other traumatic event, the Mexical Examiner must once. Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 14. Raca - American Indian, Black, White, atc. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: WWII 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: White þ Specify: 3 ₩idowed 4 Divorced Completed Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Collaga (1-4or 5+) Elemantary/Secondary (0-12) Patrol Officer Police 17. Father's Name (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) UNKNOWN Ralph Brewer 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 7070 1742 Josiah Chowing Way, New Cumberland, Pennsylvania John Brewer, Jr./son 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 Donation 5 □ Other (Specify) 21. Signatura ) Kuneral Services icenses de , Director 28 Marcand Attacon Board, 655 W. Baltimore Street Baltimore, Maryland 21201 23a. Varil. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, hook, or heart failure. List only one cause on each line. Approximata intarval Batween Onsat and Death **Physician** /Medical Immediata Causa (Final MYOCARDIAL INFARCTION disaasa or condition resulting in death) Examiner Dua to (or as a consequence of): Examiner UNCONTROLLED HYPERTENSIGN The law requires that the death certificate be executed physician and the buriel-transi Sequentially list conditions, if any, laading to Immadiata cause. Enter Underlying Cause (Disaasa or Injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of) Physician/Medical Due to (or as a consequence of) 89 USB signed by the el Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Onknown by Completed 24b. Wara autopsy findings available prior to 24a. Was an autopsy performed? complation of cause of death? certificate 1 ☐ Yas 2 No 1 Yas 2 No Division of Vital Hospital or Attending Physicien: 24 hours effer death.
Funeral Director: After this certifica Be 25. Was casa rafarred to medical 26. Placa of Daath (Chack only ona) axaminar Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 2 1 Yas 2 No 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28c. Injury at Work? 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how Injury occurred Certification: 1 Natural 5 Panding 1 ☐ Yas 2 ☐ No Invastigation 2 Accident 3 Sulcida 6 Could not be 28a. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 24 hours 1 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifian To the Hosp within 24 hou To the Fune completely fi Medical (Check only one) 29c. Licansa number 29b. Signature and title of certifier 29d. Data signed (Month, Day, Year) 040622 MARCH 10, 1999 30. Name and address of person who complated cause of death (Itam 23a) (Type, Print) 19236 MBADOW VIEW DR, HABERCSTOWN MODIA42 KRNKY MD 31. Data filed (Month, Day, Year) 32. Ragistrar's Signatura State MAR 12 Canera Registrar



Physician (Madisol		me (First, Middle, La			U.E	uncat	e or	Death		2. Dete of De Month March		y <sub>1999</sub>	Year	3. Time of Death 10:18 A.M.
/Medical Examiner	4e Fecility Neme (If not institution, give street end number)  4b. City, Town, or Location of Deeth  4c. County of Deeth										Deeth			
	Universi	ty of Mar	yland,	Shock	Trauma			Baltin	nore			N/	A	
Funeral Director	5. Sociel Security   214-92-7		Sex 1 DAM 2□ F		s. last birthdey 20 Yrs.	Months			24 Hrs. Min.	8. Dete of Bir (Month, De 3-9-7	rth ey, Yee <i>r)</i>		9. Birthip Cour	lece (Stete or Foreign try) MD
28a-f show notified at ector	Usuei Residence	-		140- 6										
28a-f show nothfied at rector	10e. Stete	10b. County	City, Town or I LTIMORI								1	0d. Inside City Limits  V Yes 2 □ No		
r items 23s or 28s+fs instrument be nothed Funeral Director	10e. Street and No.	wmber KELAND ST				10f. Zip	Code 212	16			10g. Cit	izen of W	net Cour	itry?
by by		rried 2 Merried 4 Divorced	Armed Fo	12. Wes Decedent Ever in U,S. Armed Forces? 1  Yes 2 No If Yes, Give Year or Detes:			Was Decedent of Hispanic Origin? (Specify Yes or N f Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 □ Yes 2 □XNo Specify:						etc.	
of the Medical	(Spe Elementery/Sec -12-	(Giv life.	Decedent's Usuel Occupetion Give kind of work done during most of working life. DO NOT use retired)  LARDOND											
aver Be	17. Father's Neme	(First, Middle, Last				ABORER		18. Mother's Name (First, Middle, Me DENISE BOYKINS						
27 is marked on treumatic sve		Name/Reletionship								Code)				
r othe	20e. Method of Disposition  1  Buriel 2  Cremetion 3  Removel from Stete  4  Onetion 5  Other (Specify)  20b. Place of Disposition (Name of cemetery, cremetory or other place)  KING MEMORIAL PARK  3-13-99 BALTIMON									MARYLAND				
Important: Important: I eny injury o	21. Signature of F	unerel Service Lice	Lecto	r Ct	-SP			N. MC		HILLIPS E ST. B	FUN	ERAL	HOM	E, P.A.
ysician Medical aminer	23e. Pert 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.  Immediate Cause (Final disease or condition resulting in death)  e. Confact Gunshot Wound of Head									Approximete Intervel Between Onset and Death				
ğ	resulting in death)			Due to	(or es e cons	equence of):		8						
physician and s the burial-transit edical Examiner	Sequentially list confidence in the confidence i	onditions, mmediete lerlying	D	Due to	(or es e cons	equence of):								
nending physician and arrange as the burial-trange as the burial-trange arrange  Ceuse (Disease o thet initieted eveni resulting in deeth)	r injurý ts Lest	c	Due to	(or es e conse	equence of):						T			

signed by the aid be defacted for Physic by Completed Be Certification: To

Division of Vital Records, P.O.

certificate has

25. Wes case referred to medical exeminer?

1 Yes 2 No

27. Menner of Deeth

1 Neturel

2 ☐ Accident 3 ☐ Suicide

4 Homicide

Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.

Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA

28e. Date of Injury (Month, Dey Year)

3-8-99

28b. Time of Injury

28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)

0025 A M

home

23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown

24a. Wes en eutopsy performed?

24b. Were autopsy findings eveilable prior to completion of cause of deeth?

1 18 2 No

1 ☐Yes 2 ☐ No

26. Piece of Deeth (Check only one)

Other:	4 Nursing H	forne	5 Residence	8 Other (Specify)
njury et Work?	2 1100	28d.	Describe how injusting	ury occurred executive twee

281. Location (Street end Number of Rurel Route Number, City or Town, State) 1548 N. Fulton Ave Balthnere, 1966

1 Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end menner stated.

29e. Certifier (Check only one) 29b. Signature and title of certifier

5 Pending investigation

6 Could not be determined

29c. License number

28c. Injury et Work?

1 Yes 2 No

O.C.M.E.

29d. Date signed (Month, Dey, Year) March 09, 1999

propleted cause of deeth (Item 23a) (Type, Print) 30. Name end address of person we

interw) Dennis 31. Dete filed (Month, Dey, Year)

111 Penn Street, Baltimore, Maryland 21201

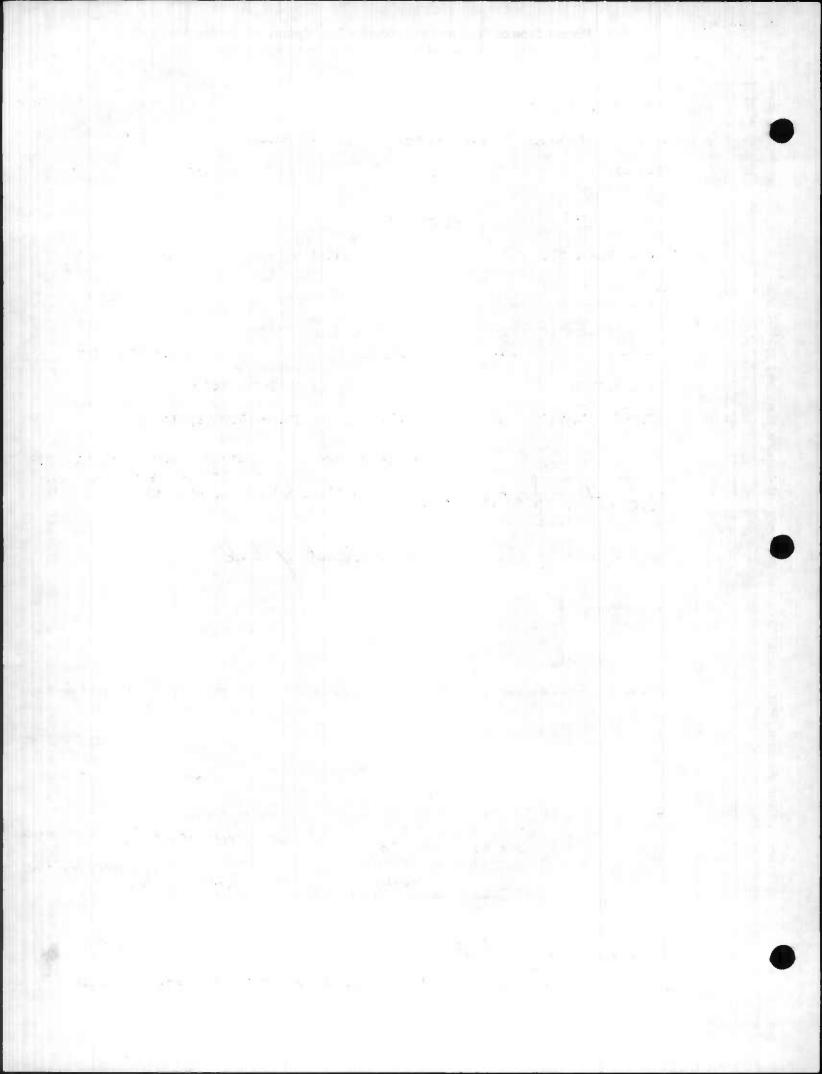
State Registrar

Medical

MAR 12

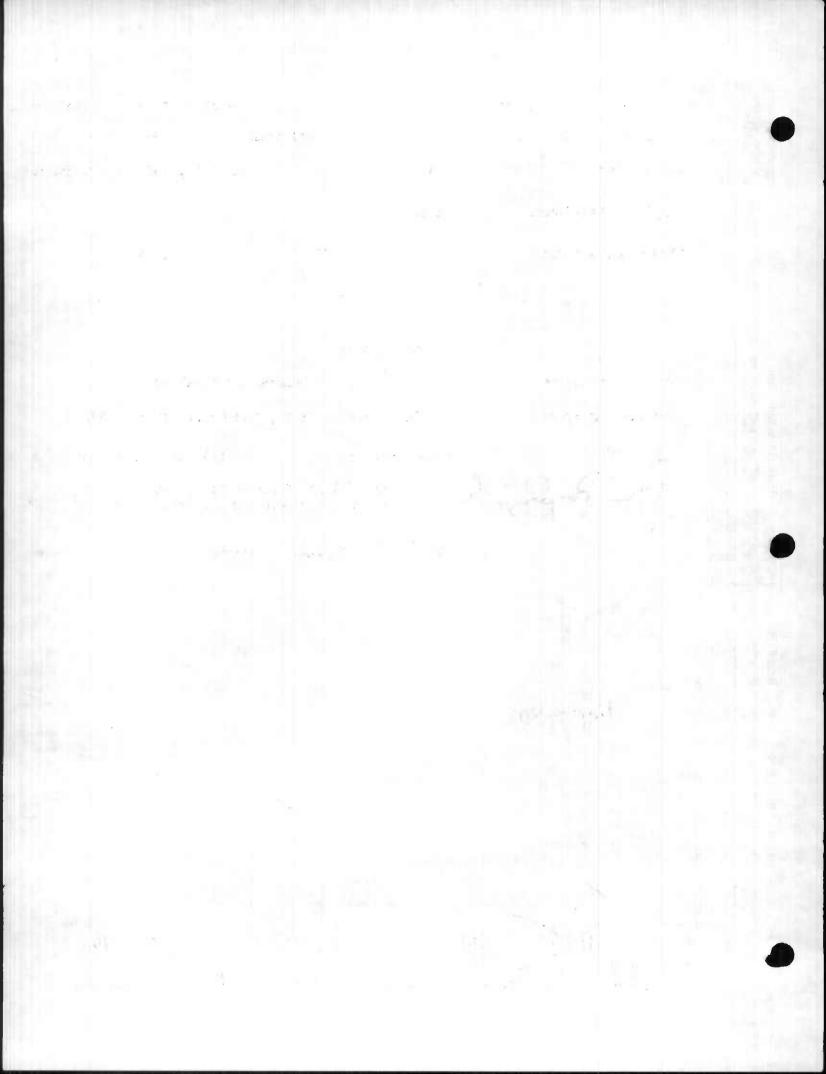


g.



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Death 3. Time of Death Month **Physician** Della March 8, 1999 10:50 p.m. /Medical 4a Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Heritage Nursing Center Baltimore Baltimore If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In vrs. last birthday) Birthplace (Stata or Foraign Country) **Funeral** Months 1 □ M 2 X F 178-03-3026 91 Yrs March 12, 1907 Pennsylvania Director Usual Rasidence of Decedan the Meryland 10c City Town or Location 10d Inside City Limits 10a Stata 10b Counts 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner man be northed at Maryland Baltimore 1 Yas ZE No Baltimore Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 1103 Middleway Road 21220 U.S.A. deeth v Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - Amaricen Indian, 11. Marital Status Black, Whita, atc. 72 hours efter 1 □ Navar Married 2 □ Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify Specify: þ 3 Widowad 4 □ Divorced White Completed 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use ratired) 16b. Kind of Businass/Industry 15. Decedant's Education (Spacify only highast grada completed) tiled within Elemantary/Secondary (0-12) Collaga (1-4or 5+) Hygiene. House Wife Own Home 12 permit. Pages 1 and 2 should be tile Department of Health and Mental Hy, Important: If flem 27 is marked othe any Injury or other traumatic event, pince. 18. Mother's Neme (First, Middla, Maiden Sumeme) 17. Fathar's Nama (First, Middla, Last) Thomas Mercavitch Madagelene Strakowska 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, State, Zip Coda) John P.Baron (son) 3012 Ebbtide Drive, Edgewood, Maryland 21040 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burlal 2 ☐ Cramation 3 ☐ Ramoval from Stata Green Mount Crematory 3/11/99 Baltimore, Maryland Donation 5 Othar (Specify) 22. Nama and Addrass of Facility of Funer Bruzdzinski Funeral Home, P.A. 1407 Old Eastern Avenue, Essex, Maryland 21221 Approximate Approximate Enter the disease, or complication that caused the death. Do not enter or heart failure. List only one cause on each line. Interval Batwean Onsat and Death **Physician** Cerebral vascular accident /Medical Immediate Causa (Fina) Lakueron diseasa or condition rasulting in daath) Examiner Examiner The law requires that the death certificate be asscuted physician and the burial-transit Sequantially list conditions, if any, laading to immadiate ceusa. Enter Underlying Cause (Diseasa or injury that initiated events resulting in daeth) Lest Due to (or es e consequence of): Box 68760. Physician/Medicai Due to (or as a consequence of) signed by the at d be detached for 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not rasulting in tha undarlying ceusa givan in Part I. 1 Yes 2 No 3 Probably 4 Hinknown Records, by 24b. Wara autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy Completed peen : has 1 Yas 2 No 1 □ Yas 2 □ No certificata Division of Vital Attending Physician: funeral director, Be 25. Was cesa referred to medical axaminar? 26. Plece of Death (Check only one) Othar: 4 Nursing Homa 5 ☐ Rasidance 6 ☐ Other (Specify) 1 Yes 2 No Certification: To 1 Inpatiant 2 ER/Outpatient 3 DOA After this 28c. injury at Work? 27. Menner of Deeth 28a. Data of Injury (Month, Day Year) 28d. Dascribe how injury occurred 28b. Tima of 1 Natural 5 Panding death. 1 ☐ Yas 2 ☐ No Investigation 2 Accident or Attend after death Director: / 3 Suicide 6 Could not be determined 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) in by 4 Homicida To the Hospital or within 24 hours aft To the Funeral Di 1 Certifying Physician: To tha best of my knowledga, deeth occurred at tha tima, data and place, and dua to tha ceusa(s) end menner as steted.
2 Medical Examiner: On tha basis of axaminetion and/or invastigation, in my opinion, daeth occurred at the time, dete end place, and dua to tha causa(s) and manner statad. edical 29a Cartiflar 29d. Data signad (Month, Day, Year) 29c. License number 29b. Signature and title My completed ceusa of death (Itam 23a) (Type, Print) 30. Name and Tree Pd #300 de 17 eman 31. Data filed (Month, Day, Year) 32. Registrar's Signature State 1 2 1999 Registrar



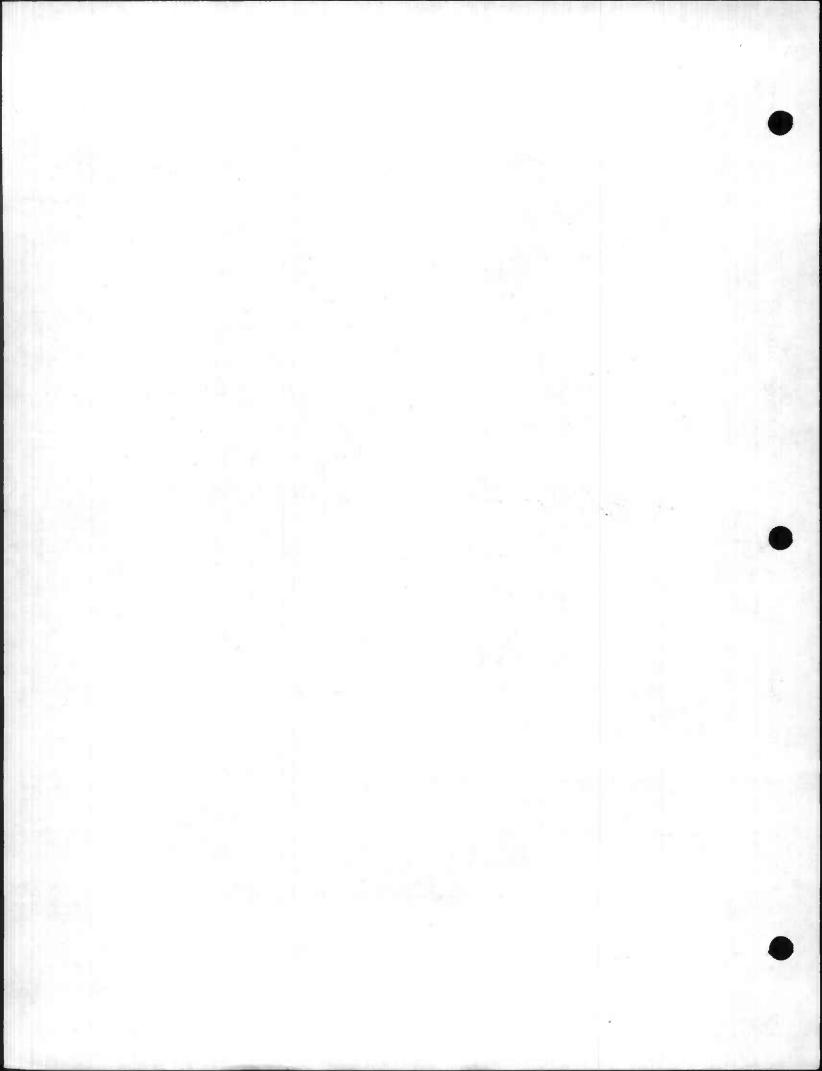
99-0934-Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.
510 State of Maryland / Department of Health and Mental Hygiene State of Maryland / Department of Health and Mental Hygiene Certificate of Death Amended#23apt2,#27 perPhyG769 3/8/99 EW 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month Year **Physician** BROWN : 45 p.m. 1999 ARL CBRVARY /Medical 4c. County of De 4a Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death Examiner HOSPITAL CENTER BALTIMORE If Under 24 Hrs. 8. Dete of Birth Hours Min. (Month, Day, If Under 1 Year 6. Sex 7. Age (in yrs. last birthday) 9. Birthplece (State or Foreign **Funeral** 10M 20F Months Deys H 1280 Yrs. Director Usuel Residence of Deceden 10a State ahow Town or Location 10d. Inside City Limits Examiner must be notified at 1 Ves 2 □ No **Funeral Director** 280-1 Street and Number 10f. Zip Code 10g. Citizen of What Country? "natural", or itema 23a or do 12. Was Decedent Ever in U,S.
Armed Forces?

1 Yes 2 No
If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11. Maritel Stetus Black, White, etc. be filed within 72 hours after 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ Yeer or Dates: 3 □ Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupetion
(Give kind of work done during most of working
| life. DQ NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind ot Business/Industry permit. Pages 1 and 2 should be filed within 2 Department of Health and Mental Hygiene. Important: If from 27 is marked other than "na any Injury or other traumatic averages." Elementery/Secondery (0-12) College (1-4or 5+) bles 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) 8 Bai Informant's Neme/Reletionship (Type, Print) Stete, Zip Code) 2806 Kouna ad 20b. Plece of Disposition (Name of cametery, cremetory or other p 20e. Method of Disposition Date 20c. Location - City or Town, State 1 Burlal 2 Cremetion 3 Removal from State 4 □ Donetion /5 □ Other (Specify) Lymite 22. Name and Address of Fecility 21. Signature of Fiftheral Service Licenses Fass, Part Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, and or mant feiture. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical tmmediete Cause (Final KESPIRATORY FAILURE ARDIO disease or condition resulting in deeth) Examiner Due to (or es e consequence ot): Examiner IC EPHALDPATHY The law requires that the death certificate be executed sician and buriel-trans Work wife Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as e consequence of) P.O. Box 68760 physician FAILURE Physician/Medical å, Due to (or as a consequence of): 88 980 Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. þ 24b. Were autopsy findings aveilable prior to completion of ceuse of death? 24a. Wes en eutopsy performed? Completed Halked with 2 🗆 No 1 🗆 Yes 25. Wes case reterred to medical examiner?

12 Yes 2 No Hospi Hospital or Attending Physicien: Be 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) edical Certification: To Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this 28b. Time of Injury funeral 27. Menner of Death 28e. Dete of Injury (Month, Dey Year) 28c. Injury at Work? 28d. Describe how injury occurred 2 Accident 5 Pending Investigation 1 Yes 2 No r death. 281. Location (Street and Number or Rurel Route Number, City or Town, State) FEBRUARY IS 1999 UN KNOWN 24 hours after deat Funeral Director: 6 Could not be 3 Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) filled in by 4 I Homicide 3001 SOUTH HANDYER ST. BACTMORE HOSPITAL BATHROOM/HARBOR HUSATAL Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

MD

Modical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) 21225 29a. Certifier within 24 hor To the Fune completely fi (Check only one) To the 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signeture and title of certifier P12795 EBRUARY 17 30 Name and address of person who completed ceuse of deeth (Item 23a) (Type, Print) AVINASH S. HANDVER BALTIMORE, MD 21225 L. GANTI 31. Dete tiled (Month, Dey, Year) 32 Registrer's Signature State MAR 8 Registrar



State of Maryland / Department of Health and Mental Hygiene 9 07869

				Cerunica	te of Dea	เเก	Re	g. No.		
G1	1. Decedent'e Name (First, Middle, La	st)				2.	Dete of Deet Month	h Dave	Yeer	3. Tima of Deat
Physician /Medical	Marian	Вι	Burton					09 1	999	7:24PM
Examiner	4e Fecility Neme (If not institution, give	e street end number)			4b. City	, Town, or Local	ion of Deeth	4c. County	of Deeth	
	623 George Str	eet Apt	5		Ва	ltimor	е			
Funeral	5. Sociel Security Number 6. S	ex 7. Age	(In yrs. lest bir	thdey) If Undi		nder 24 Hrs. 8.	Date of Birth (Month, Day,	Year)	9. Birthple Country	ce (Stete or Fore
Director	212-40-4973	□ M 21XF	54	Yrs.	Doys Ho	J. J. J. J. J. J. J. J. J. J. J. J. J. J	09 0		M.D	
,	Usuel Residence of Decedent		40a Oibi Taur	- est continu					140	A facility Observation
be notified at	10e. State 10b. County		10c. City, Tow						100	I. Inside City Lin
T oto	MD NA		Baltimore					1 🛣 Yes 2 🗆		
or 2	10e. Street and Number				lp Coda		10	og. Citizen of W		y?
23.8	623 George Str	ceet Apt	5		21201			U.S.	. A .	
chem 23a or 28a-1 o cher mast be notified Funeral Director	11. Meritel Stetus	12. Wes Decedent E Armed Forces?	ver in U,S.	13. Was Dec	edent of Hispani ecify Cuben, Me	Origin? (Specif	y Yes or No-		- American	
	Never Married 2 Married	1 Yes 2 N	0		2 No Spe		uii, 0,0.,			0.
J 5	3 ☐ Widowed 4 ☐ Divorced	Year or Detes:		10 160	Zgg No Spe	uny.		Specify	Bla	ck
d other than "naturel", event, the Med call Ext Be Completed by	15. Decedent's Ed (Specify only highest gra	ducation	16a	Decedent's Us	uel Occupation	most of working		16b. Kind of Bu	siness/Indu	stry
then and	Etemantary/Secondary (0-12)	Collega (1-4or 5-	r)	lifa. DO NOT	rork done during usa ratired)					
5 5	GED	NA	C	rossin	g Guar			Balti	more	City
other than event, the M Be Comp	17. Fathar's Nama (First, Middla, Last)				18. N	lother's Nama (F	irst, Middla, A	faidan Sumam	Θ)	
	Estridge Burdo	n			Sh	irley	Carte	c		
7 is marked other than traumatic event, the Ma To Be Comp	19e. Informent's Neme/Reletionship (	Type, Print)	19b	. Malting Addre	ss (Street and N	umber or Rurel F	oute Number,	City or Town,	Stete, Zip C	Code)
NE	Raymond Lee-Un	cle	4	17 Bal	tic St	reet,	Brook	lyn, N	. Y .	11217
other 2	20a. Method of Disposition		20b. Placa o	f Disposition (Norry, cremetory or	eme of		Date 2	20c. Location -	Cify or Tow	n, State
Important: If the any injury or control of the price.	1 XBuriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify				morial	Dark	3/13/	aa Arh	ntne	ьм.
inju	21. Signature of Funeral Servica Licen		LALDU	22. Name e	end Address of F	acility	3/13/	JJ ALU	ulus	Mu
any one	Mag	, ~	L	Marc	h F/H	West	- 1.			01015
	23e. Pert 1. Enter the diseese, or companies, or heart feilure. List only	40 00	المعال		Wabas					21215 Approximete
physician end the buriel-transit the buriel-transit	Dua to (or as e consaquence of):  b  Sequentially list conditions, Due to (or es e consequenca of):									
	Sequentially list conditions, if eny, leeding to immediata causa. Enter Underlying Cause (Disaasa or injury									
physicis the bu	Cause (Disaasa or injury	C	Due to (or es e	consequenca of						
	thet initiated events				):					
80 5	resulting in death) Lest				):					
Die M	thet initiated events	d			):					
Die M	thet initiated events	dontributing to death bu	t not resulting i	n the underlying		Pert I.	23b. Dld to	bacco uee cor	ntributa to t	he causa of dea
by the attending ached for usa est	resulting in death) Lest	dontributing to death bu	t not resulting i	n the underlying		Pert I.	23b. Dld to	1 /		he causa of dea
by the attending ached for usa est	resulting in death) Lest	dontributing to death bu	t not resulting i	n the underlying		Pert I.		1 /		
igned by the attending be detached for usa es by Physician/Me	resulting in death) Lest	d	t not resulting i	n the underlying		Pert ŧ.	1 □ Ye	autopsy	3 Probe	ably 4 Unkn
igned by the attending be detached for usa es by Physician/Me	resulting in death) Lest	d	t not resulting i	n the underlying		Pert I.	1 🗆 Y	autopsy	3 Probe	e eutopsy finding
has been signed by the attending ge 2 should be detached for usa es mpleted by Physician/Me	resulting in death) Lest	d	t not resulting i	n the underlying		Pert I.	1 Ye	n autopsy ned?	3 Probe	e eutopsy finding lable prior to pletion of cause aath?
has been signed by the attending ge 2 should be detached for usa es mpleted by Physician/Me	Pert II. Other significent conditions of	d	t not resulting i	n the underlying	cause given in f		1 Ye	n autopsy ned?	3 Probe	e eutopsy finding lable prior to pletion of cause aath?
certificate has been signed by the attending irector, page 2 should be detached for usa es Be Completed by Physician/Me	Pert II. Other significent conditions of the same of t	Mosnital:			cause given in F	Pleca of Daath (6	1 Ye	n autopsy ned?	24b. Wer avei com of de	e eutopsy finding lable prior to pletion of cause lath?
his certificate has been signed by the attending it director, page 2 should be detached for usa es To Be Completed by Physician/Me	Pert II. Other algorificent conditions of	Hospitel: 1 ☐ Inpatier	nt 2□ER/O	utpetient 3 [	cause given in F	Pleca of Daath (0	1 You	n autopsy ned?	3 Probe  24b. Wer avei com of de 1	e eutopsy finding lable prior to pletion of cause lath?
his certificate has been signed by the attending it director, page 2 should be detached for usa es To Be Completed by Physician/Me	Pert II. Other significent conditions of the same of Death of Naturel 5 Panding	Hospitel: 1 ☐ Inpatier  28a. Date of Injun	nt 2□ER/O		26. Injury et 28c. Injury et 26. Vork?	Pleca of Daath (6 □ Nursing Home   286	1 You	n autopsy ned?	3 Probe  24b. Wer avei com of de 1	e eutopsy finding lable prior to pletion of cause lath?
his certificate has been signed by the attending in director, page 2 should be detached for usa ear.  To Be Completed by Physician/Me	25. Was casa rafarrad to madicat examiner?  1 Yes 20 No  27. Manner of Death 1 Naturel 5 Panding investigation 29 Accident 3 Suicide 6 Could not be	Hospitel: 1   Inpatier  28a. Date of Injun (Month, Day)	nt 2□ER/Ot (Year) 28b.	utpetient 3 . [ Time of Injury M	26. I  OOA Other: 4  28c. tnjury et Work? 1 □ Yas	Pieca of Daath (to Nursing Home 284	1 Ye  24a. Was an perform  1 Ye  Chack only on  5 Reside	n autopsy ned?	3 Proba  24b. Wer avei com of de 1   er (Specify) red	e eutopsy finding lable prior to pletion of cause aath?  Yes 2 No
Director: After this certificate has been signed by the attending in by the funeral director, page 2 should be detached for usa estriffication: To Be Completed by Physician/Me	25. Was casa rafarrad to madicat examiner?  1 Yes 2 No  27. Manne of Death 1 Naturel 5 Panding investigation	Hospitel: 1   Inpatier  28a. Date of Injun (Month, Day)	nt 2 ER/O	utpetient 3 . [ Time of Injury M	26. I  OOA Other: 4  28c. tnjury et Work? 1 □ Yas	Pieca of Daath (to Nursing Home 284	1 Ye  24a. Was an perform  1 Ye  Chack only on  5 Reside	n autopsy med?  s 2 No e) max 6 Othow injury occurr	3 Proba  24b. Wer avei com of de 1   er (Specify) red	e eutopsy finding lable prior to pletion of cause aath?  Yes 2 No
Nirector: After this certificate has been signed by the attending in by the funeral director, page 2 should be detached for usa estriffication: To Be Completed by Physician/Me	Pert II. Other significent conditions of the con	Hospitel: 1   Inpatier 28a. Date of Injun (Month, Day) 1	ot 2 ER/Ou  Year) 28b.  ry - At homa, fa  (Specify)  I my knowledge examination en	utpetient 3 C	26. I  OOA Other: 4  28c. thjury et Work? 1  Yas  ory, office	Pieca of Daath (4)  Nursing Home 286 2  No 286	1 Ye  24a. Was all perform  1 Ye  Chack only on  5 Describe ho  Location (St. City or Town	n autopsy med?  as 20 No e) once 6 Othor ow injury occurret and Numb, Stete)  suse(s) and me	3 Probe  24b. Wer avei com of de  1  1  er (Specify)  red  er or Rurel	e eutopsy finding lable prior to pletion of cause aath?  Yes 210 No
ector. After this certificate has been signed by the attending by the funeral director, page 2 should be detached for usa estimated. To Be Completed by Physician/Me	25. Was casa rafarrad to madicat examiner?  1 Yes 2 No  27. Manner of Death 1 Naturel 5 Panding investigation 3 Sulcide 4 Homicida  29e. Certifier (Check only 2 Medical Exam	Hospitel: 1 Inpatier  28a. Date of Injun (Month, Day)  28e. Place of Injun building, etc.  yelclan: To the best of	ot 2 ER/Ou  Year) 28b.  ry - At homa, fa  (Specify)  I my knowledge examination en	utpetient 3 [ [ Time of injury M arm, streat, factors, deeth occurre d/or investigation	26. I  OOA Other: 4  28c. thjury et Work? 1  Yas  ory, office	Pieca of Daath (6  Nursing Home 286 2 No 286 2e end pieca, end deeth occurred	1 Ye  24a. Was an perform  1 Ye  Chack only on  5 Aeside d. Describe ho  Location (St.  City or Town	n autopsy med?  as 20 No e) once 6 Othor ow injury occurret and Numb, Stete)  suse(s) and me	3 Probe  24b. Wer avei com of de  1  er (Specify) red  er or Rurel	e eutopsy finding lable prior to pletion of cause aath?  Yes 2 No  Route Number, ted. ha ceuse(s)
Orector: After this certificate has been signed by the attending in by the funeral director, page 2 should be detached for usa esertification: To Be Completed by Physician/Me	25. Was casa rafarrad to madicat examiner?  1 Yes 2 No  27. Manns of Death 1 Naturel investigation 2 Accident investigation 3 Sulcide 6 Could not be determined  29e. Certifier (Check only one)  1 Cartifying Ph. 2 Medical Examone)	Hospitel: 1 Inpatier  28a. Date of Injun (Month, Day)  28e. Place of Injun building, etc.  yelclan: To the best of	ot 2 ER/Ou  Year) 28b.  ry - At homa, fa  (Specify)  I my knowledge examination en	utpetient 3 [ [ Time of injury M arm, streat, factors, deeth occurre d/or investigation	26. I  OA Other: 4[ 28c. tnjury et Work? 1 Yas  ony, office  d et the time, dain, in my opinion,	Pieca of Daath (6  Nursing Home 286 2 No 286 2e end pieca, end deeth occurred	1 Ye  24a. Was an perform  1 Ye  Chack only on  5 Aeside d. Describe ho  Location (St.  City or Town	n autopsy med?  as 2 No e)  noca 6 Other ow injury occurr  reet and Numb o, Stete)  susse(s) and me ata end place, it	3 Probe  24b. Wer avei com of de  1  er (Specify) red  er or Rurel	e eutopsy finding lable prior to pletion of cause aath?  Yes 2 No  Route Number, ted. ha ceuse(s)
Director: After this certificate has been signed by the attending in by the funeral director, page 2 should be detached for usa esertification: To Be Completed by Physician/Me	25. Was casa rafarrad to madicat examiner?  1 Yes 2 No  27. Manner of Death 1 Naturel investigation 3 Sulcide 6 Could not be determined 4 Homicida  29e. Certifier (Check only one)  29b. Signeture end title of certifier	Hospitel: 1   Inpatier   28a. Date of Injun (Month, Day 28e. Place of Injun building, etc.   28e. Place of Injunction   28e. Plac	Year) 28b.  Year) 28b.  Try - At homa, fa (Specify)  I my knowledge examination en	utpetient 3 In Ime of Injury Marm, streat, factors, deeth occurred/or investigation.	26. I  OA Other: 4[ 28c. tnjury et Work? 1 Yas  ony, office  d et the time, dain, in my opinion,	Pieca of Daath (6  Nursing Home 286 2 No 286 2e end pieca, end deeth occurred	1 Ye  24a. Was an perform  1 Ye  Chack only on  5 Aeside d. Describe ho  Location (St.  City or Town	n autopsy med?  as 2 No e)  noca 6 Other ow injury occurr  reet and Numb o, Stete)  susse(s) and me ata end place, it	3 Probe  24b. Wer avei com of de  1  er (Specify) red  er or Rurel	e eutopsy finding lable prior to pletion of cause aath?  Yes 2 No  Route Number, ted. ha ceuse(s)
Director: After this certificate has been signed by the attending in by the funeral director, page 2 should be detached for usa esertification: To Be Completed by Physician/Me	25. Was casa rafarrad to madicat examiner?  1 Yes 2 No  27. Manner of Death 1 Naturel investigation 3 Sulcide 6 Could not be determined 4 Homicida  29e. Certifier (Check only one)  29b. Signeture end title of certifier	Hospitel: 1 Inpatier  28a. Date of Injun (Month, Day)  28e. Place of Injun building, etc.  yelclan: To the best of	Year) 28b.  Year) 28b.  Try - At homa, fa (Specify)  I my knowledge examination en	utpetient 3 In Ime of Injury Marm, streat, factors, deeth occurred/or investigation.	26. I  OA Other: 4[ 28c. tnjury et Work? 1 Yas  ony, office  d et the time, dain, in my opinion,	Pieca of Daath (6  Nursing Home 286 2 No 286 2e end pieca, end deeth occurred	1 Ye  24a. Was an perform  1 Ye  Chack only on  5 Aeside d. Describe ho  Location (St.  City or Town	n autopsy med?  as 2 No e)  noca 6 Other ow injury occurr  reet and Numb o, Stete)  susse(s) and me ata end place, it	3 Probe  24b. Wer avei com of de  1  er (Specify) red  er or Rurel	e eutopsy findin lable prior to pletion of cause aath?  Yes 21 No  Route Number, ted. ha ceuse(s)

A SA PART OF PART "malakat mer El of The state of the court of the state of the s

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedeni's Name (First, Middle, Last) 2. Date of Death 3. Tima of Death 2:35A macch 1999 · /Medical 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street and number) 4c. County of Death CATON MANOR GENESIS BALTIMORE CIT ELDERCARE If Under 1 Yaar | If Undar 24 Hrs. 5. Social Sacurity Number Birthpiace (State or Foraign Country) N • C • 7. Aga (In yrs. last birthday) 10 M 20 F Months Days Hours 62 Yrs. 217-62-8255 0.3 10 36 Usual Rasidance of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits XXYas 2 No MD Baltimore Directo NA 10e. Sireet and Numbar 10f. Zip Coda 10g. Citizen of What Country? 1719 North Pulaski Street 21217 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian. Biack, While, etc. 1 ☐ Yas 2 XNo 1 ☐ Navar Married 2 ☐ Married 1 Yes 2 No Specify: If Yas, Giva Yaar or Datas: by 3 XWidowed 4 □ Divorced Black Completed 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedani's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Etemantery/Secondery (0-12) Collega (1-4or 5+) Manor Hill Food 5th grade Laborer na 18. Mothar's Nama (First, Middla, Maiden Sumama) 17. Father's Nama (First, Middle, Last) 2 Jesse Austin Clara Burton 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Route Number, City or Town, Stata, Zip Coda) 1719 North Pulaski St, Baltimore Md 21217 Robin Carter-Daughter 20b. Placa of Disposition (Name of cematary, crematory or othar placa) 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 ☑ Buriai 2 ☐ Cremation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) 3/13/99 Randallstown, Md King Memorial Park 21 Signature of Funaral Sarvica Licansaa 22. Name and Addrass of Facility March F/H West 4300 Wabash Ave, Baltimore Md 9 21215 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarvai Batween Onset and Death SEPSIS Immediata Causa (Final diseese or condition rasulting in daath) / refections Dua to (or as a consequence of) Examiner race Sequentially list conditions, if any, laading to immadiate cause. Entar Undarlying Causa (Disaesa or injury that initiated avants resulting in death) Lest Dua to for as a consequence of) Physician/Medical Dua io (or as a consequence of): Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 200 No 3 Probably 4 Unknown Dementia 1 Yes þ 24b. Ware autopsy findings available prior to Completed 24a. Wes an eutopsy performed? complation of causa of death? 1 ☐ Yes 2 ☐ No 25. Was casa raferrad to madical examinar? Be 26. Placa of Daath (Check only one) Hospital: Othar: 4 Nursing Homa 5 Residence 8 Othar (Specify) 1 Yas 2 No 10 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28d. Dascribe how injury occurred 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? Certification: 1 Natural 2 Accidant 5 Panding invastigetion 1 TYas 2 No 6 Could not be datarminad 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 3 ☐ Sulcide 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homlcida 10 Cartifying Physician: To the best of my knowledge, death occurred at the tima, data and place, and dua to the cause(s) and mannar as stated. 2 Medical Examinar: On the basis of axamination end/or investigation, in my opinion, deeth occurred at tha time, dete end place, and due to the cause(s) and mannar stated. 29a. Certifier Medical

Division of Vital Records, P.O. Box 687602 attending physicien for use as the buris SB signed by t page 2 hes certificata this funerel After 24 hours after death. filled in by Hospital pletely To the F To the

**Physician** 

Examiner

**Funeral** 

**Director** 

7 is marked other than "natural", or items 23a or traumatic event, the Medical Examiner must be r

Pages 1 and 2 should be filed within 72 hours nent of Health and Mental Hygene. ent. If item 27 is merked other than "natural".

important if its

**Physician** 

/Medicai **Examiner** 

2

Baltimore, Maryland 21215-0020

29b. Signatura and titla of cartifier Wkymac M1

(Check only one)

Doctor

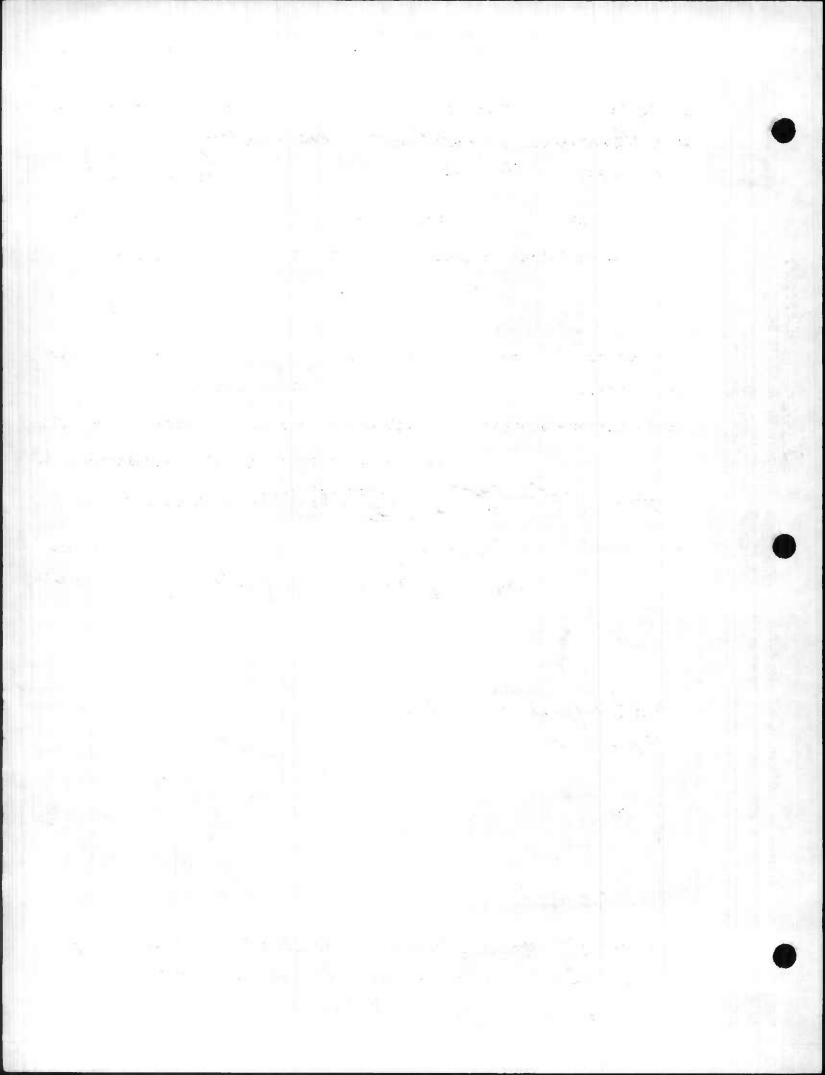
29c. Licansa number 21684 29d. Data signed (Month, Day, Year)

30. Nama and addrass of person who complated cause of death (Itam 23a) (Type, Print) 8109 RITCHIZ UNY. C.V. CYRIAC. M.O

PASADENA, MO 21122

State Registrar

32. Ragistrar's Signatura 31. Data filad (Month, Day, Year)

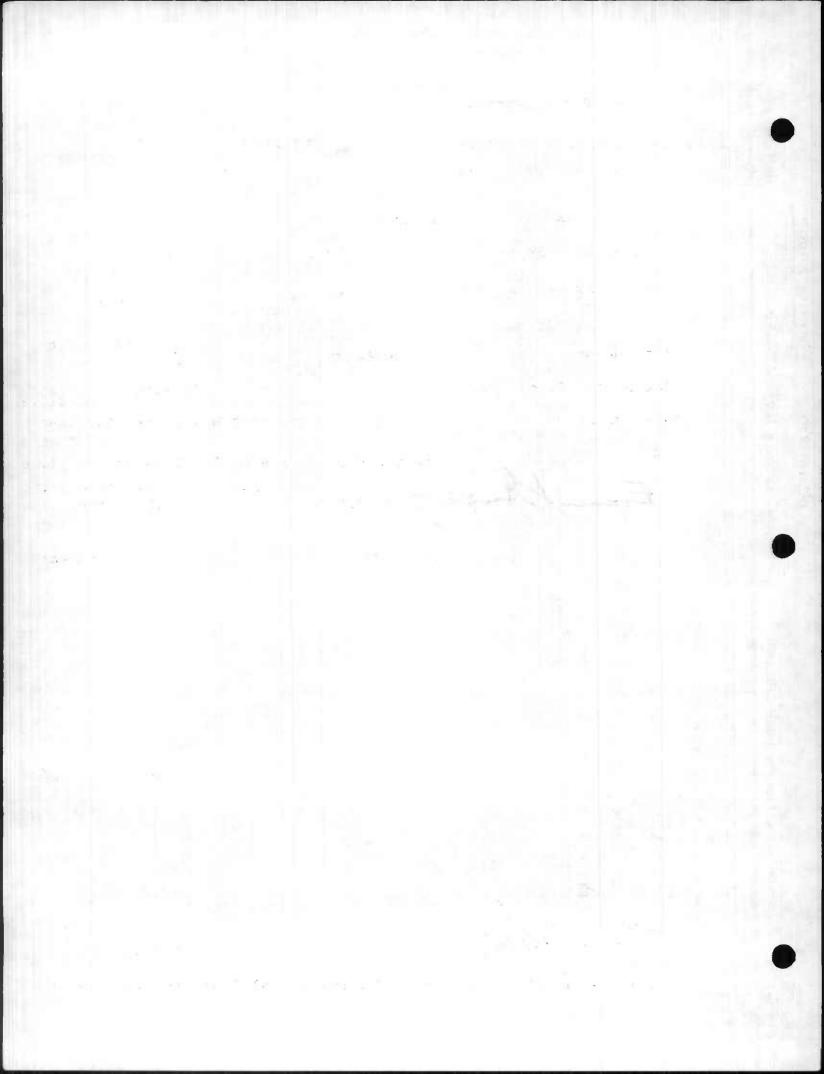


State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Deeth 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Month Day **Physician** James Thomas Bacon, Jr. 8 1999 9:40am March /Medical 4e Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Sinai Hospital of Baltimore Baltimore If Under 1 Year | If Under 24 Hrs. Birthplace (State or Foreign Country) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral** Months Days Hours Yrs 215-14-7909 75 Director 12-04-23 MD Usual Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or frems 23a or 28a-f ahow traumatic event, the Modical Examiner must be notified at XXYes 2 □ No MD Director Baltimore 10g. Citizen of Whet Country? 10e. Street and Number 10f. Zip Code 1122 N. Eden Street 21213 USA death y Funeral Wes Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? 11. Maritel Status hours efter 1 X Yes 2 No If Yes, Give Year or Detes: 1 Never Merried 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: Black by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 2 should be filed within and Mental Hygiene. Elementery/Secondary (0-12) 12th Grade College (1-4or 5+) Georgia Pacfic Paneling Co. 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) James T. Bacon, Susie Roberts 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21213 19a. Informent's Name/Relationship (Type, Print) permit. Pages 1 and 2. Department of Health a Marie B. Brown Health tem 27 1122 N. Eden Street Baltimore, Maryland 20c. Location - City or Town, Stete M.D. 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Important: If its any injury or o pncs. 1 ☑ Buriai 2 ☐ Cremation 3 ☐ Removal from State Garrison Forest VA Cem. 03-15-99 Owings Mills, 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Service License 22. Name end Address of Fecility Baltimore, Maryland 21202 WM.C.March FH 1101 E. North Avenue 23a. Part 1. Enter the disease, of complications that caused the change shock, or heart failure. List only one cause on each line with. Do not enter the mode of dying, such as cardiac or respiretory errest, Approximate interval Between Onset end Death **Physician** Immediate Ceuse (Finel disease or condition resulting in death) /Medical Chronic Renal Insufficiency 6 weeks **Examiner** Due to (or es e consequence of): Physician/Medical Examiner and i-trensit The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Last Due to (or as e consequence of): physician a s the buriei-Division of Vital Records, P.O. Box 68760, Due to (or es e consequence of) ettending p for use es 80 signed by the e 23b. Did tobacco use contributs to the cause of death? Part If. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 1 Yes 2 No 3 Probably 4 Wunknown by been sig 24b. Were eutopsy findings evellable prior to completion of cause of deeth? Completed 24e. Was en eutopsy performed? is certificate has director, page 2: 2 No 1 ☐ Yes 2 ☐ No Attending Physician: 25. Was case referred to medical examiner? Be 26. Plece of Death (Check only one) Hospital: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Impatient 2 ER/Outpetient 3 DOA this 28a. Date of Injury (Month, Day Year) 27. Manner of Deeth 28c. Injury et Work? 28d. Describe how injury occurred 28b. Time of Certification: 5 Pending death. 1 Tes 2 No Investigation 2 Accident ector: / 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) in 24 hours the Funeral Director in filled in by 4 - Homlcide 6 1 Certifying Phyalcian: To the best of my knowledge, deeth occurred at the time, date and place, end due to the cause(s) and manner es stated. edical 29a. Certifier To the Hosp within 24 ho. To the Fune completely fi 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date end plece, end due to the cause(s) end/menner stated. (Check only one) 29d. Date signed (Month, Dey, Year) 29c. License number P12309 March 9, 1999 ompleted ceuse of death (Item 23a) (Type, Print) 30. Name and address of person, Dr. Michael Bunzel, Sinai Hospital of Baltimore 2401 W Belvedere Ave, 31. Date filed (Month, Day, Year) 32. Registrar's Signeture State MAR 1 2 1999 Registrar

DHMH 16 Ray 6/95

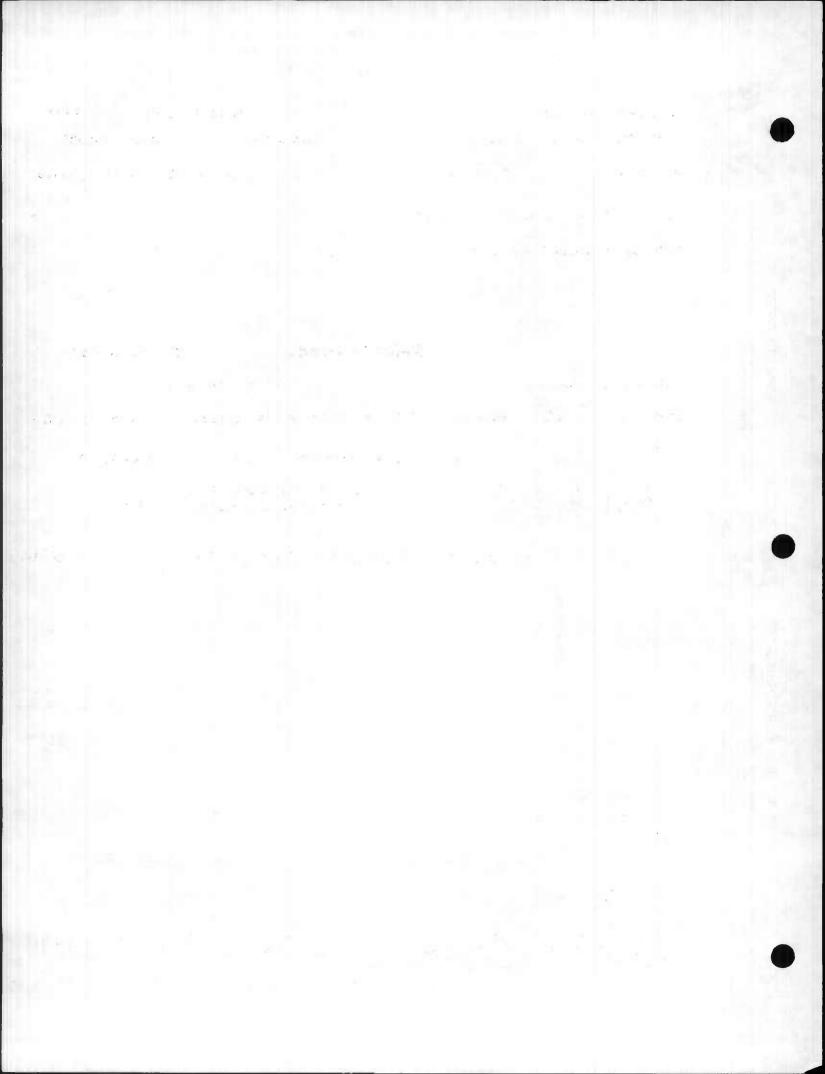
Bacen, Jame

Patrich Known:



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

	1. Decedent's I	Name (First, Middl	le, Last)	ertificate of	Death	2. Dete of De	Reg. No.		3. Time of Death					
Physician		Toni Lee Bergquist						Month	Dey	Yeer	8:50am			
/Medical Examiner	A . IT 1814 . All	ne (If not Institution	n, give street end	number)			4b. City, Town, or	March Location of Deet	1999 4c. County	of Deeth	0:JUaili			
Examine	1008 Sc	outh Cree	ek View (	Court		In the second	Churchto	n	Ann	e Aru	ndel			
Funeral Director	5. Social Securi 579-68-	-9228	6. Sex 1 □ M 2 → F		s. lest birthda Yrs.	y) If Under 1 Year Months Deys		8. Date of Bir (Month, De Dec 30	ey, Year)	9. Birthpla Country Washir	ce (State or Foreigton, DC			
show rd at	Usual Residence of Decedent  10e. State 10b. County 10c. City, Town or Location  MD Anne Arunde1 Churchton								100	I. fnside City Limit				
free death with the Maryland referre 23s or 28s-f show side must be notified at Elizabeth or Eli	10e. Street end Number 10f. Zip Code								10g. Citizen of V	Vhet Country				
23a c	1008 Sc	outh Cree				20733			USA					
al', or familiar in Examination	3 □ Widow	tus Merried <b>27 M</b> arried 4 Divorced	ried 1 Yes,	ecedent Ever In Forces? s 2 2 No Give r Detes:	U,S. 13	3. Wes Decedent of If Yes, specify Cul 1 Yes 2 No		pecify Yes or No o Rican, etc.)	Bied Specify	e - American k, White, etc : Whi	C.			
filed within 72 hours efter Hygiene. There than "natural", or its out, the Medical Example Commissed by File	15. Decedent's Education (Specify only highest grade completed)  Elementery/Secondary (0-12)  College (1-4or 5+)  16e. Decedent's Usuel Occupetion (Give kind of work done during mos life. DO NOT use retired)  Office Engineer						during most of wo	st of working		of Business/Industry				
o filed with the other than vent, tree the Committee of the other than vent, tree of the other than the other than the other tree of the other than the other than the other tree of the other t	12 17. Fether's Ne	me (First, Middle,	Last)		0223	oc mgin		ne (First, Middle	Const		JII			
8 2 2 6	Coore	je Lee Bl	· .					ty Lee N						
2 sh and le m	19e. Informent	's Neme/Reletions R. Bergg	ship (Type, Print)  uist — H	lusband		iling Address (Stree 8 South C								
nit. Peges 1 end 2 bartment of Health ortant: If them 27 I Injury or other tra		Disposition 2 Cremetion ion 5 Other (S		m state		position (Name of rematory or other ple		Dete 3/11/99	20c. Location - Brentwe					
ificate be executed  physician end set the buniel-frensit  policial Examiner	Sequentially lis if eny, leeding cause. Enter L Ceuse (Diseas that initiated ev resulting in dee	st conditions, to immediate Juderlying e or injury vents	b	Due to	(or es e cons	equence of):			ð					
= 00			d				land Breat	non Dad			he course of de			
that the ded by the deteched	Pert II. Other si	Pert II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Pert I.							tobacco usa con Yes 2□ No	3 Probe				
should been si								24e. Was	s en eutopsy ormed?	avail	e autopsy finding eble prior to pletion of cause eath?			
The page								10	Yes 2000	10	Yes 2□ No			
		referred to medica	Hospital:				lhor	eth (Check only						
clan: sector,	exeminer?  1 Yes 2 No Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4  27. Manner of Deeth 28e. Dete of Injury (Month, Dey Yeer) 1 Injury 28b. Time of Injury Work?						ury et ork?			-	28d. Describe how Injury occurred			
hysician: his certifi if director		5 Pendir	'9		2 Accident investigation 3 Suicide 6 Could not be determined 28e. Pleca of Injury - At home, ferm, street, building, etc. (Specify)					fica  281. Location (Street end Number or Rural Route N City or Town, Stete)				
or Attanding Physician of Attanding Physician Director: After this certific in by the funeral director antification: To Bestruit Description: To B		5 Pendir investi e 6 Could	gation not be nined 28e. Pic	eca of Injury - At ilding, etc. (Spec	home, ferm,			281. Location City or To	(Street end Numb wn, Stete)	er or Rural i	Route Number,			
or Attending Physicians of Attending Physicians Director: After this certification by the funeral director antification: To Be		5 Pendir investie 6 Could determ	gation not be nined 28e. Ple bu	ilding, etc. (Spec the best of my kn basis of exemi	cify) nowledge, de		ime, dete end piec	City or To	iwn, Stete)	enner as ste	ted.			
hysician: his certification of director	27. Manner of I Neturel 2	5 Pendir investie 6 Could determ	gation not be 28e. Ple bu no Physician: To Examinar: On the	the best of my kr b basis of exemination of exemination transfer	nowledge, denetion end/or	ath occurred et the Investigetion, in my	ime, dete end piece opinion, deeth occi	a, end due to the trred et the time.	cause(s) end me date end plece,	enner as ste end due to t d (Month, D	ted. he ceuse(s) ey, Year)			
or Attending Physician Site death Director: After this certific in by the funeral director antification: To Be	27. Manper of I	5 Pendir investie 6 Could determ	gation not be 28e. Ple bu 28e.	ilding, etc. (Spec the best of my kn basis of exemi	em 23a) (Typ	ath occurred et the Investigetion, in my	ime, dete end piece opinion, deeth occi	a, end due to the trred et the time.	e cause(s) end me date end piece,	enner as ste end due to t d (Month, D	ted. he ceuse(s) ey, Year)			

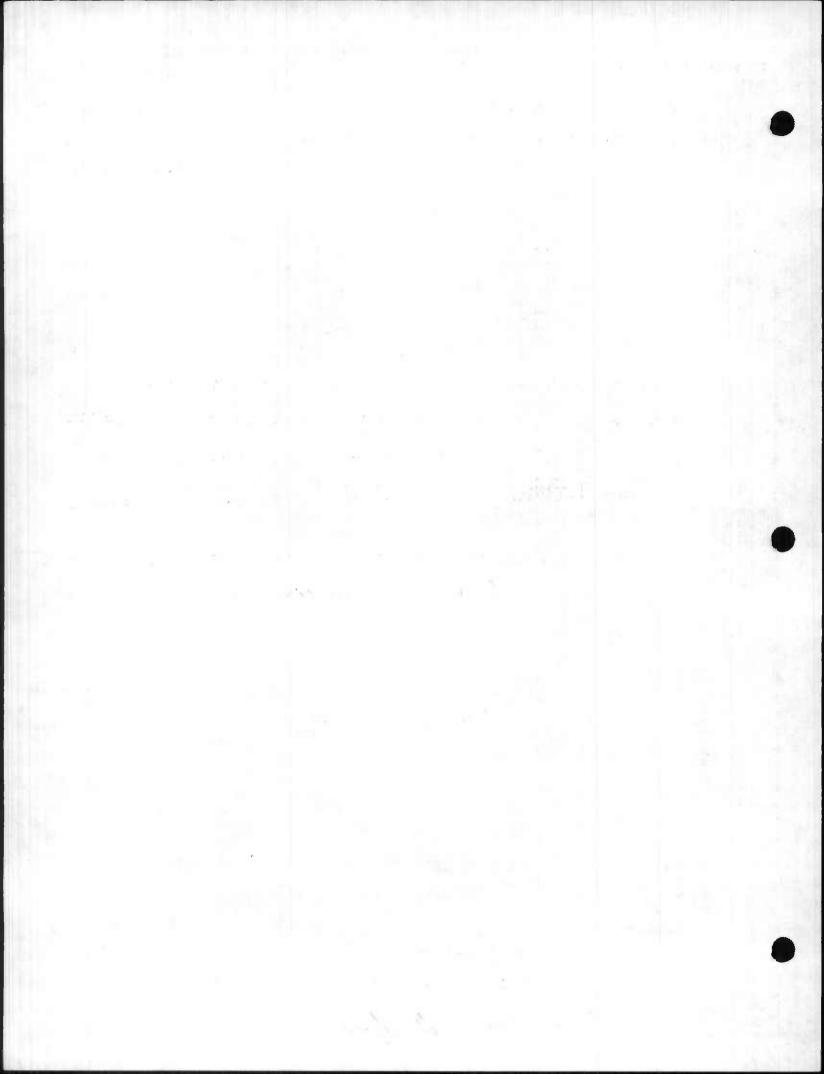


Registrar

**DHMH 16 Rev 6/95** 

31. Data filed (Month, Day, Year)

32. Registrar's Signatura



Please Type or Print in Biack Indelible Ink. Assure Ail Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death Month Day March 8, 1999 **Physician** 2:54 PM Doris Margaretta Baughman /Medical 4a Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Johs Hopkins Bayview Hospital Baltimore 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year | If Under 24 Hrs. Birthplace (State or Foreign Country) 8. Data of Birth (Month, Day, Year) **Funeral** 1 M 2 KF Months Days Hours Min 220-07-3549 77 Yrs. 08/08/1921 Director Maryland Usual Residence of Decedent 10a Stata 10b County 10c. City. Town or Location 10d. Inside City Limits the Maryle MD N/A Baltimore 1 ☑Yes 2 □ No r 28a-f s Directo 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? than "naturel", or items 23s or the Medical Examiner must be r 4539 Shamrock Avenue 21206 U.S.A. Funeral 12. Was Decedent Evar in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - American Indian, Black, Whita, etc. 11. Marital Status 72 hours after t Yes 2 No If Yas, Giva Year or Datas: 1 ☐ Nevar Married 2 ☑ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☒ No Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highast grada completed) 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry pernit. Pages 1 and 2 should be tiled within 1 Department of Health and Mental Hygiens insportant; if then 27 is marked other than "n any Injury or other trauments. Elemantary/Secondery (0-12) College (1-4or 5+) Homemaker Own Home 17. Fathar's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be John Martin Eva Weber 19a. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) John Baughman/Husband 4539 Shamrock Avenue Baltimore, Maryland 21206 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Removat from Stata Gardens of Faith 3/13/99 Baltimore, Maryland 4 □ Donation 5 □ Othar (Specify) 21. Signature of Funaral/Septice Licensee 22. Nama and Addrass of Facility John C. Miller Inc. 6415 Belair Road Baltimore, Maryland 21206 23a. Part. Enter the orders, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heard allure. List only one cause on each line. Approximata Intarval Between Onset and Death **Physician** ACUTE MYOCARDIAL INFARCTION /Medical Immediata Causa (Final disaasa or condition rasulting in death) Examiner Examine physician and s the burial-transit certificate be axecuted Sequentially list conditions, if any, leeding to immadiata cause. Entar Underlying Causa (Disease or Injury that initiated events rasulting in death) Last Box 68760. **Physician/Medicai** Due to (or as a consequence of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? P.0. 1 Yes 2 No 3 Probably 4 Unknown Division of Vitai Records, by 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy has 1 ☐ Yas 2 ☐ No 1 Yas 25. Wes case referred to medical examiner? Be 26. Placa of Death (Check only one) 1 Yas 200 No Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) Certification: To Director: After this d in by the funeral di 28a. Data of Injury (Month, Day Year) 27. Mennar of Death 28c. Injury at Work? 28d. Describe how injury occurred To the Hospital or Attending I within 24 hours after death.

To the Funeral Director: After 1 Netural 2 Accident 5 Pending investigation 1 Yas 2 No 3 ☐ Suicide 6 Could not be determined 281. Location (Street and Number or Rural Routa Number, City or Town, State) 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 4 Homicide Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end menner as stated.

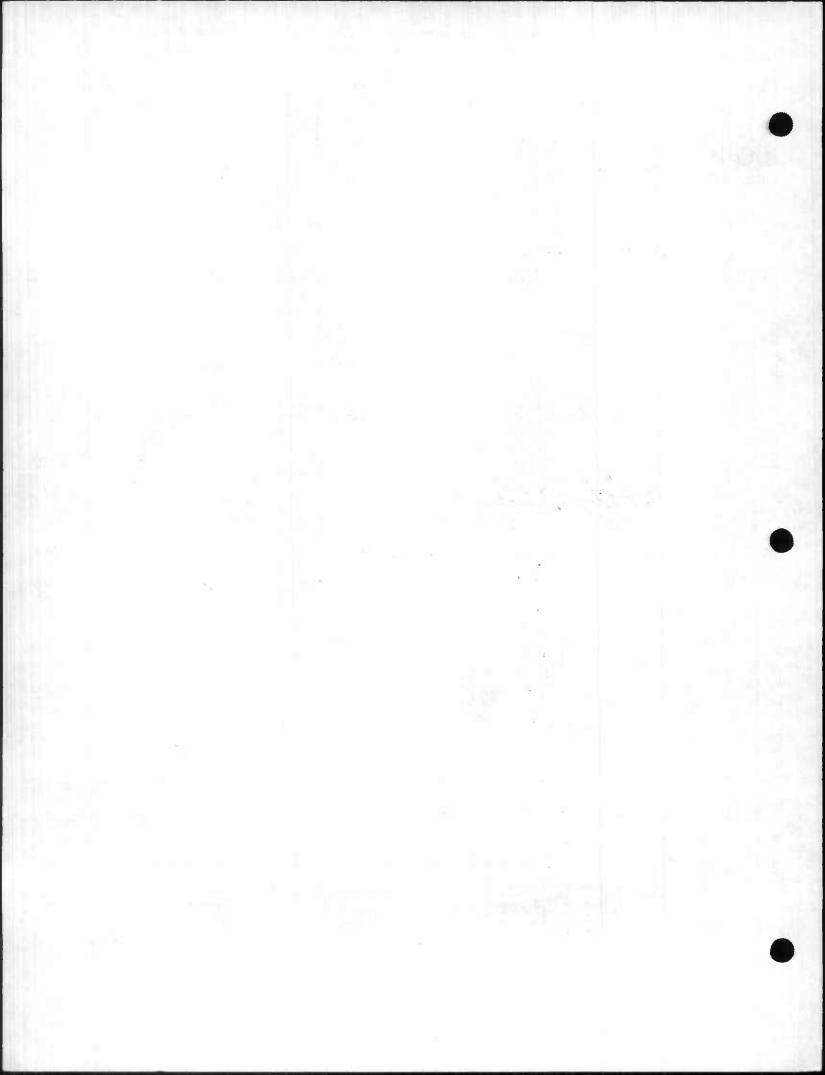
2 Integral Examinat: On the basis of examination and/or investigation in my spinion death. edicai 29a. Certifia: COn the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signature and tife of the 29c. License number 29d. Date signed (Month, Day, Year) addrass of person who completed cause of death (Item 23a) (Type, Print) 5714 Harford Rd Balto, md 21214

DHMH 16 Rev 6/95

State Registrar Rivera

32. Registrer's Signatura

-415 31. Date filed (Month, Day, Year)



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death CARTER Day Month 220 ESSIE MARCH 10, 1999 ation of Death | 4c. County of Death 4a Facility Name (If not institution, give street end number) An 4b. City, Town, or Location of Death MONTHUEST HOS PITTHE CENTER PHODALIS CONN MONTH PARTY IN Under 24 Hrs. 8. Date of Birth (Month, Day, Year) BALTIMARE 5. Social Security Number Birthplace (State or Foreign Country) 1□M 2ÅF 85 Oct. 16, 1913 Alabama 413-01-1201 Usual Residence of Decedent 10c. City. Town or Location 10d. inside City Limits 10a State 10b. County 1 Yes 2 No Maryland Baltimore Randallstown 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3717 Courtleigh Drive USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ 2 M No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien Black, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: White 3 Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elementary/Secondary (0-12) College (1-4or 5+) Mfg. Seamstress 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Fether's Name (First, Middle, Last) Rhoda Unknown Mack Varnell 19e. Informant's Name/Reletionship (Type, Pnint) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Dorothy Seidman / Daughter 4735 Byron Road, Baltimore, Maryland 21208 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 3/11/99 Baltimore, Maryland Metro Crematory 22. Name and Address of Fecility Hubbard Funeral Home, Inc. 21. Signature of Funeral Service Licer 4107 Wilkens Avenue, Baltimore, Maryland 21229 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, shock, or heer feilure. List only one ceuse on each line. Approximete Intervel Between Onset end Death Immediate Ceuse (Final disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Due to (or as a consequenca of) that initiated events Due to (or es e consequence of): resulting in death) Last Pert II. Other eignificant conditione contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the ceuse of death? Acuto my condial intraction 1 Yes 2 No 3 Probably 4 Unknown HOUTE CONTBROVASCULAR AREDOM 24a. Wes an eutopsy performed? 24b. Were autopsy tindings avellable prior to completion of cause of death? 1 Yes 2 No 1 Yes 2 No 26. Piece of Death (Check only one) Hospital: 1 Dinpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Death 28c. Injury et Work? 28d. Describe how Injury occurred 1 Natural 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 ☐ Suicide

Physician/Medical Examiner certificate be execu Box 68760. use P.O. 1 Division of Vital Records, þ page 2 s Be To I or Attending Patter death.

Director: After t To the Hospital within 24-bours To the Funedal

**Physician** 

/Medical

Examiner

Directo

Funerai

þ

Completed

**Funeral** 

Director

the Manyland

s i and 2 should be filed within 72 hours after death with the Maryla if Health and Mental Hygiene.
Item 27 is marked other than "naturel", or items 23a or 28a-f show other traumatic event, If a Medical Examiner must be notified at

permit. Pages 1 and 2 st Department of Health end Important: If Item 27 Is n any Injury or other traur

Physician

/Medical Examiner

altimore,

25. Was case referred to medical 1 Yes 2 No

4 Homicide

29a. Certifier

6 Could not be determined

Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) end manner as stated.

2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end menner stated.

(Check only one) 29b. Signature and title of certifier

29c. License number 19502

29d. Date signed (Month, Day, Year) MARCH 10, 1999

30. Neme and address of person who completed cause of death (Item 23a) (Type, Print) CONANAN ORIANDO

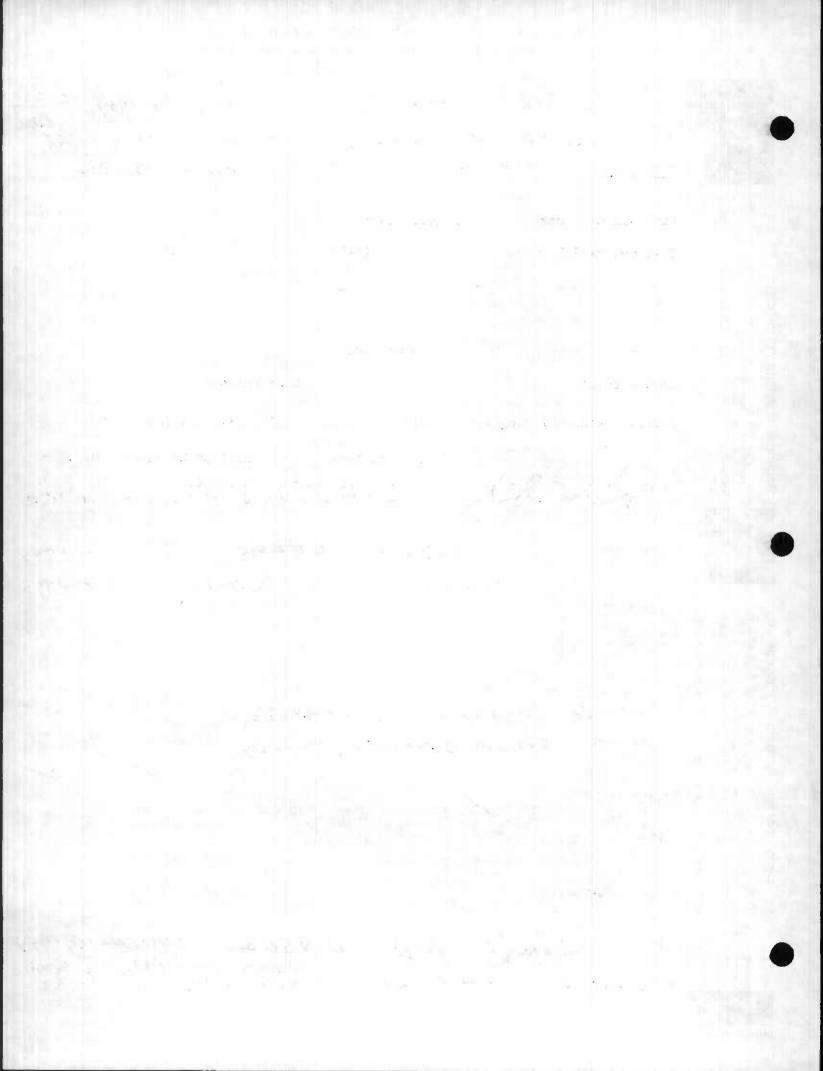
RANDANCIONN, MIL 21133

State Registrar

edical

31. Date filed (Month, Day, Year) MAR 1 2 1999





Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Yee (Jarrer Windsor 1999 5:00 AM Mare 09 /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner H Under 1 Year | If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) HOSPITAL hurch Home 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 M 2 F Months Yrs. 48 Director 216-52-0717 Usual Residence of Decedent 04/09/1950 Maryland Menyland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at fX☐ Yes 2☐ No Directo Maryland Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò 23a 946 Webb Court 21202 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces?

1 ☐ Yes 2 ☐ No if Yes, Give Year or Dates: Herne 11. Marital Status Was Decadent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Bleck, White, etc. filed within 72 hours after 1 Never Married 2 Married 6 1 Yes 2 No Specify: by Specify: Black 3 ☐ Widowed 4 ☑ Divorced than "natural" Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondery (0-12) College (1-4or 5+) Laborer halth end Mental Hygie 127 is marked other or traumatic event, ii Chicken Factory marked other 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be Elmer Coleman To Gloria Carter 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Department of Health elimportant: If Item 27 is any Injury or other trau 727 Lakeview Dr., Baltimore, Maryland 21217
aca of Disposition (Name of Dete 20c. Location - City or Town, Stete Gloria Clayton / Mother 20a. Method of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other place) 1 🕅 Buriai 2 ☐ Cremation 3 ☐ Removal from State Voshell Memorial Cemetery 03/13/99 Dundalk, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Servica Liotosee 22. Name and Address of Facility The Derrick C. Jones Funeral Hm. 4611 Park Heights Ave., Baltimore, Maryland 21215 23a. Part1. Enter the disease, or complications that cluster the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feilure. List only one cause on a shade. Approximate Interval Between Onset end Death Physician /Medical Immediate Cause (Final Nive clays disease or condition resulting In death) Examiner Due to (or as a consequence of) Examiner The lew requires that the death certificate be executed Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, attending physician for use es the burie Physician/Medicai Due to (or as e consequenca of): signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown OSITIVE δ Completed 24b. Were autopsy findings available prior to 24e. Was an autopsy peed completion of cause of death? After this certificate hes funeral director, pege 2 1 ☐ Yes 2 ☑ No To the Hospital or Attanding Physician: within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director, i Be 25. Was case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be 28e. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide edicai 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and menner es stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) and manner stated. (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

DHMH 16 Rev 6/95

State

Registrar

Kucho 11

31. Date filed (Month, Day, Year) MAR 1 2

11tain

1999

W.D.

32. Registrar's Signature

Wadan Curren AND PART OF A STORY flower on the many was Muse of 1600

State of Maryland / Department of Health and Mental Hygiene Q Item: 4c per M.D G-769 3/12/99 reb Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) FEBR, -1999 **Physician** 10:45 AM ONNNIE /Medical 4e Eacility Neme (If not institution, give street end number)
GOOD SAMARITAN 4b. City, Town, or Location of Deeth Examiner BALTIMORE HOSPI If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year)

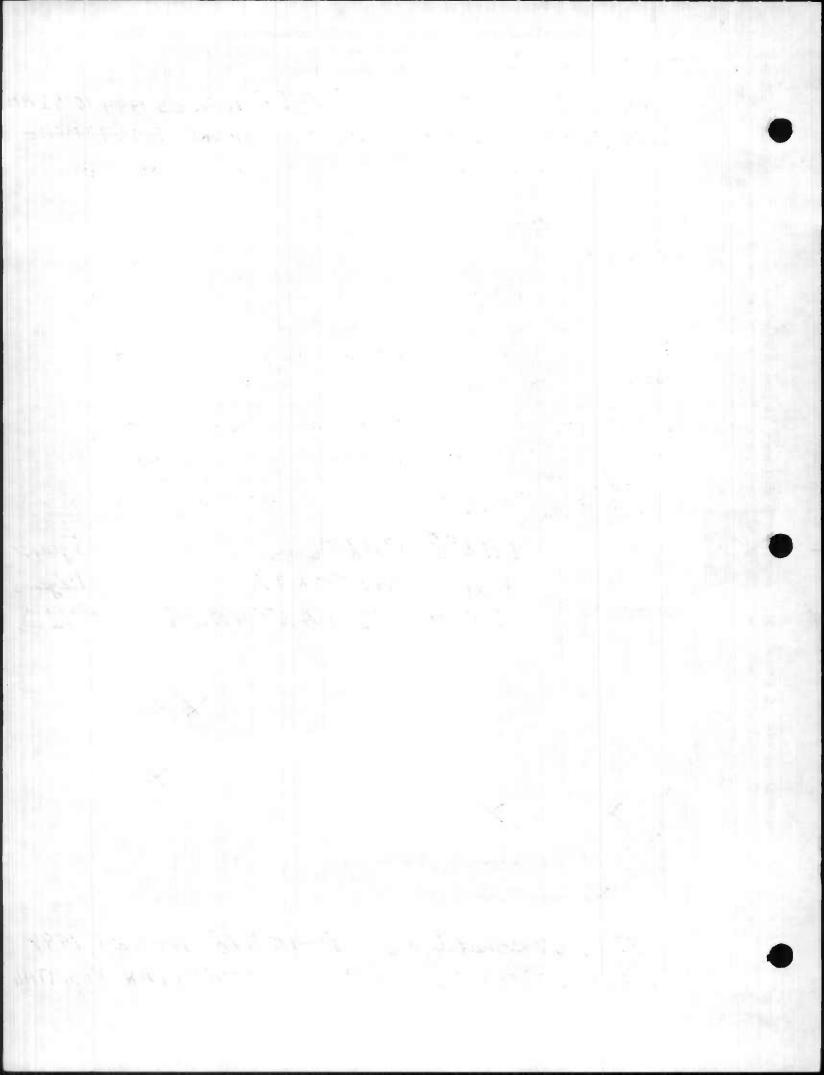
Oct 26, 1 Birthplaca (Stete or Foreign Country)
 NC 5. Social Security Number 7. Age (In yrs. last birthdey) Funeral M 2□ F 68 Yrs. 1930 219-32-4852 Director Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or itsme 23e or 28e-f shot traumatic event. the Medical Examiner must be notified at 1 Nes 2 No MD Directo N/A BALTO 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code 837 Sheridan Ave Funeral 21212 U.S.A. 14. Race - American Indian, 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give ✓ Year or Dates: 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Status Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: Black ģ 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry pamil. Pages 1 and 2 should be filled within Department of Health and Mental Hygiene. Important: If Item 27 is marked other than 1 Elementary/Secondary (0-12) 6 th Cotlege (1-4or 5+) Fork Lift Operator Factory 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Edward Conyers Laura Bates 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Myrtle Conver 837 Sheridan Ave Balto, Md Baltimore, 20b. Placa of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State 20a. Method of Disposition ò White Oak Bapt Ch Cem 3-6-99 Endfield, NC 22. Name and Address of Fecility Betts Funeral Home 21. Signature of Fugeral Service Licensee 1129 N. Caroline St Balto, 23a. Part f. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** CANCER Immediete Cause (Final disease or condition resulting in death) Avicarea **Examiner** Due to (or es a consequence of): CEMIA Examiner requires that the death certificate be executed attending physician and for use as the burial-tran Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury Division of Vital Records, P.O. Box 68760 Physician/Medical that Initiated events resulting in deeth) Last 23b. Did tobacco use contribute to the cause of death? ed by the a Part II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part i. signed by t d be detach 1 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? The law page 2 s 1 ☐ Yes 2 ☐ No this certificate or Attanding Physician: director, Be 25. Was case referred to medical examiner? 28. Place of Death (Check only one) 1 Yes 2 Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 2 ER/Outpatient 3 DOA After this 27. Manner of Death Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred 28b. Time of Certification: 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No death. 2 Accident within 24 hours after death To the Funeral Director: / completaly filled in by the 6 Could not be 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Hospital 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner as stated.
2 Medicat Examiner: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. edicai 29e. Certifier (Check only one) 29d. Date signed (Month, Dey, Year) 29b. Signature and title of certifier 29c. License number 0 P-10578 of death (Item 23a) (Type, Print) GOOD SAMARITAN HOSPITAL 31. Date filed (Month, Day, Year)

State Registrar

MAR 1 2 1999

32. Registrar's Signature

B. Sports



			State of Maryland	Department of Certificate of			iene	07878	
		1. Decedent's Neme (First, Middle, Last)				2. Date of Deat	th	3. Time of Death	
147	Physician /Medical	Robert H. Cave				Month		99 9:07 PM	
	Examiner	4e Facility Name (If not institution, give			4b. City, Town, or L	ocation of Death	4c. County of	of Death	
		Laurel Regional H	*		Laurel			e George's	
	Funeral Director	5. Social Security Number 6. Sec. 12 12 12 12 12 12 12 12 12 12 12 12 12	7. Age (In yrs. last	birthday) If Under 1 Ye  Yrs. Months De		8. Date of Birth (Month, Day, Nov. 20	Year) 1923	9. Birthplace (State or Foreign Country) Clarendon VA	
B		Usuat Residence of Decedent  10a, Stete 10b, County	100 Chu T	own or Location				Lord balls Ob their	
laryla	ahoo		10d. Inside City Limits  X ☑ Yes 2 ☐ No						
the N	be notified Director	Maryland Prince G	11	0g. Citizen of W					
with	D D	13300 Yorktown Dri	ve	10f. Zīp Cod	715			States	
Seath	r thems 23 directment Funeral	11, Meritel Stetus	12. Was Decedent Ever in U,S.		f Hispanic Origin? (Spuban, Mexican, Puerto	ecify Yes or No-			
Maryland 21215-0020		1 Never Merried 2 Married 3 Widowed 4 Divorced	Armed Forces?  XIN Yes 2 □ No If Yes, Give Year or Dates: 43-46	If Yes, specify C		Rican, etc.)	Black, White, etc.  Specify: White		
5-0 72 70	or than "natural", o it, the Medical Essential Completed by	15. Decedent's Educ (Specify only highest grade		6a. Decedent's Usuat Oc	cupation ne during most of work	ina	16b. Kind of Bus	siness/Industry	
vithin		Elementary/Secondary (0-12)	College (1-4or 5+)	life. DO NOT use ret	ired)	any .	Dhono	Company	
d 21	other the vent, the Cor	12 2	1	District Man				Company	
and and	2 0 m	17. Father's Name (First, Middle, Last) Rumsey E. Cave			18. Mother's Nam Frances			)	
aryla	T is marked traumatic ever TO E		8÷0						
	- N -	19a. tnformant's Neme/Retationship (Ty) Mildred Cave	Wife	9b. Mailing Address (Stre 13300 Yorkt	own Drive	Bowie Ma	aryland	20715	
Baltimore,	int: If from 2 iny or other	20a. Method of Disposition  1 Burial 2 SDS remetion 3 R 4 Donetion 5 Other (Specify)	emovel from State 20b. Place cemes The	of Disposition (Name of oteny, crematory or other p Huntt Crema	March 1	3 Date 1999	© Waldorf	City or Town, Stete  Maryland	
Balti Permit.	important: If he any injury or or or or or or or or or or or or or	21. Signeture of Funeral Service License	:000r>		ress of Facility Evans Fu napolis Rd				
		23a. Pert1. Enter the disease, or complishock, or heart feiture. List only or	cations that caused the death.					Approximete totervel Between	
) IN	ysician ledical aminer	Immediate Cause (Finel disease or condition resulting in death)	Due to (or as	a consequence of):	rest			Onset end Deeth	
Pets	an and rial-transit Examiner	Secure distance by							
. Box 68760, death certificate be assocuted	shysician and the burial-transit dical Examir	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Due to (or as						
8760,	the bur	Cause (Disease or injury thet initieted events resulting in death) Last	Due to (or as						
ortifice	Med Med	rossing in coarry cast							
Box	tendi or us		•						
O. at	d by the attending pletached for use as	Part II. Other significant conditions con	tributing to death but not resulting	g in the underlying cause	given in Part I.	23b. Dld to	bacco usa con	tributa to the cause of death?	
O #	ed by detac	ASCVD		1 Yes 2 No 3 Probably 4 Uni					
Cords	ate has been signed by the attending to page 2 should be detached for usa as Completed by Physician/Me	HYPERTONSO	N	24a. Wes e perform		24b. Were autopsy findings evailable prior to completion of cause of death?			
I Rec	e has age 2					1 🗆 Ye	s 2 PNo	1 ☐ Yes 2 ₽ Ño	
ta :	director, page 2	25. Was case referred to medical	h (Check only on		10100 2210				
	90	axaminer?	lospitat: 1 Inpetient 2 PER/	Outpatient 3D DOA	Other _	ome 5 Reside		r (Specify)	
		27. Manner of Death 1 Netural 5 Pending 2 Accident investigation	28a. Date of Injury (Month, Day Year)	b. Time of Injury M 1	ijury at Vork? □ Yes 2 □ No	28d. Describe ho	ow injury occurre	od	
5 6	of Director: After the director of the directo	3 Suicide 6 Could not be determined	28e. Place of Injury - At home, building, etc. (Specify)	×e e	28f. Location (St City or Town		r or Rural Route Number,		
Ne Hospital of	Funer stely fill dlcal	29e. Certifier (Check only one) 1 Certifying Phys 2 Medical Examin	iclan: To the best of my knowled ler: On the besis of examination and manner stated.	ige, death occurred at the and/or investigation, in m	time, date and place, y opinion, death occur	and due to the ca red at the time, d	ause(s) end men ate and plece, a	ner as stated. nd due to the cause(s)	
To the	To the	29b. Signature and title of certifier			ense number	2	9d. Date signed	(Month, Day, Year)	
	nxh	1 Very line		D25	134		3/11/9	9	
	197	30. Neme and address of person who could CAROL PRESSEY	mpleted cause of death (Item 23)	a) (Type, Print)	ville Rd.	Pro	io ~	70711	
	State	31. Date filed (Month, Day, Year)	32. Registrar's Signature		my Ka.	, cu	, , , , ,	100114	
	Registrar	MAR 1 2 1999	Beneral B.	Sparker				7712	

DHMH 16 Ray 6/95

#### Please Type or Print in Black Indelibie ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth **Physician Donald Robert Cain** 10:36 PM March /Medical 4e Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner ospita IMORE tranklin enter 0 square If Under 1 Year 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** 1 M 2 F Months Deys Hours Min Yrs Director 46 212-58-6423 March 16, 1952 West Virginia Usual Residence of Deceden 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Moontal Examiner must be notified at 1 ☐ Yes 2 No Director Maryland **Baltimore** Dundalk 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21222 3141 Baybrair Road U.S.A. Funeral permit. Pages 1 end 2 should be filed within 72 hours efter deeth Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 M No if Yes, Give Yeer or Detes: 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien. 11. Maritel Status Bleck, White, etc. 1 Never Memled 2 Married 1□ Yes 2 No Specify Specify. þ 3 Widowed 4 Divorced White Completed Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Construction Carpenter 12 18. Mother's Neme (First, Middle, Meiden Surneme) 17. Father's Neme (First, Middle, Last) Alma Wenger Leo Cain 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. informent's Name/Reletionship (Type, Print) 3141 Baybrair Road Baltimore, Maryland 21222 Mr. Archie Moore Friend other 20b. Plece of Disposition (Name of cemetery, cremetory or other pleca) 20c. Location - City or Town, Stete 20e. Method of Disposition 1 Burlai 2 Cremetion 3 Removel from State 4 Donation 5 Other (Specify) Injury or 03/06/99 Salty Fork, West Virginia Gibson Cemetery 22 Name and Address of Facility to of Funeral Service Licenses Van Reenen Funeral Home Mous 30 207 9th Street Marlinton, WV 24954 emplications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, only one cause on each line. Approximate Intervel Between Onset end Deeth **Physician** /Medical tmmediete Ceuse (Final disease or condition resulting in death) Examiner Examiner ndoc eria physician and the burial-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Last Due to (or es e consequence of): Physician/Medical Due to (or es e consequence of): signed by the e Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 Probably 4 Unknown are with by 24b. Were autopsy findings eveileble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? travitreous Drug peed 1 Yes 2 No 1 ☐ Yes 2 No certificate Be 25. Was case referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 □ ER/Outpetient 3 □ DOA this funeral 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred After 1 Neturel 2 Accident Injury 5 Pending death. 1 ☐ Yes 2 ☐ No Investigation Director: / 6 Could not be determined 3 Sulcide 28e. Piece of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide 6 24 hours 8 Funaral 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my optinon, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) Medical To the within 2 To the Testings 29c. License number 29b. Signeture and title of certifier 29d. Dete signed (Month, Dev. Year)

State Registrar

strar MAR 1 2 1999

Dr Jacqueline
31. Dete filed (Month, Day, Year)

30 Neme and eddress of person who comp

Williams 9000 Franklin Square Drive Baltimore, Maryland
32. Registrer's Signeture

B. Apollo

cause of deeth (ttem 23a) (Type, Print)

MUD

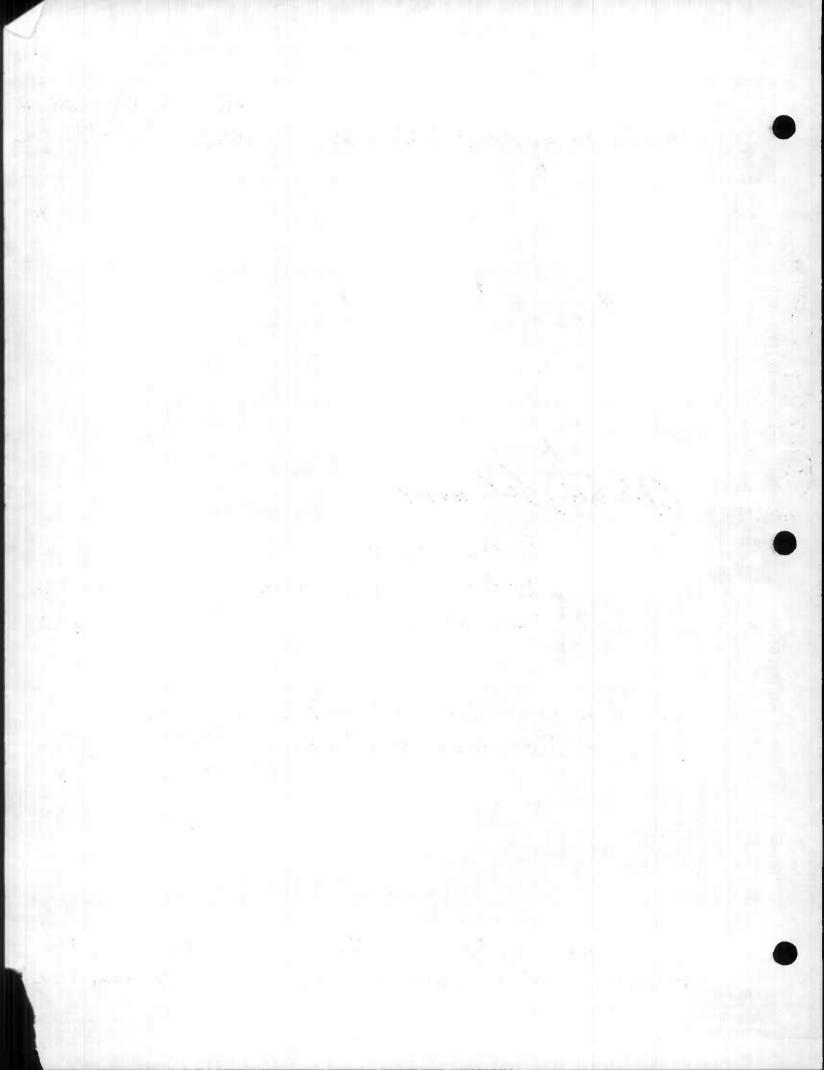
March

DHMH 16 Rev 6/95

Box 68760

Records. P.O.

Division of Vital

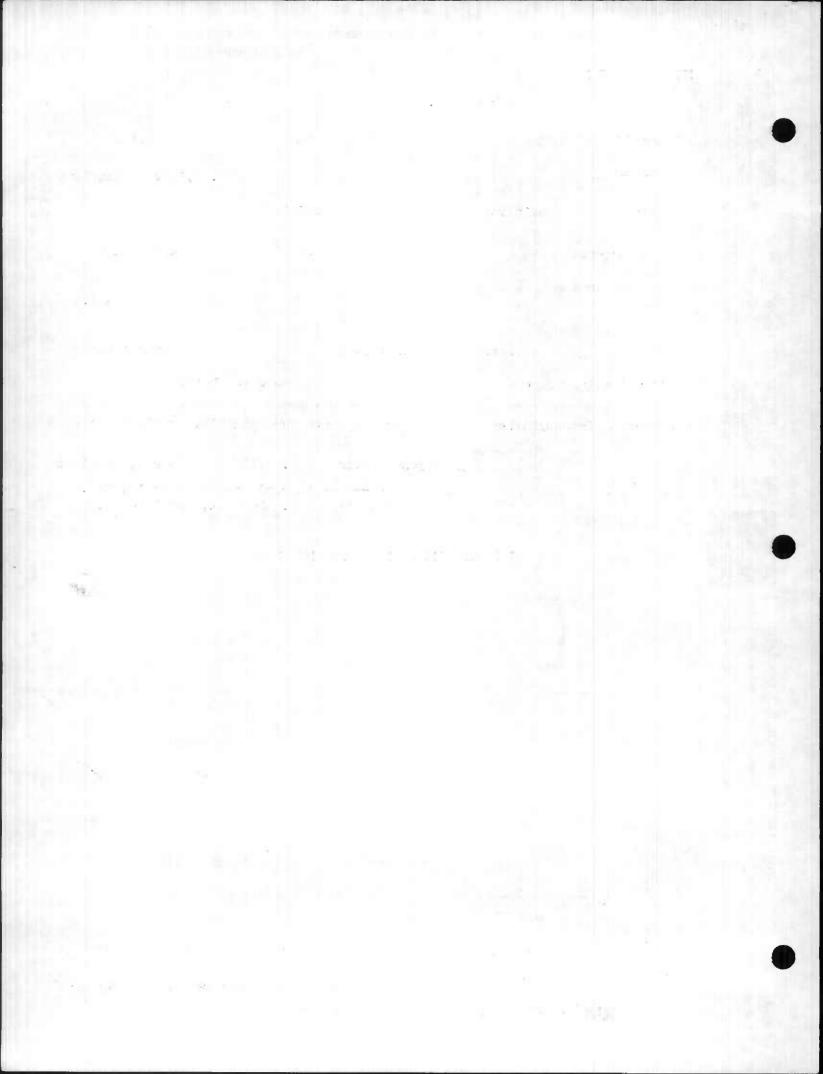


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ROBERT

State of Maryland / Department of Health and Mental Hygiene Q Q 07000

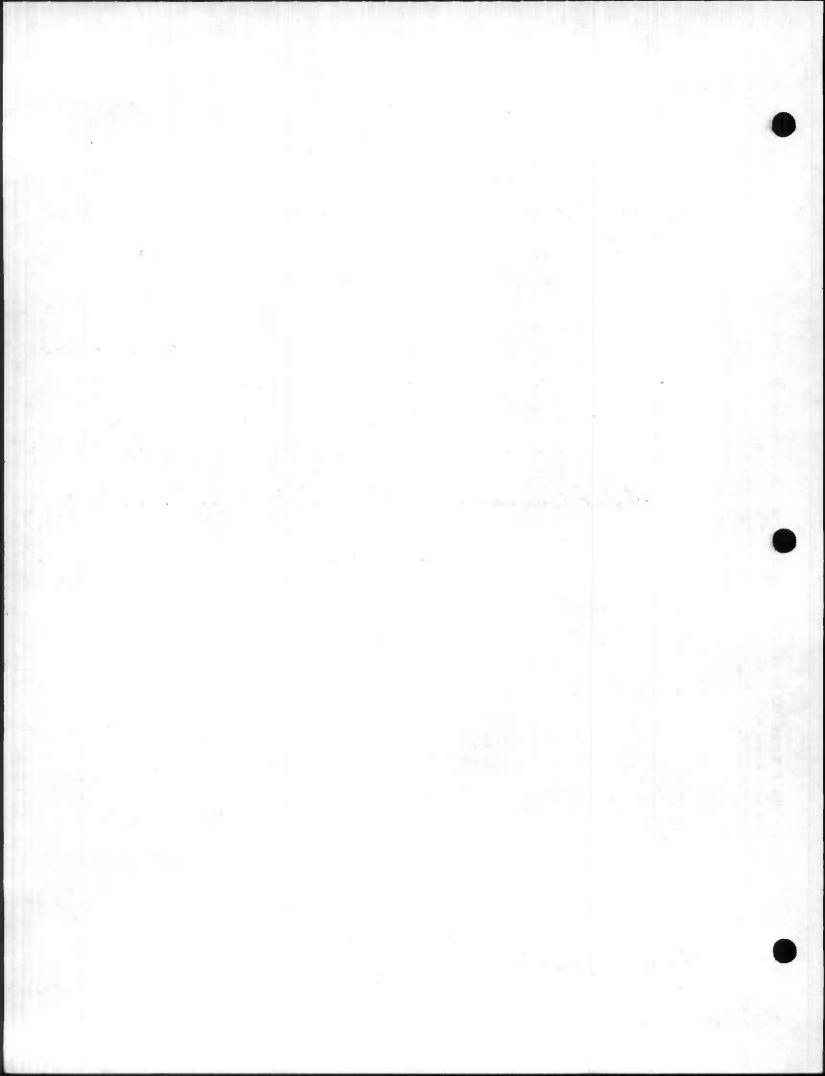
ysician	Decedent's Neme (First, Middle,	Robert	J. Di	ngmar	n	2. Dete of De Month	Day	Yaar	a of Death			
Medical	4a Facility Nema (If not institution,			7		MARCH or Location of Deat			lP.M.			
aminer	FRANKLIN SQUARE				ESSEX		BALTI					
eral ctor	5. Social Security Number 212-60-8829 Usuel Residence of Decedent	Sax 1 1 M 2 □ F 7. Age (In ) 46	yrs. last birthday) Yrs.	If Undar Months		Hrs. 8. Date of Bir (Menth, Da Nov. 2		9. Birthplaca (Ste Country) Marylar	_			
notified at rector	10a. Stete 10b. County Maryland	Baltimore 100	. City, Town or Lo	cation	Dundalk				e City Limifs			
direct must be notified Funeral Director	10e. Street end Number 7402 Waymouth	Way		10f. Zip	Coda 21222		10g. Citizen of 1 United	Whet Country? States				
by	11. Maritel Stafus  1 Navar Married  Married 3 Widowed 4 Divorced	12. Was Decedanf Evar i Armed Forces? 1 X Yas 2 No If Yes, Giva Yaer or Detes:			dant of Hispanic Origin' city Cuban, Mexican, P 2 No Specity:	? (Specify Yas or No uerto Rican, etc.)	1000	14. Race - Amaricen Indian, Black, White, etc. Specify: White				
vent, the Medical Ex Se Completed b	15. Decedent's (Specify only highest Elementary/Secondary (0-12)	Education prede completed)  College (1-4or 5+) 4 Years	(Give	lent's Usue kind of wo DO NOT us Drive	el Occupation rk done during most of se retired)	working		usiness/industry poration				
	17. Fether's Neme (First, Middle, La		Cub	DIII		Name (First, Middle		-				
o Be	John Charles D					garet Har						
other traumatic er	19e. Informent's Neme/Reletionship	(Type, Print)	19b. Mailin	g Address	(Street end Number o	r Rural Route Numb	er, City or Town,	, State, Zip Code)				
omer us	Margaret Dingma				ymouth Way	Dundalk						
	20a. Method of Disposition 1 ☐ Buriel 2XI Cremetion 3		b. Pleca of Dispo- cametery, cren	sition (Nem	ne of hther plece)	Dete	20c. Location	- City or Town, Stete	•			
	4 □ Donetion 5 □ Other (Spe	city)			ice Corp. 3	3/13/99	Towson	, Marylar	nd			
any injury o once.	21. Signatura of Finaral Sarvice Lie	ensaa /			nd Addrass of Facility Ruck Funera	1 Home of	Dundal	k. Inc.				
d	23a. Part1. Enter the disease, or co	2. Ceel	7	922 V	Wise Ave.	Dundalk,	Marylan					
an cal ner	Immediate Ceuse (Finel disease or condition resulting in death)  ATHEROSCLEROTIC CARDIOVASCULAR DISEASE  Due to (or es e consequence of):											
Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	Due to (or es e consequenca of):										
se as me punal-transit Medical Examir	thet initiated events resulting in deeth) Lest	Due to (or es e consequenca of):  d.										
for use												
be detecned for use by Physician/A	Part II. Other significant condition	confributing to death but not	resulting in the ur	nderlying c	ause given in Pert I.		Yes ¥2□ No	3 Probably	unknown			
2 should						24e. Wes	en eutopsy ormed?	24b. Were autop aveileble pr completion of death?	ior fo			
Com						12	Yes 2□No	1 Yes	2□ No			
De De	25. Wes case referred to medical exeminer?	Hospitel:				Deeth (Check only	one)					
	1 X Yes 2 No 27. Menner of Deeth	1 Ki Inpatient	2 ER/Outpatien 28b. Time of			g Home 5 ☐ Resi	denca 6 Oth					
led in by the funeral Certification:	1 Naturat 5 Pending 2 Accident Investigat 3 Suicide 6 Could no	be go Plan disius		М	28c. Injury et Work? 1 Yes 2 No	28f. Location /	Street and Numi	ber or Rural Route f	Vumber,			
	4   nomicide	building, etc. (Sp Physician: To the best of my	ecify)			City or To	wn, Stete)					
edical		aminer: On the basis of examend manner stated.	nination and/or Inv	estigation	, in my opinion, deeth o	occurred at the time,	date and place,	and due to the caus	se(s)			
N Com	29b. Signature end title of certifier			290	c. License number		29d. Date signe	ed (Month, Day, Yea	ir)			
	J. Perte	ner, M.D			O.C.M.E.	I	MARCH 10	,1999				
- 10	30. Neme(end)address of person wt	o completed cause of deeth i	Item 23e) (Type	Print)								



### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

			Certificate of			J. No. Q Q Q	7 3 Jimelof Death				
Physician	1. Decedent's Name (First, Middle, Last)  2. Dete of Death Month Dey Year										
/Medical	John Phillip (			3	11 99	7:55 A.H					
Examiner	4a Facility Name (If not institution, give			4b. City, Town, or Loca	ition of Death	4c. County of Death					
		coff C+T	est hirthday) If Under 1 Yo	eer   Under 24 Hrs.   8	en	Hurts	74.				
uneral rector	210 32 1139	7. Age (In yrs. II M 2 F 65	Yrs. Months De	WS Hours Mig	Dete of Birth (Month, Dey, Yarch 6,	<sup>(ear)</sup> 9. Birth Cool 1934 Ma	nplace (State or Foreign intry) aryland				
show ed.at	Usuei Residence of Decedent  10a. State 10b. County 10c. City, Town or Location 10d. tnside City Limits  Maryland Harford Abingdon 1 □ Yes 2X No										
or leans 23e or 28e-1 sho miner must be notified at 7 Funeral Director	10e. Street and Number 625 Nanticoke Co	1m4	10f. Zip Coo		100	Citizen of What Cou					
e 25 mail oral		12. Was Decedent Ever in U,			4. 1/2.2. 2.2.12	United St					
a b	11. Meritel Stetus  1 Never Merried 2 Married  3 Widowed 4 Divorced	Amed Forces?  12 Yes 2 □ No If Yes, Give Yeer or Detes:	If Yes, specify (	of Hispanic Origin? (Speci Cuban, Mexican, Puerto Ri No Specify:	can, etc.)	Bleck, White					
pate	15. Decedent's Ed (Specify only highest grad	ucation de completed)	16a. Decedent's Usuel Oc (Give kind of work do	cupation one during most of working tired)	16	6b. Kind of Business/I	ndustry				
Completed	Elementary/Secondery (0-12)	College (1-4or 5+)	Supervisor	tired)		Sovernment					
Be	17. Father's Name (First, Middle, Last)			18. Mother's Name (		,					
To	George	C	Demme	Margare	t R	. Sc	chultz				
	19e. Informant's Neme/Relationship (7 Suzanne B. Demme	/ Wife	625 Nantic	oke Court, A							
Н	20a. Method of Disposition  1 Burial 2 Cremation 3 4 Donation 5 Other (Specify	Jeunovei Itolli Stele CAC	eca of Disposition (Neme of metery, cremetory or other en Mount Cres	plece) matory 3/12		Baltimore					
any inj	21. Signature of Funerel Service Licens	Ruan		dress of Fecility ephen D. Loh een Pastures			MD 21286				
leted by Physician/Medical Examiner	Immediate Cause (Final disease or condition resulting in deeth)  Due to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last  Due to (or as e consequence of):  Due to (or as e consequence of):  Due to (or as e consequence of):										
clar											
hysi	Part II. Other aignificant conditions co	ntributing to death but not resu	lting in the underlying cause	given in Part I.		. /	to the cause of death?				
Completed by Physician/M	24e. Was an eutopsy performed?										
dwo					1 ☐ Yes		f death?				
Be C	25. Was case referred to medical			26. Place of Deeth (							
director, page 2	examiner?	Hospital:	R/Outpetient 3□ DOA	Other	./	ce 6 ☐Other (Spec	eifv)				
prector: Aner this certificate ha In by the funeral director, page ertification: To Be Com	27. Manner of Death 1 Natural 5 Pending 2 Accident investigation	1	28b. Time of 28c. I			injury occurred	,				
al Director: After tied in by the funeral	3 Sulcide 6 Could not be determined	28e. Placa of Injury - At hos building, etc. (Specify,	me, farm, street, factory, off	ice 28	f. Location (Stre City or Town,	et end Number or Ru Stete)	ral Route Number,				
completely filled in	29a. Certifier (Check only one) 1 Certifying Phy 2 Medical Example	sician: To the best of my knowner: On the basis of examinati and manner stated.	riedge, death occurred et the on and/or investigation, in n	e time, date and plece, anny opinion, death occurred	d due to the cau at the time, date	se(s) and manner as e and place, and due	stated. to the cause(s)				
on duo	29b. Signeture end title of cartifier	<u></u>	29c. Lic	ense number	290	d. Date signed (Month	n, Day, Year)				
	12/1	fraulo.	my T	34095		3/11/99	•				
	30. Name and address of person who co	1	23a) (Type, Print)	tree Ry	Beln	Ar un	21014				
State	31. Date filed (Month, Dey, Year)	72. Registrar's Signet		1	/- //	( )	01017				
Registrar	MAR 1 2 1999	Denva	W. poorks								



DRUMM

				Certific	cate of	Death		Reg. No.	U	1887	
Physic	an	1. Dacadant's Nama (First, Middle, Las	1)				2. Data of De Month	ath Day	Yaer	3. Time of Deat	
/Medi		Essie N. Drumm					MARCH	7	1999	5-10	Pn
Examir	ner	4a. Facility Nama (If not institution, giva	r see all a succe.			4b. City, Town, or L	ocation of Deeth	4c. County	of Death		
	ل	North Arundel Hos	-			Glen Bu			e Aru	ndel	
Funeral Director		379 01 0331	7.4 X-X	84 Yrs.	ndar 1 Yea ths Days		8. Data of Bird (Month, Da Sept. 2	y, Year) 19,1914	9. Birthpli Count Virg	aca (Stata or Fora ry) inia	uign
death with the Maryland ims 23a or 28a-f show r must be notified at		Usual Rasidanca of Dacadant  10a. Stata  10b. County									
Pa-f	cto	Maryland Prince (	George's Be	owie						X⊠Yas 2 No	
or 25	Director	10e. Straat and Number		101	. Zip Coda			10g. Citizen of	What Count	ry?	
23a	<u>a</u>	12419 Shawmont La	ane		20715	5		United	Stat	es	
d 2 should be filed within 72 hours efter death with the Marylan dand Mently Hygiene. 7 is marked other than "natural", or Items 23a or 28a-f show traumatic event, its Medical Examiner must be notified at	by Funeral	11. Meritel Status  1 Navar Married 2 Married  3 X Midowad 4 Divorced	12. Was Dacedant Evar in U Armed Forcas? 1 ☐ Yas ※ No If Yas, Giva Yaar or Datas:	If Yes,	ecadant of specify Cul	Hispenic Origin? (S) ban, Maxicen, Puerto Specify:	pacify Yes or No o Rican, atc.)		ce - Americe ck, White, e		
2 ho	ted	15. Decedent's Edu	ucetion	16e. Decedent's	Usual Occu	pation		16b. Kind of B		-	
hin 7	Completed	(Specify only highast grad	College (1-4or 5+)	lifa. DO NO	T usa retin	a during most of wor ed)	king				
giene T the	No.	Elementery/Secondary (0-12)	0	Homemake	er			Own H	ome		
be filed tal Hyg d other	Be (	17. Father's Nama (First, Middle, Last)				18. Mothar's Nam	na (First, Middle,	Meiden Suman	ne)		
Ment	To	Albert Norman				Mary We	eeks				
d 2 should be filed within th and Mental Hygiene. T is marked other than 'traumatic event, the Men		19a. Informant's Name/Relationship (T	ypa, Print)	19b. Mailing Add	lress (Stree	at and Number or Ru	ral Routa Numbe	ar, City or Town,	Stata, Zip	Code)	
and and n 27		Leonard A. Drumm	Son	12419 9	Shawmo	ont Lane I	Bowie Ma	ryland	20715		
oemit. Pages 1 ar Department of Hea Mportant: If Item 2 iny Injury or other		20a. Method of Disposition  XXBurial 2 ☐ Cremetion 3 ☐ I		Placa of Disposition camatary, cramatory	(Nama of or other pla	ace) March	2, Data 999	20c. Location -	City or Tov	vn, Stata	
Pag ment mm: I		4 □ Donetion 5 □ Other (Specify)		ort Lincol						aryland	
permit. Pages 1 and 2 Department of Health a Important: If Item 27 is any Injury or other trac		21. Signature of Funaral Sarvice Licens	ee/ ·	22. Nam	a and Addr	ass of Fecility		T			
89 5 8 9		1 Juda >	6.000rs			Evans Fu				715	
_		23a. Part1. Entar tha disaasa, or comp shock, or haert feilura. List only o	lications that caused the dae							Approximata	
Physician		Shock, or naert reliura. List only o	$\sim$							Intarval Batween Onsat and Deeth	
/Medical		Immadieta Causa (Final disaasa or condition	PNEUN	IONIA					1	5DA41	
Examiner		resulting in deeth)		or as a consequence	of)·						
~ *	ner										
icate be executed physician end s the burial-transit	Examiner	Sequentially list conditions.	b. Dua to (	or as e consequance	of):						
tificate be exe g physician e es the bunal-l	m	Sequantially list conditions, if any, laeding to immadiata ceuse. Enter Undarlying							i		
ysic he b	edical	Causa (Diseasa or Injury thet Initiated avants rasulting in daath) Last	C. Dua to (c	or as a consaquance	of):						
ng ph	Med	Tabaling in backing Educ							1		
atth certif	an		d								
the atte	sici	Part II. Other eignificant conditions co	ntributing to death but not ras	sulting in the underlyi	ing ceusa g	ivan in Part I.	23b. Dld	tobacco use co	ntributa to	the cause of dea	th?
hat the de ed by the detached	by Physician/	CONGESTI	VE HEA	RT F	-A1	LURE	10	Yes 2□No	3 Prob	ably 4⊒√nkn	owi
or Attending Physician: The law requires that the death certificate be executed after death.  Director: After this certificate has been signed by the attending physician end in by the funeral director, page 2 should be detached for use as the bunal-transit	Completed by						24a. Wes	an autopsy	ava	re autopsy finding ilabla prior to	)s
has by	ple								of d	npletion of ceusa leeth?	
The ate	Con						10	ras 2 No	10	Yas 2□ No	
ysician: The sectificate director, par	Be (	25. Wes case referred to medical examinar?				26. Place of Dee	th (Check only o	nne)			
S S 5	To	1 Yes 2 No	lospital: 1 Inpatiant 2	ER/Outpatient 3	DOA O	ther: 4 Nursing H	oma 5 🗆 Rask	dance 6 Oth	ar (Specify)	)	
ding Ph h. After th funeral		27. Menner of Death 1 ☑ Netural 5 ☐ Pending	28e. Deta of Injury (Month, Day Year)	28b. Time of Injury	28c. Inju	ury at ork?	28d. Dascribe I	now injury occur	red		
	atic	2 Accidant investigation		М		Yas 2□No					
after da Direct	Certification:	3 ☐ Suicida 6 ☐ Could not be 4 ☐ Homicida datarmined	28a. Place of Injury - At h building, atc. (Special	oma, farm, straat, fa fy)	ctory, office		28f. Location (3 City or Tox	Street and Numb vn, Stata)	er or Rurel	Route Number,	
To the Hospital or Atten Within 24 hours after deal To the Funeral Director: completely filled in by the	edical C	29a. Cartifiar (Check only one) 1 Certifying Phy 2 Medical Exami	sician: To the best of my kno ner: On the basis of examine and manner stated.	owledge, deeth occur ation and/or Invastiga	rred at tha t ition, In my	ima, data and place opinion, daath occu	, and due to tha rrad at tha tima,	causa(s) and ma data and place,	anner as sta end due to	ated. tha ceusa(s)	
To the To the comple	Me	29b. Signatura end titla of certifiar	0 1	, _	29c. Licen	isa number		29d. Data signe	d (Month, E	Dey, Yaar)	
T.		· bld	sur,	uo	D	469				, 199	9.
NO		30. Nema end eddrass of person who co	ompleted ceuse of death (Item	m 23e) (Type, Print)	IND					1061.	

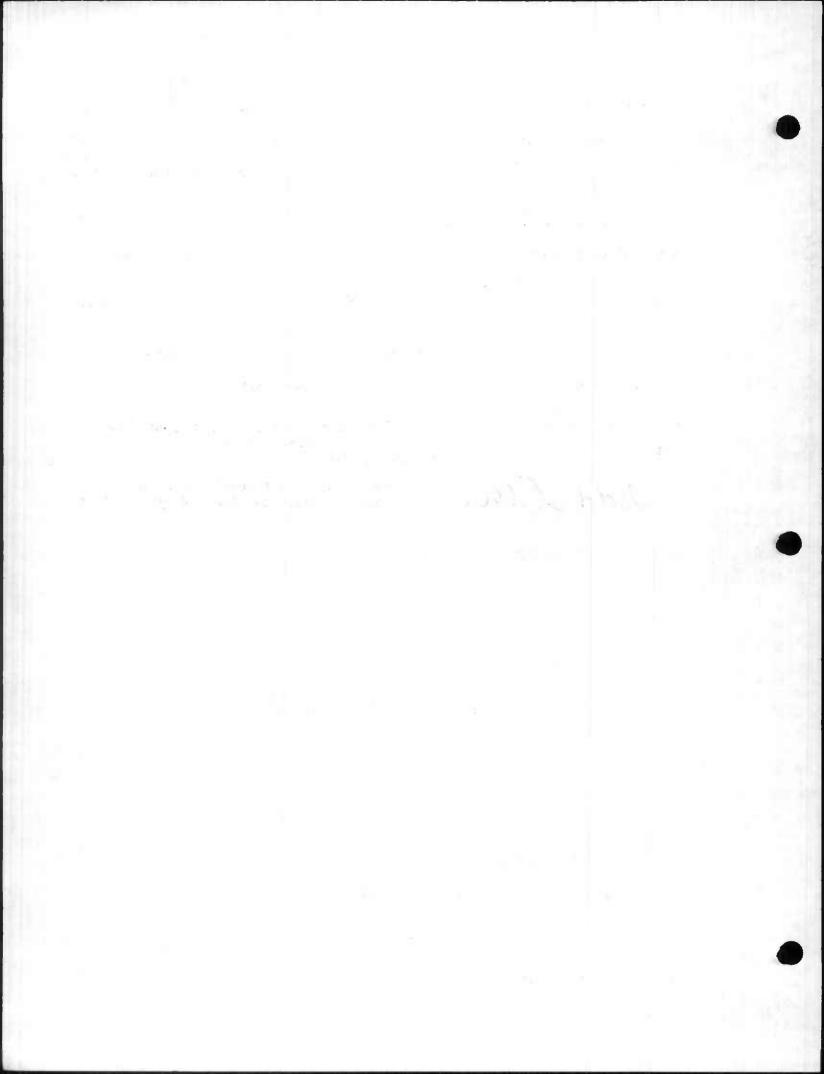
State

Registrar

31. Deta filad (Month, Day, Year)
MAR 1 2 1999

2. Ragistrar's Signature

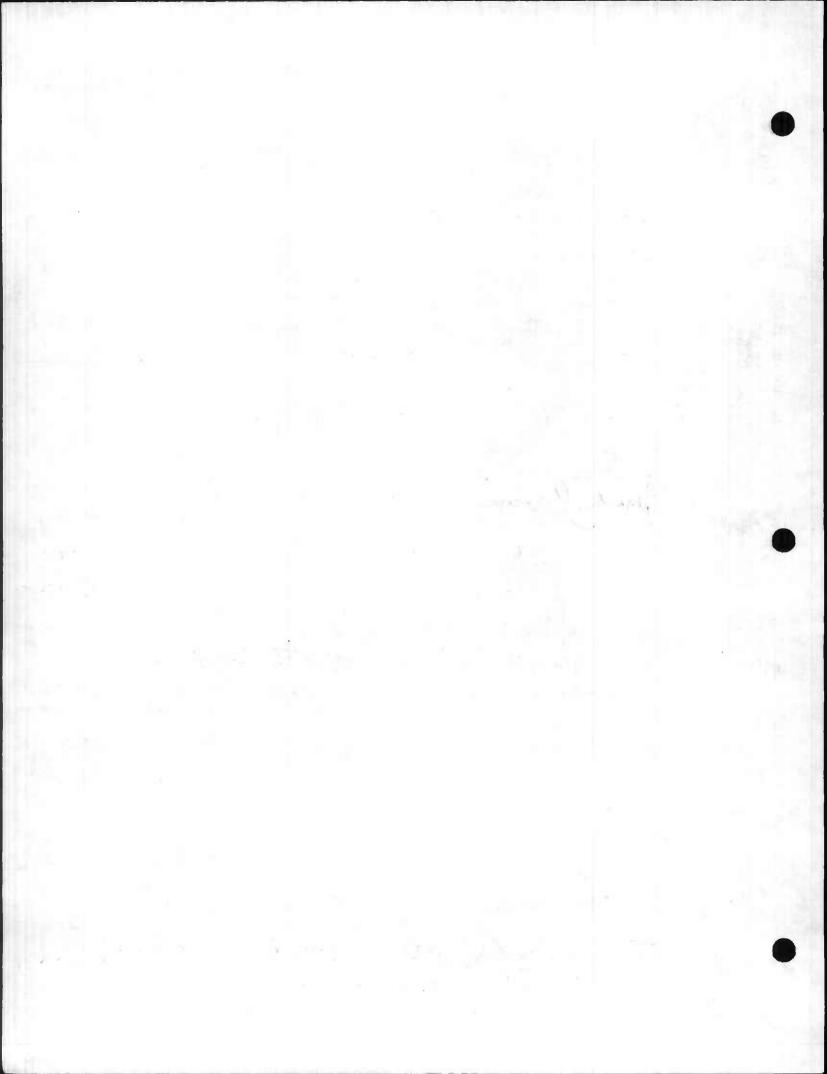
Sparks



### Piease Type or Print in Black Indelible Ink. Assure Aii Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene.

		1. Decedent's Nemo	) (First, Middle, L				ertificate of		2. Date of De	Reg. No.	U	3. Time of Death		
Physici /Medic		John		DeGenn	aro				March	5, Day 1999	Year	1:50 PM		
Examir		4a Facility Neme (II						4b. City, Town, or L		ocation of Death 4c. County of De				
			rundel N				A Milladay 1 Vans	Annapoli		Anne				
Funeral Director		5. Social Security N 072-09-99	33	Sex 1XXM 2□ F	7. Age (In yn	s. last birthda Yrs	Months Days	If Under 24 Hrs. Hours Min,	8. Dete of Bir Month, Da Mar. 28	1908	9. Birthp Coun Conn	leca (State or Foreign try) ecticut		
pue M		Usual Residence of 10a. State	10b. County		10c. C	ity, Town or	Location				1	0d. Inside City Limits		
Many Hah	death with the Maryland ma 23a or 28e-f ahow marst be notified at neral Director	Maryland Anne Arundel Crofton										1XXes 2□No		
h the	Director	10e. Street and Nun	nber				10f. Zip Code			10g. Citizen of W	hat Coun	try?		
23a ¥		1622 Ebb	otts Pla	ace			21114			United S	tate	S		
늘 프림	by Funeral	11. Marital Status 1 ☐ Never Marri 3 ☑ Vidowed	12. Wes Dece Armed For XIXIVes If Yes, Giv Year or Da	2 No		3. Wes Decedent of It fee, specify Cub  1 ☐ Yes 2 XXVo	pecify Yes or No Rican, etc.)	14. Race Black Specify:	an Indien, etc. ite					
5-0 72 ho	ed within 72 hours tygiene. her than "natural", rt, in Hadica Completed by	(Spec	15. Decedent's E	ducation		16a. De	cedent's Usual Occupive kind of work done	pation	kina	16b. Kind of Bus	lustry			
within then	mpl	Elementary/Secon		College (1	-4or 5+)		ve kind of work done  DO NOT use retire	d)		UC Docto	1 00	with a c		
G D High	ပိ	8th 17. Father's Neme (	First, Middle, Las	t)		Mai.	l Handler	18. Mother's Nam		US Posta		rvice		
id be ked o	To Be	Joseph		DeGenna	ro			Sarah		dler				
, Maryland 21215-0020 sells and should be filed within 72 hours aft not 12 to marked other than "natural", or not traumatic event, the finding levent.	-	19a. Informant's Ne Anita L.					eiling Address (Street					Code)		
P C C H		Anita L. Ewing/Daughter    1622 Ebbotts Place Crofton, MD 21114												
Baltim pemit. Pe Depertment important: eny injury		21. Signature of Fu						ss of Facility Rot	ert E.	Evans Fu		1 Home, Inc		
Physician /Medical Examiner		23a. Part Enter the control of the c	Final	one cause on e	aused the desect line.	tig	enter the mode of dyi	ng, such es cardiac ivection	or respiratory e	resi,		Approximate Intervel Between Onset and Death		
P #	liner	rooming ar occur,		Ca	Due to	ores a con	sequence of):	ock				24 lus -		
68760, ficate be executed physician and as the burial-transit	edical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury cause (Disease or injury cause)												
5 0 6	-													
deeth cert e ettending ed for use	Cla	Part II. Other algorifi	cant conditions	contributing to de	to death but not resulting in the underlying cause given in Part I					22h Did tohacoo usa contributa to				
P.O. that the detacher	by Physician/M	Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.								23b. Did tobacco usa contributa to the cause of death?  1 Yes 2 No 3 Probably 4 Unknown				
COTO requir been s	Completed b									an eutopsy rmed?	col	ere eutopsy findings eilable prior to impletion of cause deeth?		
The law	Ë								10	res 2 No	10	Yes 2 No		
Vital Jolen: The	Be	25. Was case referr examiner?	ed to medical					26. Place of Dee	th (Check only o	ne)				
of Vita Physicien: r this certific	2	1 ☐ Yes 2 ☐ J				ER/Outpat	Sent 3LI DOA		_	dence 6 Othe		1)		
or Attending Parties deeth. Director: After in by the funer	atlon	27. Manner of Death  1 ☑ Natural  2 ☐ Accident	5 Pending investigation	n	of Injury h, Day Year)	28b. Time Injur	y Wo	ry at rk? Yes 2 □ No	28d. Describe	now injury occurre	d	•		
	Certification:	3 Suicide 4 Homicide	6 ☐ Could not to determined	288. Place	of Injury - At l ng, etc. (Spec	home, farm, ify)	street, factory, office		28f. Location (Street and Number or Rural Route Number, City or Town, State)					
To the Hospital within 24 hours To the Funeral completely filled	edical	29a. Certifier (Check only one)	1 Certifying Pl	nysician: To the la miner: On the ba and mann	isis of examin	owledge, de ation and/or	ath occurred at the til investigation, in my o	me, date and place, pinion, death occur	and due to the red at the time,	cause(s) and man date and placa, e	ner as st	aled. the ceuse(s)		
withir To th	Me	29b. Signeture and t	itle of certifier	11	0		29c. Licens	se number		29d. Date signed	(Month,	Day, Year)		
W.X	. \	1 Demma HOU MD 1041216 3/51									99			
N 5		30. Name and addre	11	completed cause	e of death (Ite	m 23a) (Typ	e, Print)	5+	1	molin. A	11			
Sta Registr		31. Date filed (Month			egistrar's Sign	pature 4	Ann V	)	Invn		14,			



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Date of Death Month **Physician** CHESTER DZIENNIK MARCH 12:15 PM 1999 10 /Medical 4e Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** BALTIMORE GOOD SAMARITAN HOSPITAL 7. Age (In yrs. last birthday) Hunder 1 Year If Under 24 Hrs. 8. Dele of Birth (Month, Day, Year) Dec. 21, 1923 BALTIMORE. MO 5. Social Security Number 6. Sex 1. M 2 ☐ F 9. Birthplace (State or Foreign **Funeral** Maryland 219-18-4090 **Director** Usual Residence of Decedent with the Manyland 10e. Stele 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show treumstic event, the Medical Examiner must be notified at 1 Yes 2 □ No Director Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? pemit. Pages 1 and 2 should be filed within 72 hours after death v Department of Health end Mentel Hyglene. Important: if item 27 is marked other than "natural", or items 23a eart injury or other treumatic event, the Medical Examine mass once. 21234 U. S. A. 3213 Woodring Avenue Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Ø No If Yes, Give Year or Dates: Was Decadent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: b White. 3 X Widowed 4 □ Divorcad Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Cabinet Making 10th Grade Carpenter 18. Mother's Neme (First, Middle, Maiden Surneme) 17. Father's Neme (First, Middle, Last) Roman Dziennik Julie Kozlowska 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Julia C. Bonner (Dghtr) 3213 Woodring Avenue, Baltimore, Maryland 21234 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 20e. Method of Disposition 1 Burial 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) Gardens of Faith 3/13/99 Baltimore, Maryland 22. Name and Address of Facility Schimunek Funeral Home Inc. 21. Signature of Funeral Service Licensee Buin a Welley 3331 Brehms Lane, Baltimore, Maryland 21213 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical sepcis. 2 DAYS **Examiner** Physician/Medical Examiner PND STAGE RENAL DISCAVE 10 years Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting In death) Last Due to (or as a consequence of) attanding physician Division of Vital Records, P.O. Box 68760, The law requires that the death certificate be-Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? been signed by the should be datached 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were eutopsy findings eveilable prior to completion of cause of death? 24a. Wes an eutopsy performed? Completed cartificata has 1 Yes 2 No 1 ☐ Yes 2 ☐ No or Attending Physicien: funeral director, 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 9 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA After this 28c. Injury af Work? 27. Manner of Death 28d. Describe how Injury occurred Certification: 28b. Time of 1 Natural 2 Accident 5 Pending investigation To the nucerus after death.

To the Funeral Director: Aft 1 Yes 2 No 6 Could not be determined 3 Suicide 281. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide 1 Cartifying Physician: To the best of my knowledge, death occurred el line lime, date and placa, end due to line cause(s) and manner as stated.
2 Medicat Examinar: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier edical (Check only one) 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and fitte of cartifier MICH P-12556 CHAWLO 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

CAMBRITAN CO

MO, GOOD

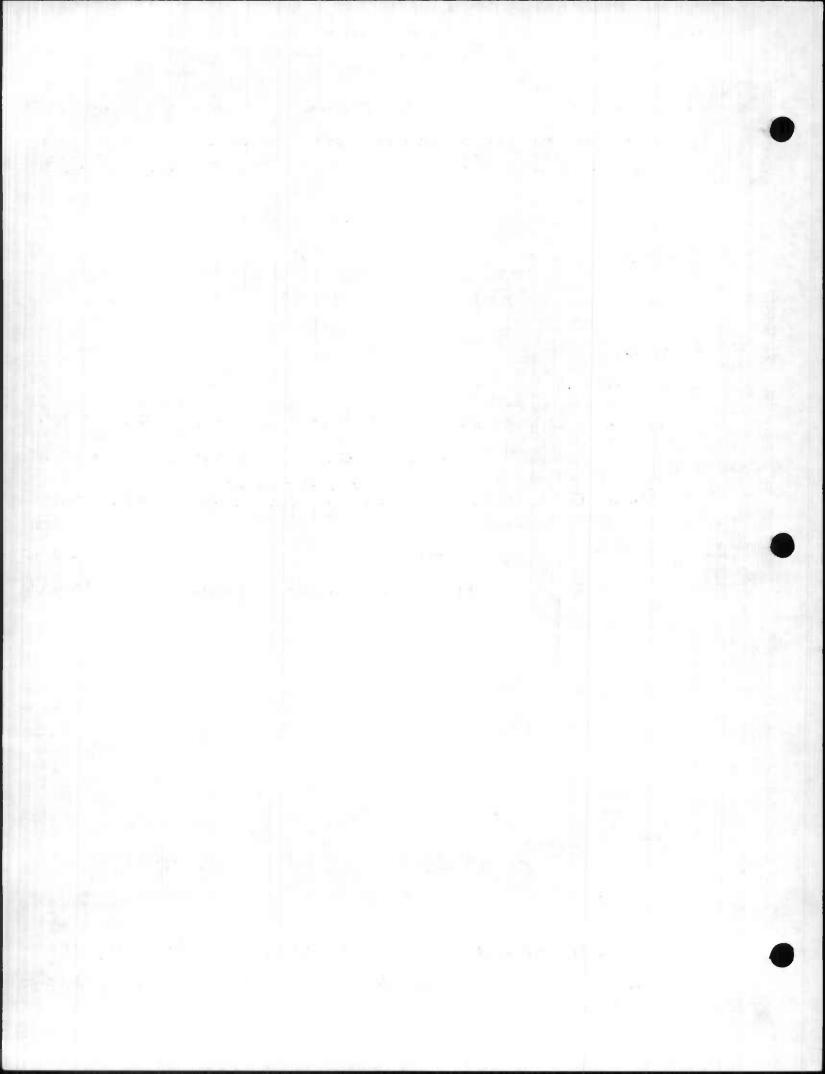
32. Begistrer's Signature

HOSPITAL LUCH RAPEN RAUTIMURYS

State Registrar AJAY CHAWUA,

1999

MAR 12



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Data of Death CARMELA GEIGER Month 11:50 AM MARCH, 08, 1999 4e. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Deeth CHUNCH HOME NURSING CENTER

5. Social Security Number 6. Sex 7. Age (In yrs. last birthday)

213-03-1346B 1 M 24FF 86 Yrs. BALTIMORE CTY if Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth
Months Deys Hours Min. (Month, Dey, Year) 5. Social Security Number Birthpleca (Stata or Foreign Country) Months Deys 213-03-134613 MD Usual Residence of Decedant 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits 1. Yas 2 □ No BALTIMORE CITY MD NA 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? 827 FASTERN AVE 21202 USA 12. Was Dacedant Evar in U,S. Armad Forcas? Was Decedant of Hispanic Origin? (Spacify Yes or No-if Yas, specify Cuben, Mexicen, Puarto Rican, etc.) 14. Rece - American Indian, Bleck, Whita, atc. 1 Nevar Marriad 2 Married 1 ☐ Yes 2 ☐ No If Yas, Giva Yaar or Detas: 1 ☐ Yas 2 ☐ No Specify: Specify WHITE 3. Widowed 4 □ Divorcad 15. Decedent's Education (Specify only highast grada complated) 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa, DO NOT usa retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collaga (1-4or 5+) HOMEMAKER SWN HOME 17. Fathar's Name (First, Middla, Last) 18. Mother's Nama (First, Middla, Maidan Sumeme) Jominic BRUNO FRATUONTONO ANNA 19a. Informant's Name/Relationship (Typa, Print) 19b. Malling Addrass (Street end Numbar or Rural Routa Number, City or Town, Stata, Zip Code) 20b. Plece of Disposition (Nama of comatany, cramatory or other place)

20b. Plece of Disposition (Nama of comatany, cramatory or other place)

3

20c. Location - City or Town, State TINA Milio (NIECE 3/12/99 20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Ramovel from Stata 4 Donation 5 Othar (Specify) ENTONOMENT HOLY IZED CEMER MAUS. 22 Nama and Address of Facility Sons FUNERAL HOME DELLA NOCE + SONS FUNERAL HOME 322 S. HiGH ST. PRITO. 21202 Md. 21. Signeture of Funeral Service Licensee Entar tha diseasa, or complications that caused tha daath. Do not antar tha mode of dying, such as cardiac or raspiratory errest, shock, or heart failura. List only one cause on each line. Immediate Causa (Final CEREBNOVASCULAR ACCIDENT diseasa or condition rasulting in death) Dua to (or as a consequence of):

HYPER TENSION Sequentially list conditions, if any, laading to immadiata causa. Enter Underlying Causa (Diseese or injury that initiated avants rasulting in daath) Last Dua to (or as e consequence of): 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown DIABETES MRLLITUS DEMENTIA 24b. Ware eutopsy findings avaliabla prior to complation of causa of death? 24e. Was en eutopsy performad?

Physician /Medical Examiner

Depertment of Important: Many Injury or

**Physician** 

/Medical

**Examiner** 

Funeral

Director

rai', or itams 23a or 28a-f show Examiner must be notified at

"natural", or

t of Heelth end Mental Hygiene.
If item 27 is marked other than "natur or other traumatic event, me Medical.

Peges 1 end 2 should be in nent of Heelth end Mental

21215-0020

Baltimore, Maryland

Director

Completed by Funeral

Be

Physician/Medical Examiner Completed by Be P Medical Certification:

Attending Physicien: The lew requires that the death certificate be executed

of Vital Records, P.O. Box 68760,

Division

Part II. Other significant conditions contributing to death but not resulting in the undarlying ceusa givan in Part I.

1 Yes 2 PNo 1 Yas 2010

25. Was casa refarred to medical 1 Yas 2 No 27. Manner of Death

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatlant 3 ☐ DOA 28b. Tima of 28c. Injury at Work?

28. Placa of Death (Check only ona) Other: 4 In Nursing Homa 5 | Rasidance 6 | Othar (Specify) 28d. Describe how injury occurred

1 Naturel 5 Panding Invastigation 2 Accidant 6 Could not be 3 Suicida

28e. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify)

28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata)

29a. Cartifier (Check only one)

4 Homicida

1 Certifying Physicien: To the best of my knowledge, daath occurred at tha tima, dete end place, and due to tha causa(s) and manner as steled.
2 Medical Examinar: On the basis of axamination and/or investigation, in my opinion, daath occurred at tha tima, data and place, end dua to tha causa(s) end mannar steled.

29b. Signature end title of certifier -F. Nazemi M.D.

29c. Licansa number 017322

1 Yas 2 No

MARCH, 08, 1999

29d. Dete signed (Month, Day, Year)

30. Nema and address of person who complated causa of daath (Item 23e) (Type, Print)

NA IEMI, M.D. CHUNCH HOSPITAL, BACT-MD-

State Registrar

31. Date filad (Month, Dey, Yaar)

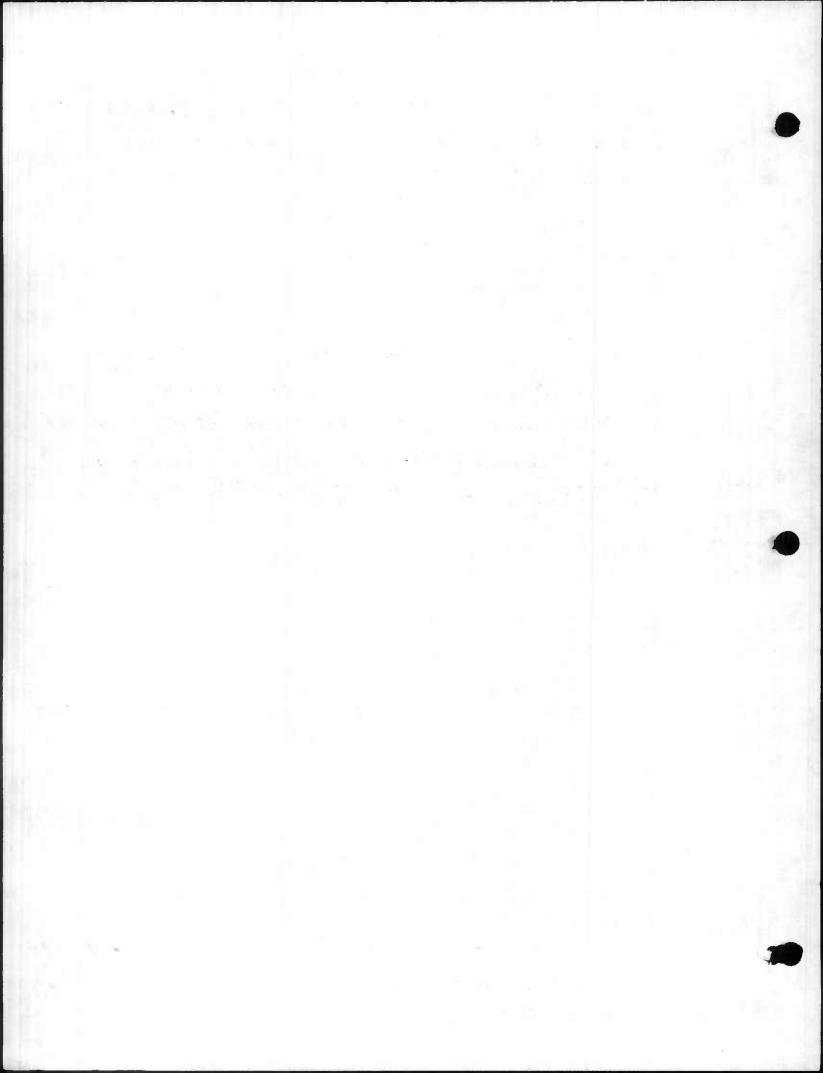


nours efter death.

neral Director: After this

filled in by the funerel d

To the Hospital o within 24 hours of To the Funeral Di completely filled in



### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Month Dorothy L. Davis 2:40 PM Mar. 1999 /Medical 4e Facility Nama (If not institution, give street and number) 4c. County of Death 4b. City, Town, or Location of Death Examiner Vantage House Columbia Howard ar If Under 24 Hrs. ys Hours Min. 5. Sociel Security Number 6. Sex 7. Aga (In vrs. last birthday) If Under 1 Y 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Months Days 1□ M 20 F 93 Director 139-38-7908 Feb. 15, 1906 NJ Usual Rasidance of Decedent with the Maryland 10a State 10h County 10c. City. Town or Location show 10d. Inside City Limits the Medical Examiner must be notified at Howard Columbia t ☐ Yes 2 No Director 28a-f 10e Street and Number 10f. Zio Code 10g. Citizen of What Country? 23a or 5400 Vantage Point Road 21044 Funeral USA death Nema Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 12. Wes Decedent Evar in U,S. Armed Forcas? 14. Race - American Indian, Black, Whita, etc. Pages 1 and 2 should be filed within 72 hours aftar nant of Health and Mental Hygiene. 1 Never Married 2 Merried Yes 2 No 21215-0020 6 1 Yas 2 No Specify: Completed by Specify: White 3 ₩idowed 4 Divorced "natural" Yaer or Datas: 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry I Hygiene. Elemantary/Secondery (0-12) Collega (1-4or 5+) Homemaker Own Home traumatic avant. Saitimore. Maryland 17, Fathar's Nama (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Surname) Be Department of Health and Mental I Important: If item 27 is marked of any injury or other traumatic ava Harry H. Bond Clara (Elliott) 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Glenn T. Davis (Son) 4235 Hermitage Drive, Ellicott City, MD 21042 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Mathod of Disposition Mar Data 20c. Location - City or Town, Stata 1 Burlal 2 Cremation 3 Ramoval Irom State
4 Donation 5 Other (Specify) Balt./Wash. Crematory 10, 1999 Laurel, MD 21. Signatura ol Funaral Sarvice Licensee 22. Name and Address of Fecility Witzke Funeral Homes, Inc. anda Kenmer 5555 Twin Knolls Rd. Columbia, MD 21045 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximata triterval Between Onset and Death **Physician** /Medical Immediata Cause (Final Stroke disease or condition resulting in death) (DC. Examiner Examiner The law requires that the death certificate be assouted Sequentially list conditions, if any, leading to immadiata cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last burial-tren and Dua to (or as a consequence of): P.O. Box 68760, attending physician Physician/Medical the Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? detached 94 cate has been signed by , page 2 should be detac 1 Yes 2 No 3 Probably 4 Unknown 6 montic Division of Vital Records. à 24b. Were autopsy findings available prior to completion of cause of death? Be Completed 24a. Was an autopsy performed? 1 Yes 2 No 1 Yes 2 No this certificate in or Attanding Physician: The start death.

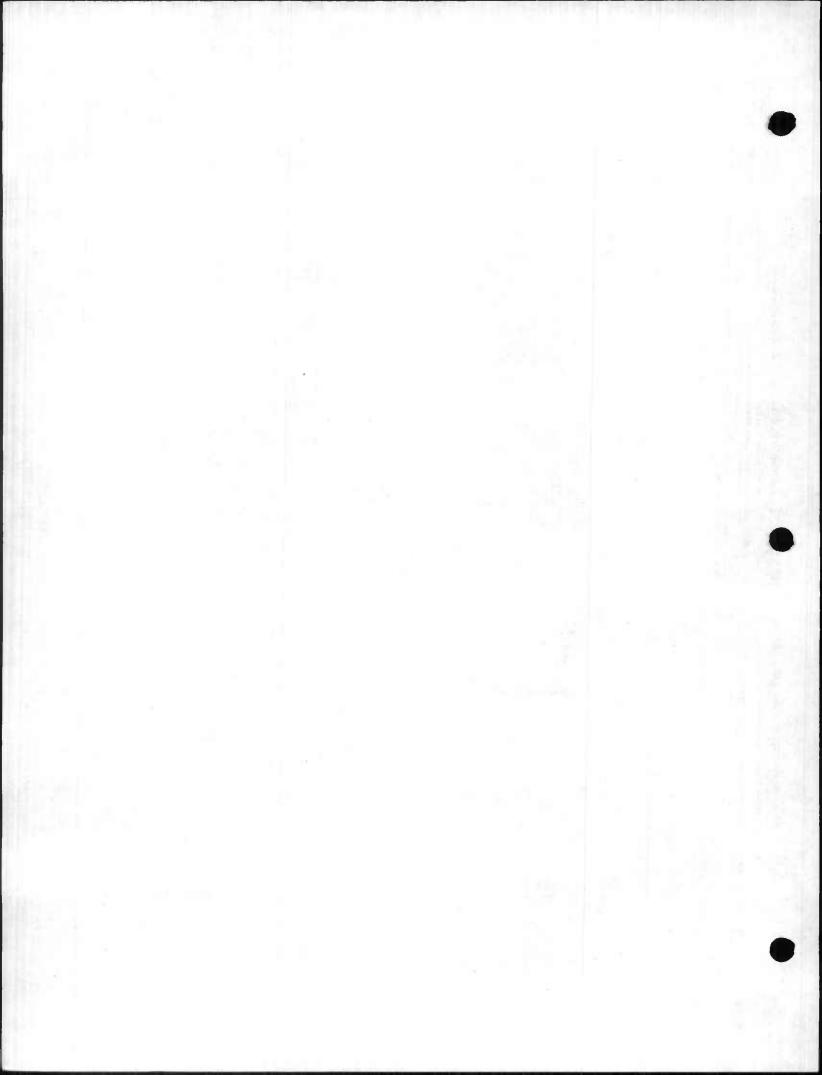
In Director: After this certificate of in by the funeral director, pa 25. Was casa referred to medical 28. Place of Death (Check only one) Hospital: 1 | Inpatient Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 1 Yas 2 No Certification: To 2 ER/Outpatient 3 DOA 28a. Data ol Injury (Month, Day Year) 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? t Natural 5 Panding 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be 28a. Place of Injury - At home, farm, street, factory, office building, atc. (Specify) 3 Suicide Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicida Hospital 24 hours 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. Medical 29a. Certifier To the To the 29b. Signature and title of cepifier 29c. License number 29d. Data signed (Month, Day, Year) 30. Nema and address of person who completed causa of death (Item 23a) (Type, Print) 6-00 1105, 32. Registrer's Signature 31. Data filed (Month, Day, Year)

State

Registrar

MAR 12

1999



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 99 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Dey Yeer Gracie Louise Fisher March 5 1999 3:00 am 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Stella Maris Hospice Timonium Baltimore 8. Dete of Birth (Month, Day, Year) Dec. 25, 1926 Alabama 5. Sociei Security Number If Under 1 Yeer | if Under 24 Hrs. 7. Age (In yrs. last birthdey) 9. Birthplece (State or Foreign Months Deys Hours 1□ M 25 F 413-24-9838 Yrs 72 Usuel Residence of Decedant 10a Stete 10b. Count 10c. City, Town or Location 10d. Inside City Limits Baltimore Maryland Baltimore County 1 ☐ Yes 2 ☐No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whel Country? 114 Sawgrass Court 21220 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puarto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 Never Merried 2 Merried 1 ☐ Yes 2 ☐ No if Yes, Give X Year or Detes: 1 ☐ Yes 2 ☑ No Specify: Specify: White 3. Widowed 4 □ Divorced 15. Dacedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Cashier Parking Garage 12 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Lizzie Mae Stewart Floyd Estel Dotson, Sr. 19a. Informent's Neme/Ralationship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 114 Sawgrass Court, Baltimore, Maryland 21220 Robert G. Lowery, Jr./son 20e. Mathod of Disposition 20b. Plece of Disposition (Name of cemetery, crametory or other place) 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 Donetion 5 Other (Specify) 21. Signature of Funeral Service License Wade <sup>2</sup>Slate Adatomy Board, 655 W. Baltimore Street Director Baltimore, Maryland 21201 23e. Part. Enter the diseasa, or complications that ceused the daeth. Do not enter the mode of dying, such es cardiec or respiretory errest, shock, or heart feitura. List only one ceuse on each line. Approximete Onsat and Deeth Immediete Ceusa (Finel diseese or condition rasulting in death) **ARTERIOSCLEROSIS** Dua to (or as a consequence of) Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Diseesa or Injury that Initiated events resulting in death) Lest Due to (or es e consequence of): Due to (or es e consequence of): Pert II. Other algnificant conditione contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 551/45 1 ☐ Yes 2 ☐ No 3 Probably 4√ Unknown 24b. Wara autopsy findings aveilable prior to complation of cause of daath? 24e. Wes en eutopsy performed? 1 ☐ Yes 2 No 1 ☐ Yas 2 ☐ No 25. Was casa referred to medical 26. Placa of Death (Check only one) Hospital: 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 27. Manner of Deeth 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 Neturel 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28a. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 ☐ HomicIde Certiful Physician: To the best of my knowladge, death occurred et the time, dete and plece, end due to the ceuse(s) end manner as stated.

Medical Examinar: On the best of examinetion and/or investigation, in my opinion, deeth occurred et the time, data end plece, end due to the ceuse(s) end menner stated. 29a, Certifier 29b. Signature end II 29d. Date signed (Month, Dey, Year) 29c. License number 85 D 15504 30. Nama and address of person who completed ceusa of daath (Itam 23a) (Type, Print)

2300 Dulaney Valley Rd

Sporks/

32. Registrer's Signeture

Timonium, Md 21093

State Registrar

**Physician** 

/Medical

Examiner

**Funeral** 

Director

28a-f show

Director

Funerai

þ

Completed

Be

7 is marked other than "naturel", or items 23a or 25a-f ehov traumatic event, the Medical Examinar mant be inclified at

permit. Pagas 1 and 2 should be filed within: Department of Health and Mental Hygiene. Important: if Item 27 Is marked other than "nany Injury or other traumatic event

Physician /Medical

Examiner

attanding physician and for usa as the burial-transit

tha

signed by t

peeu

cartificate

this

Aftar

death.

To the Hospital or Attend within 24 hours after death To the Funeral Director:

paga 2 has

diractor

by tha

Box 68760

P.O.

Records.

Vital

of

Division

Attending Physician:

GRACIE

FISHER.

Examiner

Physician/Medical

à

Completed

Be

2

Certification:

Medical

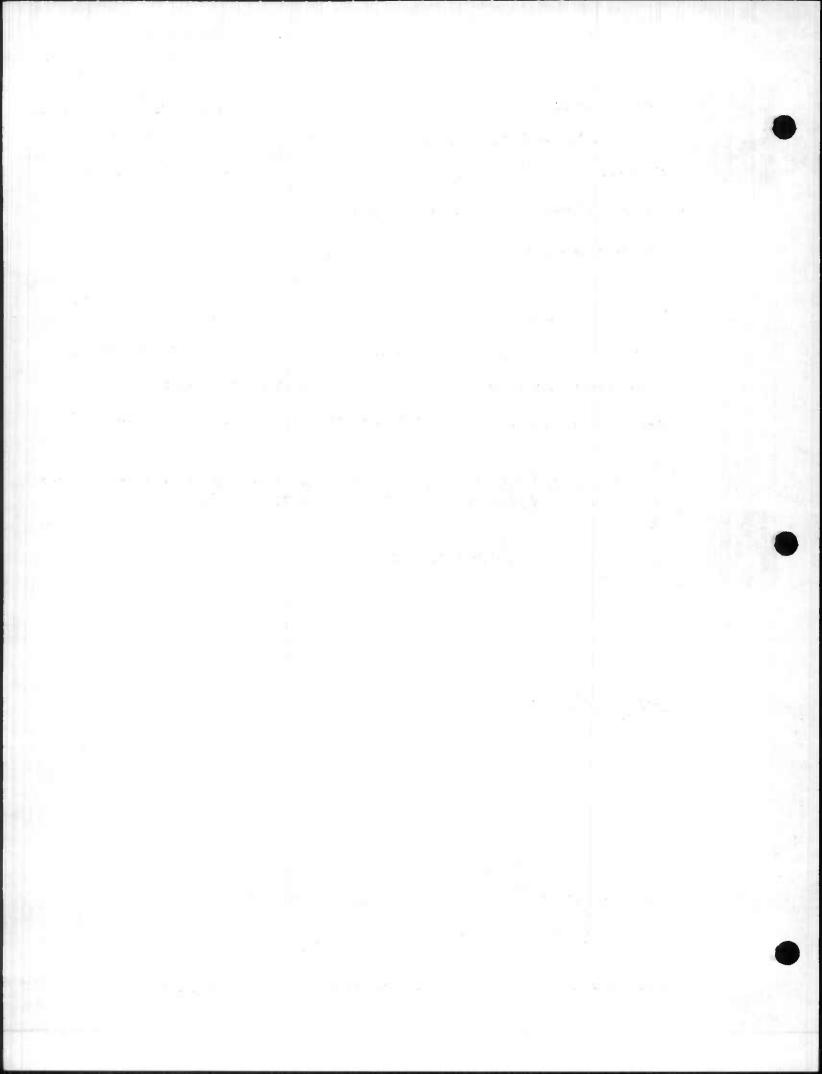
Eddie Nakhuda, M.D.

31. Dela filad (Month, Dey, Yeer)

tha Maryland

daath

Baltimore, Maryland 21215-0020



### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Month Physician FAI KOWS KI F MARCH 355 1999 FRANK /Medical 4a Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner BALTIMORE HOME HOSPITAL If Under 24 Hrs. 5. Social Security Number 6. Sex 58X 1 M 2 □ F 7. Age (In yrs. last birthdey) If Under 1 Yeer 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Deys Months Hours 216-16-9498 74 Director JULY 18, 1924 Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1□ Yes 2□ No Director MD. N/A BALTIMORE 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 719 S. GLOVER ST. 21224 U.S.A. Funeral 12. Wes Decedent Ever in U,S.
Armed Forces?

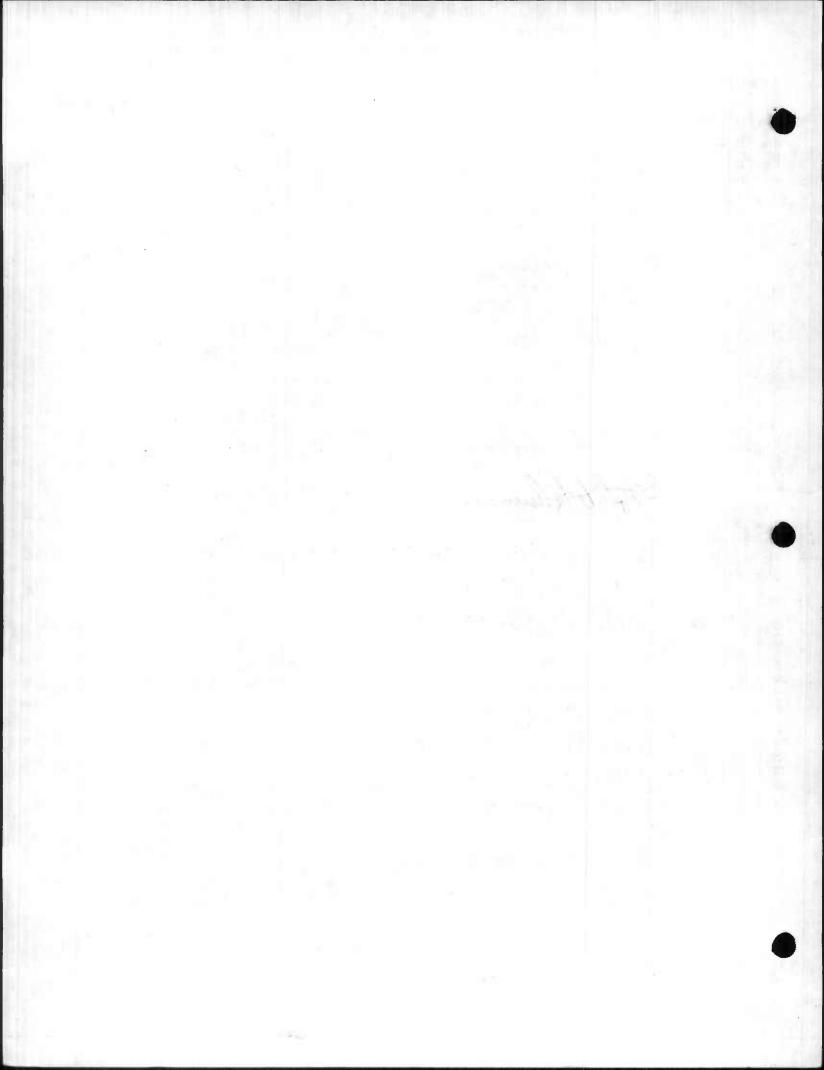
1 Tyres 2 No
If Yes, Give
Yeer or Detes: 5 / 1 / 4 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, 11. Merital Status Bleck, White, etc. 1 Never Merried 2 Merried 1 ☐ Yes 2 ☑ No Specify: Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) AIRPLANES 10 MARTINS 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be JAMES WALTER FAIKOWSKI HELEN KWIATKOWSKI 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) ROSE DELANEY/DAUGHTER 421 FOLCROFT ST. BALTIMORE, MD. 21224 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 XBuriel 2 Cremetion 3 Removel from Stete PARKWOOD CEMETERY 3/12/99 BALTIMORE MD. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility CHARLES S. ZEILER & SON, INC. ly aveth 23a. Pert 1. Emer the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock to here I feiture. List only one cause on each line. MD 21224 Interval Between Onset and Deeth **Physician** /Medical tmmediete Cause (Final DAYS ENCEPHAL OPATHY ANOXIC disease or condition resulting in deeth) Examiner Examiner DISEASE CORONARY ARTORY physician and the burial-transit Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or as a consequence of): Box 68760 Physician/Medical Due to (or es a consequence of): P.O. Pert II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown DIABETES MELLITUS Records, þ 24b. Were eutopsy findings evellable prior to completion of cause of deeth? Completed 24a. Wes en eutopsy performed? DISGASE LUNG 1 ☐ Yes 2 ☑ No 1 ☐ Yes 2 ☐ No Division of Vital I or Attending Physician: after death. Director: After this certifica Be 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Minpatient 2 ☐ ER/Outpatient 3 ☐ DOA edical Certification: To 27. Manner of Deeth 28a. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 5 Pending investigation 1 PNetural 1 Yes 2 No 2 Accident 6 Could not be 3 Suicide 281. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide • Funeral Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. To the Hospi within 24 hou To the Funer completely file 29a. Certifier 29b. Signeture and life of certifier 29c. License number 29d. Date signed (Month, Day, Year) D39629 1899 MARCH 30. Neme and address of person who completed cause of death (Item 23a) (Type, Print) CHURCH HOME AND HOSPITAL BALTIMORE SY MD MD 21231 ALGXANDER 32. Registrer's Signature 31. Date filed (Month, Day, Year) State Registrar

DHMH 16 Rav 6/95

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

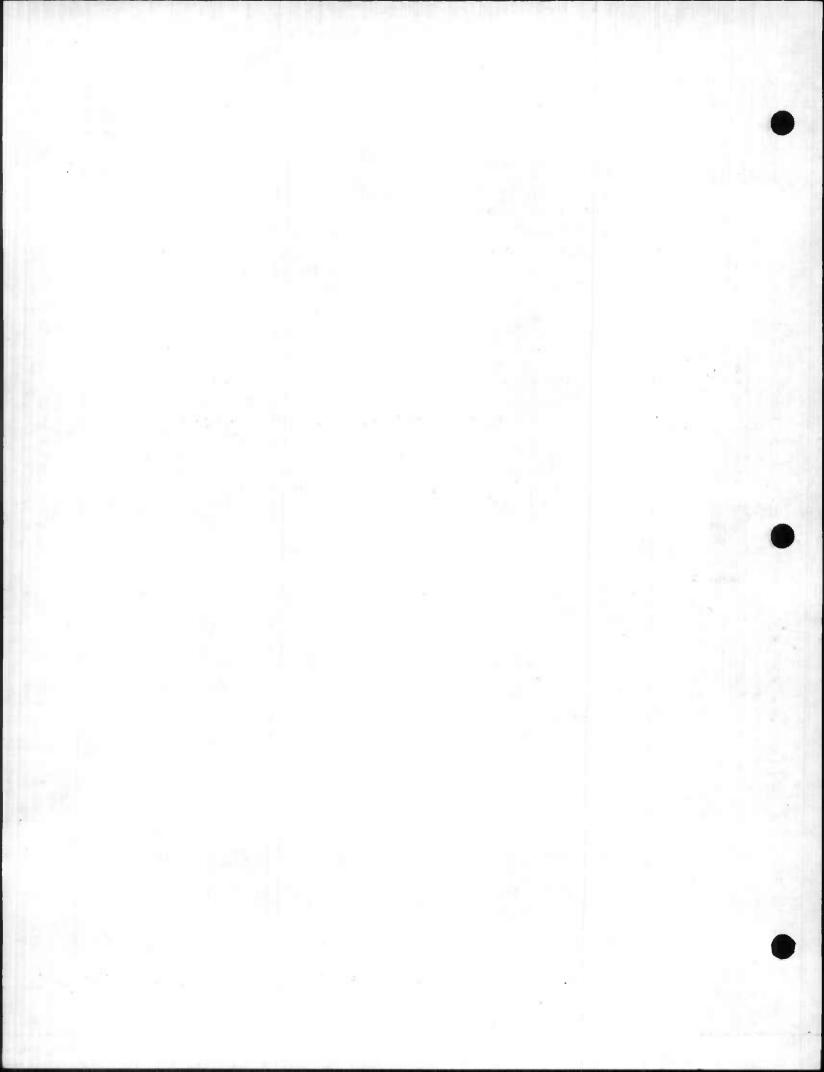
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Certif	icate of	f Death	,	Reg. No.	UI	889		
Physician	Decedent's Name (First, Middle, Last Howard	1)	Fox			2. Dete of De	ath	deg	3. Tima of Death OOLIS AM		
/Medical Examiner	4a Facility Name (If not institution, give Fallston General	street and number)	FOZ		4b. City, Town, or Fallst		- ' '	of Deeth	ford		
Funeral Director	5. Social Security Number 6. St 217 16 3642			Under 1 Year onths Dey		8. Dete of Bir (Month, De Feb. 2	10, Year) 22, 1922	9. Birthple Countr Mary	ece (State or Foreign Land		
Maryland art show filled at	Usual Residence of Decedent  10a. State 10b. County Maryland Harfor		10	d. Inside City Limits							
23e or 28e-f e unt be notified	10e. Street and Number Tudor Hall, Tudor	Hall Lane	1	0f. Zip Code	21014		10g. Citizen of V Unite	What Countried Sta	•		
4.2 should be filed within 72 hours after death vin and Mental Hyglene. 7 is marked other than "natural", or heme 23a traumstic event, the Medical Examiner must traumstic event, the Medical Examiner must To Be Completed by Funeral	11. Marital Status  1 Never Married 2 Married  3X Widowed 4 Divorced	12. Wes Decedent Ever in U Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Year or Dates:		Decedent of s, specify Cu Yes 2 No	Hispanic Origin? (San, Mexican, Puerlos Specify:	pecify Yes or No to Rican, etc.)	Specify	ca - America ck, White, et y:			
ed within 72 ho hygiene. Ser than "natur it, the Medical. Completed	15. Decedent's Ed (Specify only highest grad Elementary/Secondary (0-12) 12	cotion de completed)  College (1-4or 5+)		of work don VOT use retir	upation e during most of wored) estorer/P:			lding			
Be C	17. Father's Name (First, Middle, Last)		- <del></del>		_	me (First, Middle			2		
Ment Ment Ment Ment Ment Ment Ment Ment	Samuel Hack		Fox		Mary		abeth		Zease1		
h and T is m traum	19a. Informant's Name/Reletionship (7) Rev. J. Kevin Fox	•	THE PERSON NAMED IN	- 14 - 1	erick St.			2440			
Pages 1 an ent of Heal off. If New 2 ry or other	20a. Method of Disposition  1 Buriat 2XCremetion 3 4 Donation 5 Other (Specify	Removel from State	Place of Disposition cemetery, cremeto Den Mount	n (Neme of ry or other p	(ece)	Dete 15/99	20c. Location		m, State		
parmit. Departm Importa any inju	21. Signature of Linearal Service Licente	P.A. Baltimo	re, M	D 21286							
requires that the death certificate be axecuted een signed by the attending physician and hould be detached for use as the burial-transit sted by Physician/Medical Examiner	Cause (Disease or injury that initiated events resulting in death) Last  C. UKT NECT (NECT)  Due to (or es e consequence of):										
the attending the for use	Part II. Other significant conditions co	ntributing to death but not res	sulting in the under	lying cause o	given in Pert I.	23b. Did tobacco use contribute to the cause					
igned by the attendir be detached for usa by Physician/N	THROMBOCY.	TOPENIA				1 Yee 2 No 3 Probably					
D 20	CONGESTIVE	CARDION	YOPATH	4		24e. Wes	en eutopsy ormed?	com	re eutopsy tindings ilable prior to apletion of cause eath?		
certificate he irector, page	25. Wes case referred to medical	YELDMY:			00 81	10		10	Yes 2□ No		
rhis certific ral director.	examiner?	Hospital: 1 Inpatient 2	ER/Outpatien1 3	DOA C	Wher:	eth <i>(Check</i> on <i>ty</i> dome 5 ☐ Resi	A 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	ner (Specify)			
To the long of the	27. Manner of Death  1 1 Netural 5 Pending 2 Accident investigation	28a. Date of Injury (Month, Day Year)	26b. Time of Injury	28c. Inj W	ury at ork?	28d. Describe	how injury occur	rred			
To the Hospital or Attending P within 24 hours after death: To the Funeral Director: After completely filled in by the funeral Medical Certification:	3 Suicide 6 Could not be determined	building, etc. (Speci	(by)			City or To					
n 24 hound 124 h	29a. Certifier 11/2 Certifying Phy (Check only ane) 2 Medical Exam	rsician: To the best of my kno iner: On the basis of examine and manner stated.	owledge, deeth occ ation end/or investi	surred at the gation, in my	time, dete end plece opinion, deeth occu	e, end due to the urred et the time,	ceuse(s) and madate end pleca,	anner es sta and due to l	ited. the cause(s)		
	29b. Signature and title of certifier	yantar	MD		nse number 5027		29d. Date signe		ay, Year) 999		
phia	30. Name and address of person who c	orapleted cause of death (Ite	m 23a) (Type, Print 2 NORT	HAL	IENUE,	BELO	ACR 1	40	21014		
State	31. Date filed (Month, Day, Year)	32. Registrar's Sign	ature						,		

DHMH 16 Rev 6/95



## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

_	Certificate of Death								2. Data of De	Reg. No.		10.7		
nysician										Day Yaa		3. Tima of Death		
Medical	Ann Marie Forami										999	5:00 A.M.		
Examiner	4a Facility Nema (# not 2806 Belai			or)			1	4b. City, Town, or L Bowie	ocation of Deat	Death 4c. County of Death Prince Geroge's				
neral ector	5. Social Sacurity Number 6. Sex 7. Age (In yrs. last 1 M 2 F 85				ast birthday) Yrs.	If Under 1 Months C	Year	If Under 24 Hrs. Hours Min.	8. Data of Bir (Month, Di May 30	sy, Year)	9. Birthy Cou Wash	place (State or Foreign ntry) nington D.(		
		Jsual Residence of Decedant  0a. Stata 10b. County 10c. City, Town or Location												
fiedat			George's			cation Height	s					10d. Insida City Limits 12©Yas 2 ☐ No		
edical Examiner must be notified at leted by Funeral Director	10a. Street and Number					10f. Zip Co	ode			10g. Citizen of	What Cou	ntry?		
	507 Capito	1 Heio	hts Blvd.					20743		United	Stat	es		
	11. Marital Status  1 Nevar Married		12. Wes Deceder Armed Force 1 ☐ Yas 2 2	nt Ever in U.: s?		Vas Deceden I Yes, specify		lispanic Origin? (Sp an, Mexican, Puarto	ecify Yas or No Rican, atc.)	o- 14. Ra	ce - Amarick, Whita,	cen Indian,		
	3 ☑ Widowed 4 □	If Yas, Give Year or Datas	s:		10 165 26	3140	Specify:		Specil	y: Wi	nite			
Completed	15. I (Specify on Elementery/Secondary	16a. Deced (Give life. L Homen		Occup done retired	etion during most of work d)	ing	16b. Kind of B	Home						
ပိ	17. Fathar's Nama (First,	Middle Last	0		210111011	id it C L		18. Mother's Nam	a /Firet Middle					
To Be Compi	Salvatore				Rose La			110)						
	19a. Informent's Name/Ralationship (Type, Print)  19b. Mailing Address (Street and Number or Rural Rou								al Route Numb	er, City or Town	, State, Zij	Code)		
	Barbara Tru	uitt	Daught	er	2806	Belair	r D	rive Bowi	e Marv	land 207	715			
	20a. Mathod of Disposition	ion		20b. Pl	non of Dieno	eition /Nama	of	March 9	Date		- City or Town, Stata			
	1 ₺ Burial 2 □ Cra 4 □ Donation 5 □			IGI		11 Ceme				Suitla	and M	aryland		
	Robert E. Evans Funeral Home, Inc. 16000 Annapolis Rd. Bowie Maryland 20715  23a. Part1. Enter tha diseasa, or complications that caused tha death. Do not enter the mode of dying, such as cardiac or raspiratory arrast, Intervel Batween Onset and Death  Immediate Cause (Final diseasa or condition rasulting in death)  Due to (or as a consequence of):													
an/Medical Examiner	Sequentially list conditions, if any, laading to immadiata ceusa. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last  Due to (or es a consequence of):  Due to (or es a consequence of):  C.  Due to (or es a consequence of):													
Cia	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.									23b. Did tobacco uss contributs to the cause of de				
by Physician/M	Bronchi											bably 4 Unknow		
Be Completed										an autopsy ormed?	a\ cc	fara autopsy findings vailabla prior to empletion of cause death?		
6									10	Yas 2 No	1	Yas 21 No		
Be	25. Was cesa rafarred to	o medical						26. Place of Deat	h (Check only	one)				
2	1 ☐ Yas 2 ☐ No		Hospital: 1 Inpa	tient 2 1	ER/Outpatien		Oth	4 LI Nursing Ho				か Daughte		
Certification:	2 Accidant	☐ Pending invastigetion ☐ Could not be		Day Year)	28b. Tima of Injury	М		rry at Arry 28d. Describe how injury occurred Home Home Yes 2 □ No						
Certif	4 ☐ Homicida	determined	208. Place of I	njury - At ho etc. <i>(Specify</i>	) )	eet, ractory, o	TICO		City or To	wn, Stete)	ver or Mun	al Route Number,		
edicai	29e. Certifiar 12 (Check only one)	Certifying Phy Medical Exam	ysician: To the bes ilner: On the basis and manner:	of axaminati	vledge, death on and/or inv	occurred at t restigation, in	the tin	na, date and place, pinion, death occur	end due to tha red at tha tima,	cause(s) and m data and place,	enner es i , and dua t	stated. to tha cause(s)		
2	29b. Signature and titla of					29c. L	-	e number		29d. Data signe				
-	Part	- Fout	in the	0.			D	43446		3/	5/9	9		
)	30. Name and addrass of ROINTAN						hel	le ville n	pad B2	16 BOW	ie r	10 20716		
State egistrar	31. Data filed (Month, Da	ay, Year)	32. Regis	strar's Signat	yra G.	do	ret	he ville n						



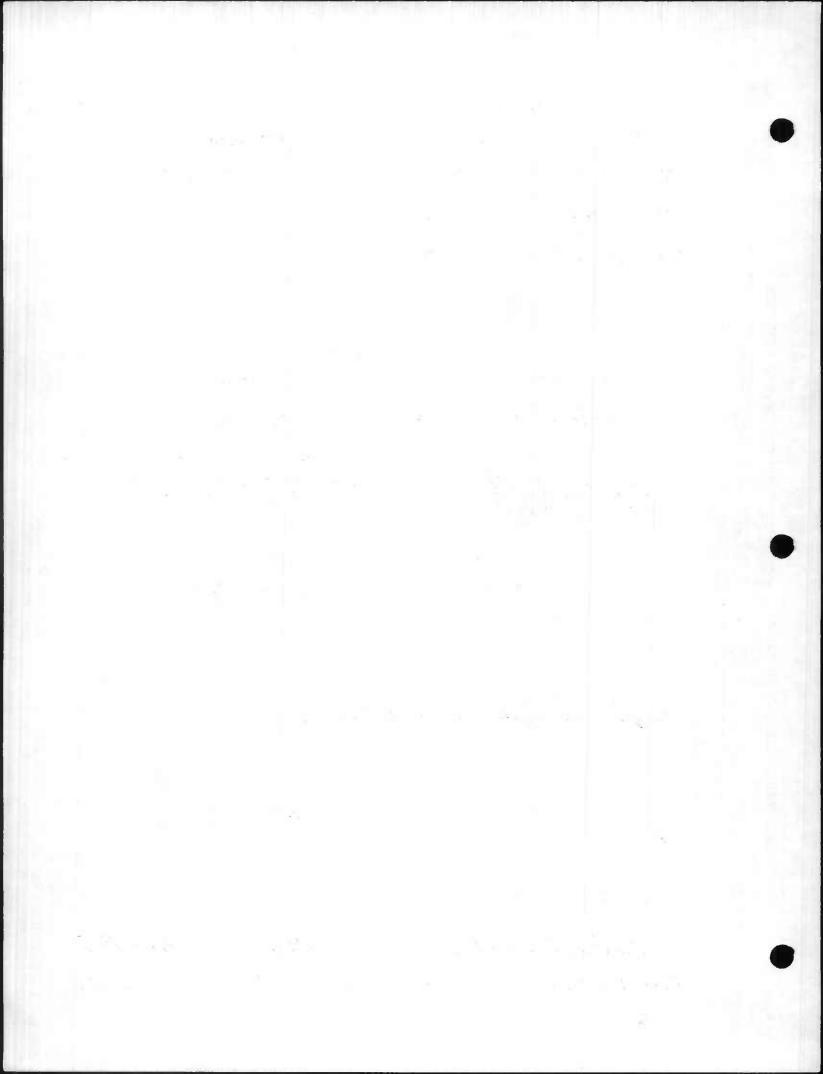
### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month Yaai **Physician** Philip Jerome George 10, March 1999 7:30am /Medical 4a Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Mariner Health of Mt. Clare Baltimore If Undar 24 Hrs. Hours Min. If Undar 1 Yaar 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplece (Stata or Foraign Country) Funeral Deys 1□M 2□F Months 214-78-4147 Director MAY 21, 1957 Maryland Usual Residence of Decedant the Maryland 10a. Stete 10c. City, Town or Location 10d. Insida City Limits 10b. County r than "natural", or frame 23a or 28a-f show the Medical Examiner must be notified at N/A MD Director Baltimore X Yas 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? Pages 1 and 2 should be filed within 72 hours after death with nent of Health and Mental Hygiene.

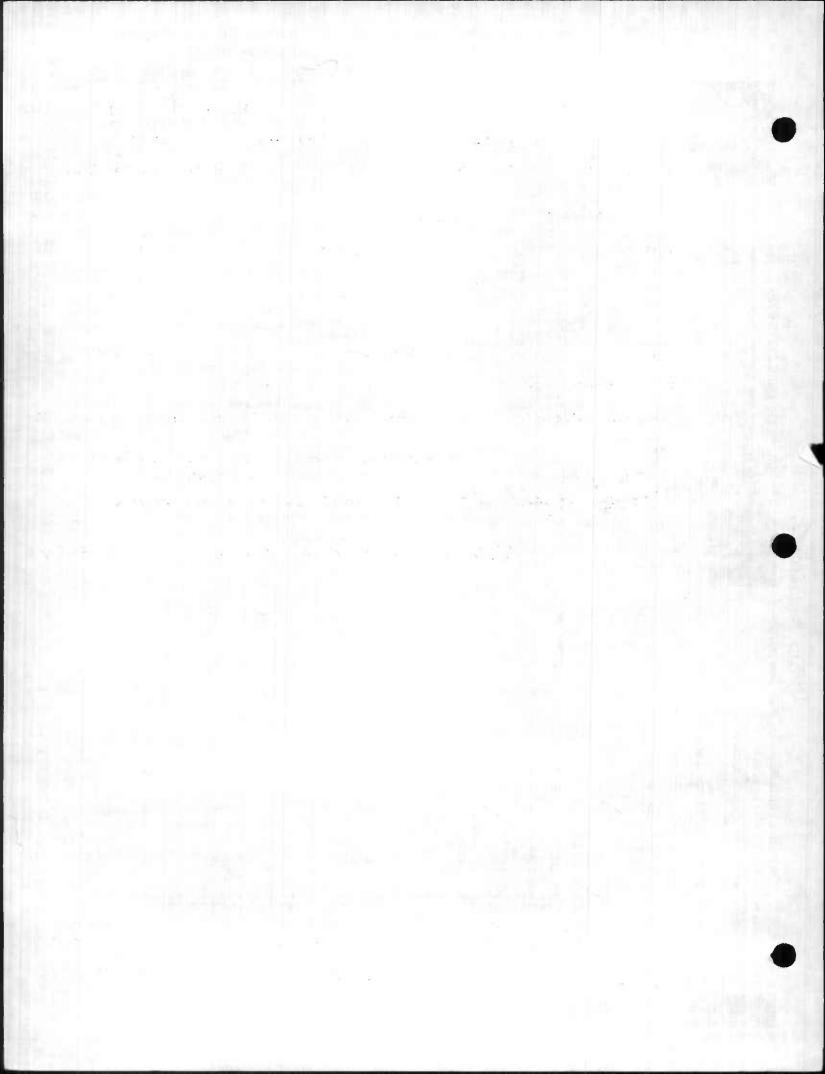
ant: if Item 27 is marked other than "natural; or itema 23a or iny or other traumatic event, its Mentalinal control in the Mentalinal Control in the Mentalinal Control in the Mentalinal Control in the Mentalinal Control in the Mentalinal Control in the Mentalinal Control in the Mentalinal Control in the Mentalinal Control in the Mentalinal Control in the Mentalinal Control in the Mentalinal Control in the Mentalinal Control in the Mentalinal Control in the Mentalinal Control in the Mentalinal Control in the Mentalinal Control in the Mentalinal Control in the Mentalina Control in the Mentali 911 Leadenhall St., Apt. 608 21230 USA Funeral 12. Was Decedant Evar in U,S. Armed Forces? 13. Was Decedant of Hispenic Origin? (Specify Yas or No-if Yes, specify Cuben, Mexican, Puarto Ricen, atc.) 14. Race - American Indian, Black, Whita, atc. 1 ☐ Yas 2 📉 No if Yes, Giva 1 Navar Marriad 2 Married altimore, Maryland 21215-0020 1 Yas 2X No Specify: Specify: Black by 3 Widowed 4 Divorced Year or Dates: Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) 12 Housekeeper Nursing Home 17. Fathar's Nama (First, Middla, Last) 18. Mother's Neme (First, Middla, Maidan Surname) Be Thomas Butler Bertha Lewis 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Darcel Butler/sister 6025 Lanette Rd. Baltimore, MD 21206 20b. Place of Disposition (Nama of cemetary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Buriel 2 【Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) permit. Page Department of Important: If any injury or once. Metro Crematory, Inc. 03/11/99 Baltimore, MD 21. Signature of Funerel Sarvica Licens Cremation Society of Maryland, Inc. 1 299 Frederick Rd. Baltimore, MD 21228 Fill ward A rechil 299 Frederick Rd. Balti 23a. Part. Enter the disease, come all ins that caused the daath. Do not antar tha moda of dying, such es cardiac or respiratory arrast, shock, or heart failura. Int only one cause on each line. Approximata Intarval Between Onset and Daath **Physician** /Medical Immediata Causa (Final 14/142 disaasa or condition rasulting In daath) Examiner Mana Tray Examiner 5 years physician and a the burial-trans Sequantially list conditions, if any, laading to immadiata cause. Enter Underlying Causa (Disaase or Injury that initiated avents rasulting in daath) Last Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): attending Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? Ped bed signed by Retiritis 1 Yes 2 No 3 Probably 4 Unknown o magalouivos þ 24b. Ware autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate 25. Was casa referred to medical axaminar? 86 26. Placa of Daath (Check only ona) Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No 2 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3□ DOA Afterthis Certification: 27. Mannar of Death 28a. Date of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred Athending 1 Netural 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accident after death Director: 3 Suicide 6 Could not be dataminad 28e. Place of Injury - At home, farm, streat, factory, office building, atc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 4 Homicide 24 hours a Funeral D 29a. Certifier 12 Certifying Physician: To tha best of my knowledge, death occurred at the tima, date and place, and dua to the cause(s) and manner as stated.
2 Madical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. edical To the within 2 to the comple 29c. License number 29d. Deta signed (Month, Day, Year) 29b. Signatura and titla of certifier 30. Nama and addrass of person who, completed cause of death (Item 23a) (Type, Print) 1001 N cathedry LST. Bottingone Keni KOWEVI 32. Registrar's Signature 31. Data filed (Month, Day, Year) State 1 2 1999 Registrar

DHMH 16 Rev 6/95



							Cer	tificate	e of	Death			Reg. No. 9	U	1892	
Physician		1. Decedent's Name (First, Middle, Last)									1	2. Date of De Month	eth Day	_Yeer	3. Time of Death	
/Medical	L	Doris 1	L. Grabu	S								MARCH	9 1	999	1:32 pm	
kaminer	40	Fecility Neme (/										ation of Death				
			Genera					If Under	1 Vaar		ston		Harf			
ral tor		Social Security N 216-16-8 suel Residence of	8557	Sex 1 ☐ M 2 🔀 F	Stootha Dave House Manth Day Year									place (State or Foreign http:/ yland		
rector	-	De. State	10b. County			10c. City, T	own or Lo	cation						1	0d. Inside City Limits	
to		MD	Harfor	d		Fall	ston								1 ☐ Yes 2 ☐ No	
Funeral Director	11	De. Street end Nur	mber rgatroyd	Road				10f. Zip	Code 047				10g. Citizen of V		ntry?	
era	1	Maritel Stetus	56441074		Ves Decedent Ever in U,S. 13. Was Decedent of H					inin? (Spec	ify Yes or No		e - Americ	an Indien.		
by			ied 2 Married	Armed 1 \subseteq Yes,	Armed Forces? If Yes, specify Cub  1 ☐ Yes 2 Mo  1 ☐ Yes 2 No  Year or Dates:				an, Mexicai	n, Puerto R	ican, etc.)		ck, White,			
Completed		(Spec	15. Decedent's	Education	ad)	1	6a. Deced	lent's Usua kind of wor	Occup k done	oetion during mos	st of working	2	16b. Kind of B	usiness/Inc	dustry	
nple		Elementery/Seco			College (1-4or 5+)  Secretary				e retire	d)			041			
S	4	12 7. Father's Neme	(First Middle La	41			Secr	etary		10 Math	orio Niamo	Einet Middle	, Maiden Sumer	Comp	Dany	
To Be			Gregory		n						phia		, maideil Sumer	16)		
	1	9a. Informent's No Karen L	eme/Relationship . Hamilt										er, City or Town, Grace,		code) vland 2104	
y or other traumatic event, the Medical To Be Completed	20		☐ Cremation 3		om State	Ce/TI	etery, cren	sition (Nem	her ple		3/	Date 13/99	20c. Location Belair,			
once.  To Be Completed to the complete of the	2	4 Donetion 5 Other (Specify)  Belair Memorial Garden 3/13/99 Belair, Maryl.  21. Separation of Facility John C. Miller Inc.												Larra		
any ir		6415 Belair Road Baltimore, Maryland 21206														
g physician end as the burial-transit and page as the burial-t	d	Immediate Ceuse (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as e consequence of):  Due to (or as e consequence of):												2 days		
Σ																
Physiclan/	P	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  23b.										tobacco use co		o the cause of death? bably 4 Unknown		
Completed by Physician/M	-		1 1									24e. Wes	en eutopsy ormed?	av co	ere autopsy findings reliable prior to empletion of cause deeth?	
omp												10	Yes 2010	10	☐ Yes 2☐ No	
rector, peg	2	5. Was case refer	red to medical							26. Place	e of Deeth	(Check only	one)	<u></u>		
al direc	L	exa <i>m</i> iner? 1 ☐ Yes 2 ☐	No		Inpatient		/Outpatien	t 3 DO	A Ott	her: 4 🗆 N	ursing Hom	e 5 🗆 Resi	dence 6 DOt	ner (Specif	fy)	
complately filled in by the funeral director, page  Medical Certification: To Be Com	2	7. Menner of Deetl 1 PNatural 2 Accident	5 Pending Investigati	on	ete of Injury fonth, Day	Year) 28	b. Time of Injury	M 2	Bc. Inju Wo 1 □	ryat rk? ∣Yes 2 🗆		8d. Describe	how injury occu	rred		
Certification:		3 ☐ Suicide 4 ☐ Homicide	6 ☐ Could not determine	d 28e. Ple	aca of Injur ilding, etc.	y - At home (Specify)	, farm, str	eet, factory	, office		28	8f. Location ( City or To	Street end Num wn, Stete)	ber or Rura	al Route Number,	
plately fille	2	9a. Certifier (Check only one)	1 Certifying F 2 Medical Ex	miner: On the	the best of e basis of e enner state	xemination	dge, death and/or inv	occurred ovestigetion,	t the ti	me, date ar opinion, dec	nd place, ar eth occurred	nd due to the	cause(s) and m dete end placa,	annar es s and due to	iteted. o the cause(s)	
complately filled		9b. Signeture end	title of certifies	11	/					se number			29d. Dete signe			
			1.1	enl	~				2	35	0/2		March 11, 1999 in My 21014.			
	30	J. Ke	- /	o completed co	ause of dec	eth (Item 23	Se) (Type,	Print)	A	ve.	Bel	1 fire	my. 2	1019	4 .	
State Registrar	3	1. Date filed (Mon	MAR 12	1999 32	2. Registrer	's Signeture	13.	de	2020	(6)						

DHMH 16 Rav 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene. Certificate of Death Reg. No: 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Date of Deeth Day **Physician** Nancy G. Haifley 1999 March /Medical 07:00 AM 4e Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner St. Agnes Healthcare Baltimore N/A 5. Social Security Number 215-44-5479 If Under 1 Year 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, **Funeral** Months Deys Hours 1 M 2 NE 80 Yrs. 11/03/18 Director Maryland Usuat Residenca of Decedent death with the Maryland 10c. City, Town or Location 10e Stete 10h Counts 10d. toside City Limits r 28a-f show Baltimore Maryland Catonsville 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? r than "natural", or items 23s or the Medical Examiner must be 21228 707 Maiden Choice Lane Apt. 3502 United States Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ 2 M No If Yes, Give Year or Dates: 14. Race - American Indian. 11 Maritel Status Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Pages 1 and 2 should be filed within 72 hours after can and of Health and Mental Hygiene.

At if flem 27 is marked other than "natural", or they may or other traumatic event, the Medical Exercise iny or other traumatic event, the Medical Exercise. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White þ 3 ₩ Widowed 4 Divorced Completed 16a. Decadent's Usual Occupation 16b. Kind of Business/Industry 15. Decadent's Education (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grede completed) Elementary/Secondary (0-12) College (1-4or 5+) School Teacher Department of Education 18. Mother's Neme (First, Middle, Meiden Sumeme) 17. Father's Neme (First, Middle, Last) Herbert Getty Georgia Simmons 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. informant's Name/Retationship (Type, Print) Laurel, Maryland 20723 Virginia McNeil/Daughter 10609 Graelogh Court 20b. Placa of Disposition (Name of cametery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 X Cremation 3 ☐ Removal from State Metro Crematory, Inc. 3/10/99 Baltimore, Maryland 4 Donetion 5 Other (Specify) 22. Name end Address of Fecility
Hubbard Funeral Home, Inc. 21. Signal of Funerat Service Licansee 4107 Wilkens Avenue Baltimore, Maryland 21229 uanuta U momas 23a. Part I Inter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, should refer the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, should refer the disease. Approximete interval Between Onset and Death Physician /Medical tmmediete Cause (Finat disease or condition resulting in deeth) PNEUMONIA Examiner Days Due to (or as a consequence of): CHRONIC OBSTRUCTIVE PULMONARY DISEASE Years Examir Sequentially tist conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initieled events resulting in death) Last Due to (or es e consequenca of) physician s the burtal P.O. Box 68760. Physician/Medical Due to (or as a consequenca of) Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yee 2 ☐ No Hypertension, Congestive Heart Failure, Chronic Left signed to Vital Records, þ 24b. Were eutopsy findings evailable prior to completion of cause of death? Completed 24a. Was an autopsy Pleural Effusion, Atherosclerotic Coronary Artery performed' page 2 Yes 2 No 1 X Yes 2□ No Disease 25. Wes case referred to medical examiner? å 26. Place of Death (Check only one) Hospitat tnpatient examiner? Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 2 2 ER/Outpetient 3 DOA o Date of Injury (Month, Dey Year) 27. Menner of Death 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? Certification: Division Naturel 2 Accident 5 Pending 1 ☐ Yes 2 ☐ No Investigation 6 Could not be determined 3 Suicide 28e. Place of tnjury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) Direc 4 Homicide b POUT Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) and manner stated. 29e. Certifier edical To the 29d. Date signed (Month, Dev. Year) 29b. Signature and the of curtifier 29c. License number March 8, 1999 D43453

State Registrar

Registrar MAR 1 2 1999

30. Neme and eddress of

31. Dete filed (Month, Day, Year)

who complet

Dr. V. Dixon King, Jr.

32. Registrar's Signature

St. Agnes HealthCare 900 Caton Avenue Baltimore, MD 21229

deat (Item 23e) (Type, Print)

The state of the s the second of th I have been a marked that the world of the party of the same of th All Means to the second contract of and the second s

### Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legibie. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2 Date of Death 3. Time of Death Year Month Hall Rosemary march 1999 4b City Town, or Location of Deeth 4a Facility Name (If not institution, give street and number) 4c. County of Death Mariner Nursing Home BelAir Harford If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Months Deys Hours Min. Jan. 13, 1 9. Birthplace (State or Foreign 5. Social Security Number 7. Age (In yrs. lest birthday) 1 M 2 XF Yrs. 83 1916 Minnesota 475-07-2084 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Harford Fallston 1 ☐ Yes 2X No Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? U.S.A. 2507 Fox Road 21047 12. Was Decedent Ever in U,S. Armed Forces? 14. Rece - American Indian, Bieck, White, etc. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 1 ☐ Yes 2 X No If Yes, Give Yeer or Detes: 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 2 No Specify: Specify: White 3 ☑ Widowed 4 □ Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) House Wife Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Martin McLaughlin Lena Croghans 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Patrick A. Hall (son) 2507 Fox Road, Fallston Maryland 21047 bate 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1X Burial 2 ☐ Cremation 3 ☐ Removal from Stete Holly Hill Mem. Gardens 3.13.99 Baltimore, Maryland 4 □ Donation 5 □ Other (Specify) 22. Name and Address of Facility Bruzdzinski Funeral Home, P.A. Enter the disease, or complications that caused the death. Do not enter or heer failure. List only one cause on each line. 1407 Old Eastern Avenue, Essex, Maryland 21221 enter the mode of dying, such as cardiac or raspiratory arrest, Approximate Approximate Interval Between Onset end Death Immediate Cause (Final disease or condition resulting In death) PNEUMINIA 2 Welly Due to (or as a consequence of) Due to (or as a consequence of): Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? AL Elkinar S 1 Yes 2 No 3 Probably Munknown 24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Was an autopsy performed? 26. Place of Deeth (Check only one)

Physician /Medical Examiner

ettending physician for use as the buria

been signed by

this certificate has The

After

To the Hospital or Attendition within 24 hours after death.

Jo the Funeral Director: A completely filled in by the fi

director,

funeral

Physician:

Attending

death

Division

requires that the deeth certificate be

Examiner

Physician/Medical

þ

Completed

Be

edicai

permit. Peges 1 and 2 sh Department of Health and Important: If Item 27 is m any Injury or other traum pncs.

**Physician** 

/Medical

Examiner

**Funeral** 

Director

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

Director

Funeral

þ

Completed

the Merylend

death

hours efter

al Hygiene.

2 should be fi is marked

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last

5 Pending

Investigation

6 Could not be determined

25. Wes case referred to medical exeminer? 1 Yes 2 No 27. Manner of Death

28a. Dete of Injury (Month, Day Year)

28e. Place of Injury - It home, farm, street, factory, office building, etc. (Specify)

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of 28c. Injury et Work?

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Describe how injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, State)

Certification: To 29a. Certifier (Check only one)

1 Naturai

2 Accident

3 Suicide

4 Homicide

Certifying Phyalcian: To the best of my knowledge, death occurred et the time, dete and place, end due to the cause(s) and menner as stated.

| Medical Examinar: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete and place, and dua to the cause(s) and manner stated.

29b. Signature and title of certifier

1 ☐ Yes 2 ☐ No

29d. Date signed (Month, Dey, Year) MAR 10 1999

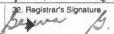
30. Neme and eddress of person who completed cause of death (Item 23a) (Type, Print)

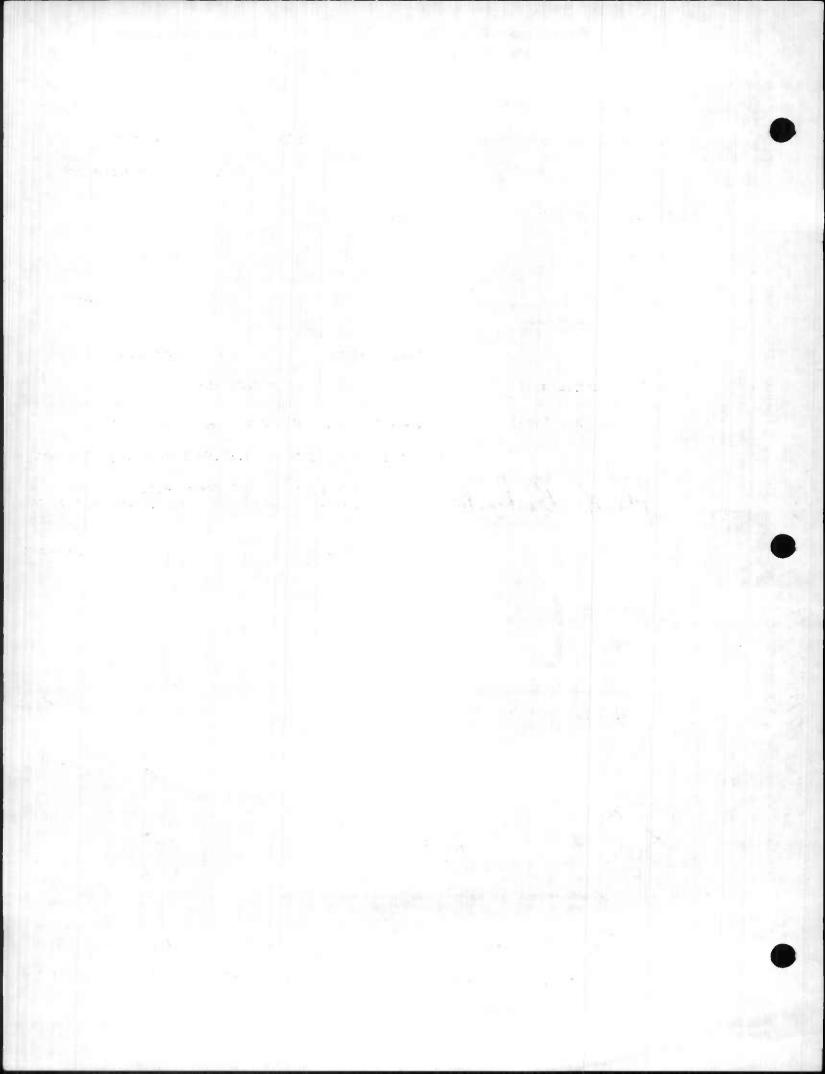
ANKS ALFRED 615

W. MACPHAIL RD BELDER MD 21014

Registrar

31. Dete filed (Month, Day, Year) 1 2 1999





Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month 9:56 PM Howard . Holehan 1999 4b. City, Town, or Location of Deeth 4a Facility Name (If not institution, give street and number) 4c. County of Death VAMC Baltimore Baltimore N/A If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 1 M 2 □ F 212-16-8449 Yrs 2,23,1921 Maryland Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Edgemere Maryland Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? United States 21219 2127 Lodge Forest Drive 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, spacify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 XYes 2 No If Yes, Give Yeer or Detes: 1 ☐ Never Married 2 🕅 Married 1 ☐ Yes 2 € No Specify: Specify 3 Widowed 4 Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 7 Years Iron Worker Construction 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Edna Louise Hinkel Francis Carroll Holehan 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2127 Lodge Forest Drive Edgemere, MD 21219 Mrs. Louise S. Holehan/Wife 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Hilltop Service Corp. 3/13/1999 Towson, Maryland 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Duda-Ruck Funeral Home of Dundalk, Inc. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hear/failure. List enty one cause on each line. Dundalk, Maryland Approximate Intervel Between Onset and Death · Myocardial infanction Immediate Cause (Final disease or condition resulting in deeth) Due to (or as a consequence of) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or es e consequence of): Due to (or es e consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 2 No 1 ☐ Yes 2 No 25. Was case referred to medical examiner? 26. Plece of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1X Inpatient 1 Yes 2 No 2 ER/Outpatient 3 DOA 27. Manner of Death 28d. Describe how injury occurred 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 ☐ Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 - Homicide

physician and the buriel-transit law requires that the deeth certificete be exampled signed by t peen : certificate has funeral

Physician

· /Medical

**Funeral** 

Director

7 is marked other than "natural", or items 23a or 28a-f ahow traumatic event, the Medical Examiner must be nothed at

any injury or o

**Physician** 

/Medical

Examiner

permit. Pages 1 end 2 should be filed within 72 hours efter death Department of Health end Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23.

Baltimore, Maryland 21215-0020

with the Meryland

Examiner

Director

Funeral

þ

Completed

Examiner Division of Vital Records, P.O. Box 68760 Physician/Medical by Completed or Attending Physician: efter death. Director: After this certific Be 10 Certification: To the Hospital of within 24 hours of To the Funeral D

completely

ROSS SUGUY
31. Dete filed (Month, Day, Year) Registrar

29e. Certifier

(Check only one)

Medical

29b. Signature and title of certifier DROS My Medical Resident

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

29c. License number AV463542759902 29d. Date signed (Month, Day, Year)

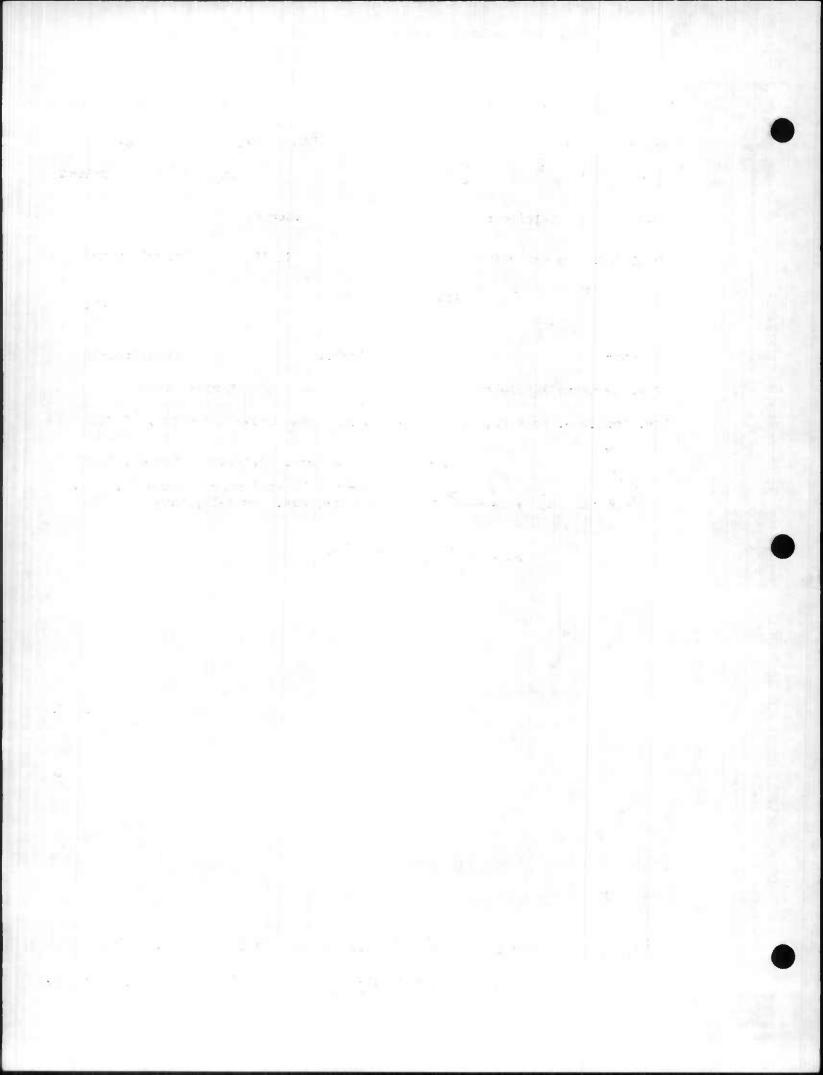
Baltimore VAMC

32. Registrat's Signature MAR I I 1999

10 North Greene Street, Bayto, mD 21201

🔀 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as steted.

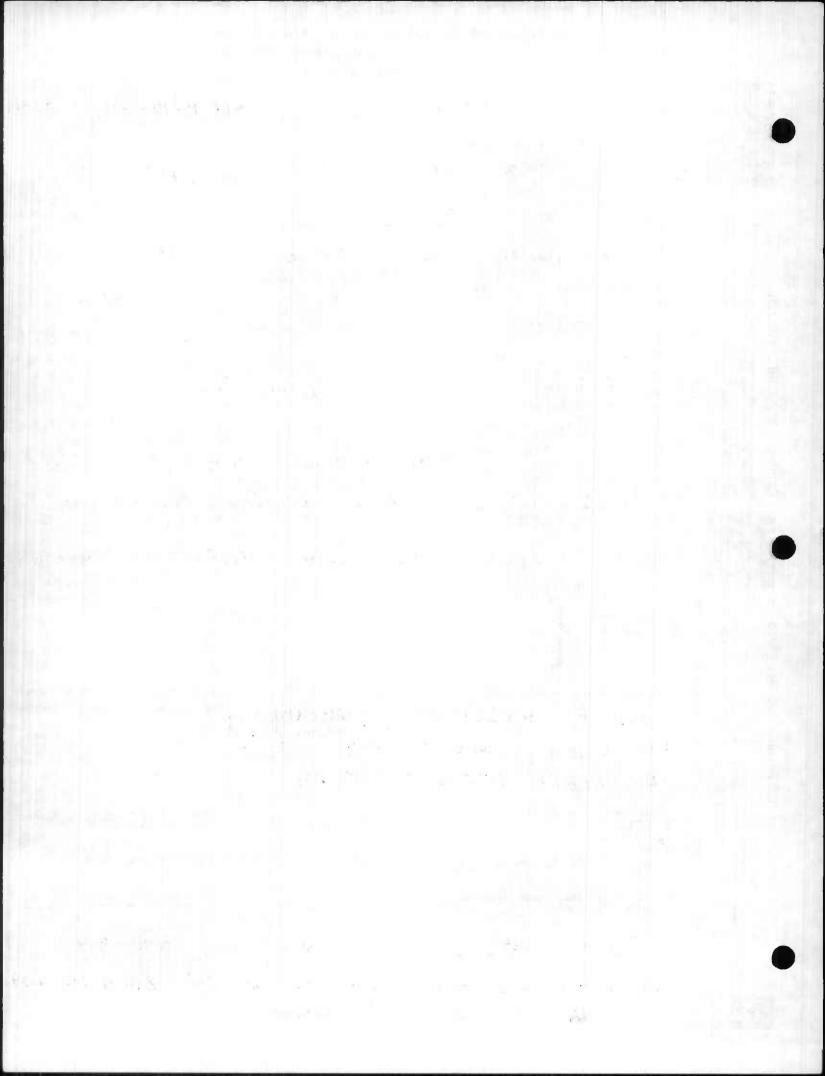
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated.



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No.

		(	Certificate of D	eath	Reg. No.	9 01	896			
Physician /Medical	1. Decedent's Neme (First, Middle, Last) ZELLIA HA	RRIS			Dete of Deeth Month Dey ARCH - 10	-1999	3. Tima of Death 12:30 A			
Examiner	4e Facility Neme (If not institution, give street end nu BON SCCOWS HOS	1 ^	13	City, Town, or Location  Calfinore  If Under 24 Hrs. 181	1	ounty of Deeth	(6)			
Funeral Director	5. Social Security Number  23   -36 - 338   1 M 2 XF  Usuel Residence of Decedent	8 Yr	Months Days		Dete of Birth Month, Day, Year) D-19-19/	7 9. Birthpil	ece (Stete or Foreign (ry)			
the Maryland 28a-1 show notified at	10a. Stete 10b. County  Md NA	Balti	•				od. Inside City Limits  1 XYes 2 □ No			
iter deeth with the Ma r items 23a or 28a-f s increased by not lead Funeral Director	2700 N. Charles	Street	10f. Zip Code 2/2	-18	10g. Citizer	10g. Citizen of Whet Country?				
by by	3 Widowed 4 □ Divorced Yeer or D	2 No	13. Was Decedent of HIs If Yes, specify Cuben	penic Origin? (Specify , Mexican, Puerto Rica Specify:		Race - America Bleck, White, e pecify: Bla				
bygiene.  Ner than "nature  It, The Medical E	15. Decedent's Education (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (	1-4or 5+)	Decedent's Usuel Occupel Give kind of work done du life. DO NOT use retired)	ion <i>tring</i> most of working	16b. Kind Berk	of Business/Ind	ustry Veneer Con			
Sa Sa Sa	17. Fetner's Neme (First, Middle, Last)		-	18. Mother's Neme (Fin	Brown	mame)				
os 1 end 2 sh of Heelth and I Item 27 ia m ir other traum	19e. Informent's Name/Reletionship (Type, Print)  John W. Harris - S  20e. Method of Disposition  1 Buriel 2 Cremetion 3 Removel from 4 Donetion 5 Other (Specify)	aute Number, City or Town, State, Zip Code)  ad Bato, Co Hd Zi  ate 20c. Location - City or Town, State  Anne Arundel Co, 1								
permit. Pag Department Important: I any Injury o	21. Signeture of Funeral Service Licensee		22 Name end Address Mayon F	of Facility Usst H. West Suc.		o Md Z				
Physician /Medical Examiner			TOCARD			on a	Approximete Interval Between Onset end Deeth			
be executed clan end buriel-transit	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury	Due to (or es e co	onsequence of):							
ng physicate as the Medic	resulting in death) Lest	Due to (or as e consequence of):								
that the death ce ed by the ettendi detached for use / Physiclan/	Pert II. Other significant conditions contributing to d			23b. Did tobacco us						
sign d be	DIABETES MELL	LLITUS NAL DIS	and nep	hropathy	1 ☐ Yes 250 24a. Wes en eutopsy performed?	24b. We	pably 4 Unknown			
	PERIPHERAL VI	ASCULAR		SE	1 □ Yes 2 🕅	of c	mpletion of ceuse deeth?			
nysician: The nis certificate all director, par To Be Co	25. Was case referred to medical exeminer?	Inpatient 2 ER/Outp	Otho	26. Place of Deeth (C	heck only one) 5 ☐ Residence 6 [	☐Other (Specify	y)			
ending Pleeth. or: After ti	2 Accident Investigation 3 Sulcide 6 Could not be determined 28e. Please	of injury (28b. Tir Injury) e of Injury - At home, farming, etc. (Specify)	ury Work M 1 □ Y	es 2 No	Describe how injury of Location (Street and l'City or Town, State)		l Route Number,			
Hospi 4 hours Funer tely fil	29e. Certifier 150 Certifying Physician: To the (Check only one) 150 Medical Examiner: On the board man									
To the comple	29b. Signeture end title of certifier  Rowal & Zang	) Jup	29c. License			signed (Month, I				
9	30. Neme end eddress of person who completed cau.  KOMAL K. DANG M.D.  31. Dete filed (Month, Day, Year)  32. F			THE Suite	308 . 6	BALTO.	MD 2122			
State Registrar	MAR 1 2 19991	Beneva	1. pp	nes						

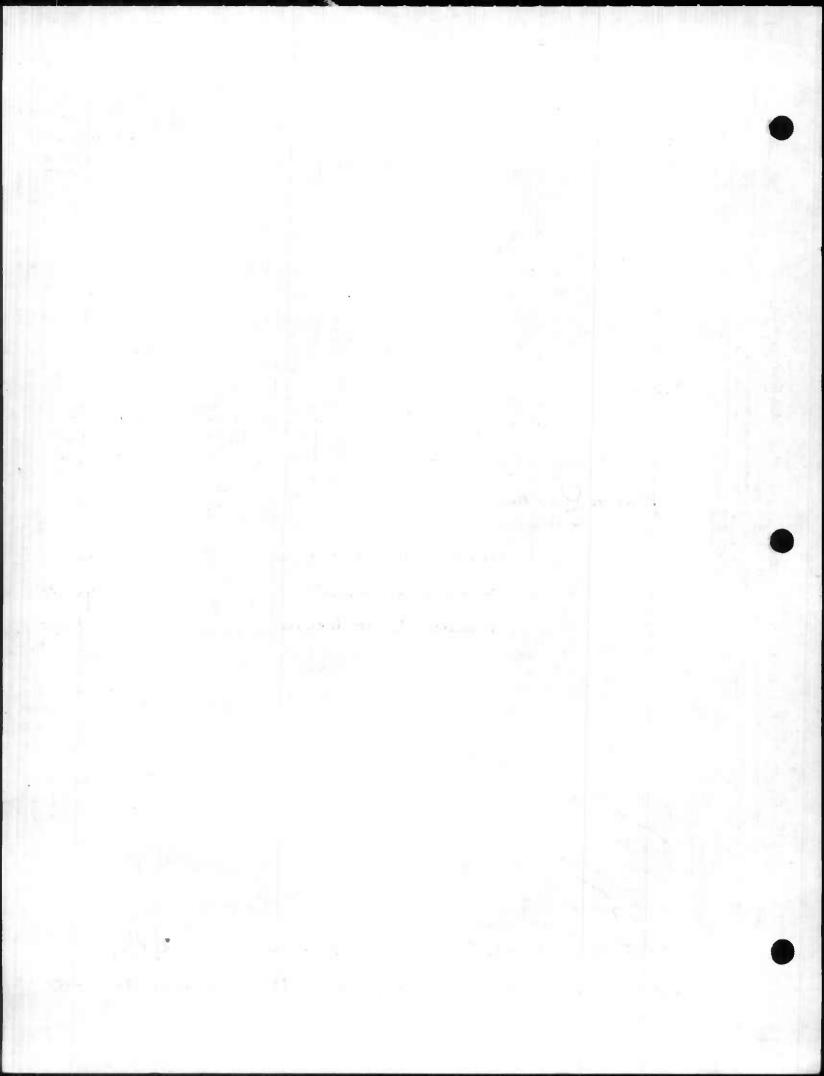
DHMH 16 Rev 6/95



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 9 7897

			Cer	tificate of	Death	R	eg. No.	01031	
Dhusiaian	1. Decedent's Neme (First, Middle, La					2. Date of Dea Month		3. Time of Death	
Physician /Medical	Martha E. Hunte					March	7, 199		
Examiner	4a Facility Neme (If not institution, giv 6313 Merna Lane	e street end number)			4b. City, Town, or Lanham			George's	
Funeral Director		Sex 7. Age (In yrs. la 1□ M 2√F 87	est birthday) Yrs.	Months Days		8. Dete of Birth (Month, Pay Oct. 1,	1911 N	Birthplece (State or Foreign Country) ew Jersey	
aryand show id.at	Usual Residence of Decedent  10a. State 10b. County  Maryland Prince (		, Town or Lo	cation			•	10d. Inside City Limits  YEYYes 2 □ No	
or 28a-f a be notified Director	10e. Streel and Number	Seorge 5		104 75- 0-4-			0		
	6313 Merna Lane	10f. Zip Code 2070			10g. Citizen of What Country? United States				
	11. Marital Status  1 Never Married 2 Merried  3 New Midowed 4 Divorced	12. Wes Decedent Ever in U,S Armed Forces? 1 □ Yes X2 □ No If Yes, Give Year or Detes:		Vas Decedent of I Yes, specify Cul I ☐ Yes 2(3)No	Hispanic Origin? (S ban, Mexican, Puert o Specify:	pecify Yes or No- o Rican, etc.)	14. Rece - A Bleck, W Specify:	merican Indian, /hite, etc. White	
72 h	15. Decedent's Ed (Specify only highest gra	ducation ade completed)	16a. Deced	lent's Usual Occu	upetion e during most of wor ed)	rking	16b. Kind of Busine	ss/Industry	
od wether 72 ho od wether 72 ho or than "nature 4, the Medical.	Elementary/Secondery (0-12)	College (1-4or 5+)		oo NOT use retir ecretary					
Do lile be lile a othe event	17. Father's Name (First, Middle, Last,					ne (First, Middle, I	Maiden Surname)		
Monta Monta	Patrick L. Morgan	n			Celia	Rhode			
B. Maryland 21215-0020 and 2 should be filed within 72 hours at leath and Mental Hygiene.  m 27 is marked other than "natural, or her traumetic event, the Medical Exam  To Be Completed by I	19a. Informant's Name/Relationship ( Martha Robey	Daughter	3508	8 Horsem		vidsonvi	lle Maryl	and 21035	
0 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	20e. Method of Disposition  1 □ Buriel 2 □ Cremetion 3 □  4 □ Donation 5 ☒ Other (Specification of the content	Removal from State	ace of Dispos metery, cren	sition (Neme of netary or other plants	March	11 <sup>Dete</sup> 1999	20c. Location - City	or Town, Stete	
Baltim permit. Pa Department important any injury once.	21. Signalure of Funeral Service Licer  5.  23a. Partt. Enter the disease of comphodic or heart failure. In only	nsee	22	. Name end Addr	ress of Facility	nowal Uo	me, Inc. Maryland	20715	
Physician /Medical Examiner	Immediate Ceuse (Final disease or condition resulting in deeth)	a. congestion	re he as a conseq	ert fo	ilure	correspiratory em		Approximate Interval Between Onset and Death	
OX 66/60, certificate be assected ding physician and use as the bunal-transit n/Medical Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury thei initiated events resulting in death) Last	c. theumat	es a conseq	uence of):				years	
Tor for all								1	
the d	Part II. Other significant conditions of	ontributing to death but not resul	uting to death but not resulting in the underlying cause given in Pert I.				23b. Did tobacco use contribute to the cause of deat  1 Yes 2 No 3 Probably 4 Unkno		
aw requires as been sign 2 should be						24a. Wes e perfor		lb. Were autopsy findings evailable prior to completion of cause of death?	
= = = = 0						1 □ Y	s 2 No	1 ☐ Yes 2 ☐ No	
Physician: The this certificate real director, page Co.	25. Was case referred to medical examiner?	Manadak				eth (Check only on	9)		
0 5 5 6	1 Yes 2 No		R/Outpatien	1 3LI DON		,	ence 6 Other (5	Specify)	
After fune	27. Menne of Death  1 Netural 5 Pending 2 Accident Investigation	(Month, Day Year)	28b. Time of Injury	28c. Inje We M 1	ury at ork? ]Yes 2 □ No	28d. Describe he	ow injury occurred		
bill or Attending P is after death.  In Director: After led in by the funer.  Certification:	3 Suicide 6 Could not be determined	28e. Plece of Injury - At hor building, etc. (Specify)	ne, ferm, sire	eet, fectory, office		28f. Location (St City or Town		Rural Route Number,	
To the Hospital or Attent within 24 hours after deat To the Funeral Director: completely filled in by the Medical Certifical	29a. Certifier 1 Certifying Ph (Check only 2 Medical Exam	ysician: To the best of my knowniner: On the basis of examination and menner steted.	ledge, death on and/or inv	occurred at the trestigation, in my	time, date and place opinion, deeth occu	, end due to the corred at the time, d	ause(s) end menne ate end place, and	r as stated. due to the ceuse(s)	
of the omple omple	29b. Signature and title of certifier	1		29c. Licen	nse number	2	9d. Dete signed (M	onth, Day, Year)	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* tetraline	we			22780		3/8/9	9	
ap	30. Marme and eddress of person who effect A Schisse	completed cause of death (Item:	23a) (Type, I	Print)	Chr Br.	Green	shelt Ma	1 20770	
State Registrar	31. Date filed (Month, Day, Year) MAR 1 2, 1999	82. Registrar's Signatu	ure G	1	,				

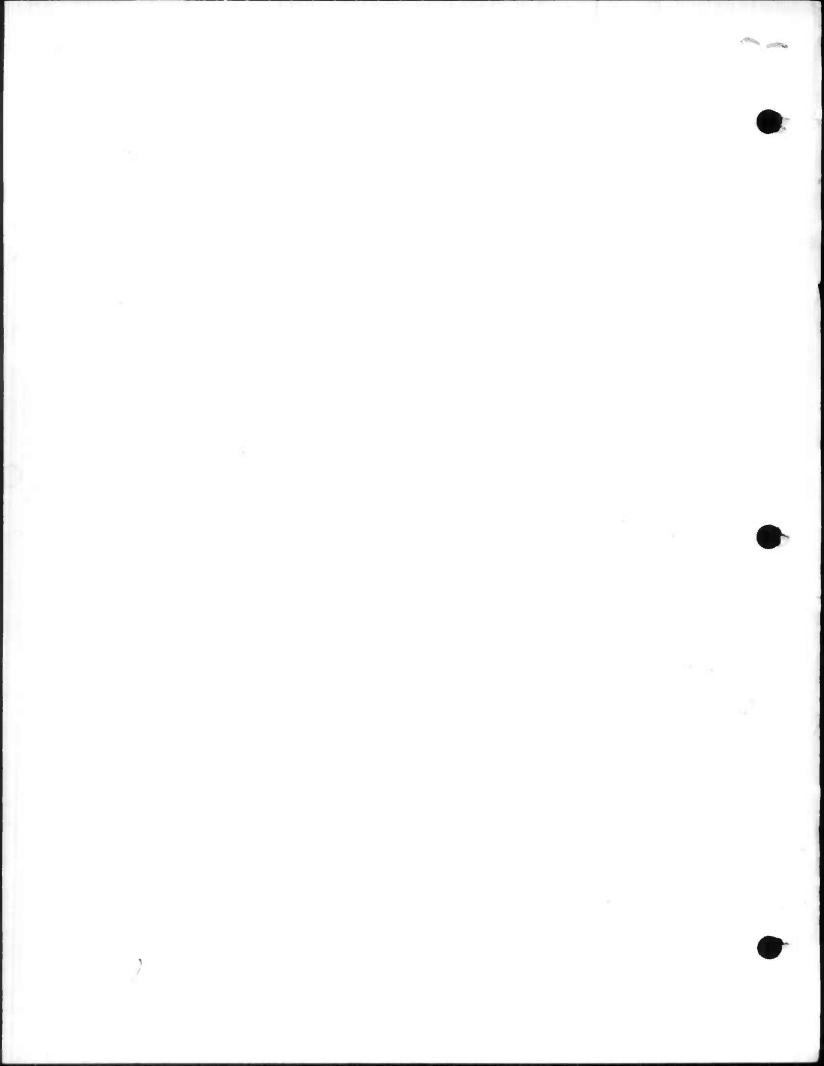


2	9 9	95		Ē
	P.	al di		Iner
DALLING	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director		IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner mu
ò	fler d	류	oval.	18
	urs a	in the	r rem	edic
	4 ho	Filled	0 '00	E E
	THU Z	tely i	matio	t. th
2	d wit	mple	Cre	wen
100 VOI 100 VO	cute	90 p	wrial	tle
<	9 600	an ar	to t	иша
)	ate b	ysici	prio	1
:	rtifica	4d 0r	jene	the
	th ce	endir	Hy	070
ŝ	dea	e att	enta	Z
j	if the	by th	Ind N	/ Ini
5	s tha	Ded	ith a	any
2	quire	n Sig	f Hea	OWS
	W re	bee	pt. o	3 sh
Ĉ	he la	has	e De	2 E
	IN: T	ficate	Stat	le le
	SICH	certi	the	1.0
)	PHY	this	with	rkec
	OING	After	death	E
	TEN	DR:	ther	8
	R AT	REC	Urs 8	E
1	AL O	N D	2 00	1 10
	SPIT	NER	hin 7	N.
	모	EF	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	RTA
	王	E	File	PD
	H	K	Z	=

								22	01090
	FOR 1 - STATE	STATE OF MARY					MENTAL HYGIEN	E	
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Lest)		CER	RTIFICAT	E OF D	DEATH	REG. NO		
	DNI DU HO	2/1/400						AY Z	3. TIME OF DEATH  1:25 PM M
	4. SOCIAL SECURITY NUMBER	5, SEX 6. AGE	(In yrs. last bir	rthday) IF UNDI	ER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	2	BIRTHPLACE (State or Foreign
	579-125-4686	1 # M 2 □ F 8		YRS. MONTHS	7	IOURS MIN.	(Month, Day, Year)		ASHINGTON D.C.
	9e. FACILITY NAME (If not institution, give			9b. CIT	TY, TOWN OR	LOCATION OF DE		9c. COUNTY	
OR O	GENESIS EL	DER CARE	PP	NH 1	3ALTI	MORE		mi	1
្រួ	RESIDENCE OF DECEDENT  10e, STATE  10b, COUNT			0c. CITY. TOWN				111	
DIRECTOR	145	N/A	1."		IMORE	N			10d. INSIDE CITY LIMITS7
4	100. STREET AND NUMBER			DALI		IP CODE		10g, CITIZEN	1 # YES 2 NO
EB/	1801 WENTWORTH	RD.			2	21234			SA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	D 13	. WAS DECEN	DENT OF HISPAN	IC ORIGIN? (Specify Yes		BACE - American Indian
BY	1 # Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR I	DATES			NO Specify.	, Puerto Rican, atc.)		Specific ERO
	15. DECEDENT'S EDU	ICATION	160 DECEC	DENT'S USUAL	000000000000000000000000000000000000000		T		WILLIAM OF THE
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 8+)	(Give I	kind of work done NOT use retired.	a during most c	of working	16b. KIND OF BUS	SINESS/INDUST	RY
- F	10	O	unkn	own			unknown		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				1	6. MOTHER'S NAM	RE (First, Middle, Meiden	Sumeme)	
BE	UNKNOWN					NANN	IE HOWA	ARD	
10	19m. INFORMANT'S NAME (Type/Print)						oute Number, City or Tow	n, State, Zip Coo	ie)
	<u>EDITH KAUFMAN</u>		BALT	го.со.	DEPT.	OF AGIN	G 611 CEN	IRAL A	VE.TOWSON, MD
	20a. METHOD OF DISPOSITION 1 # Burlel 2 Cremation 3 Rem	noval from State 20	b. PLACE AND	ZTON C	SITION (Name	of D.V.	h	CATION — City	
5	4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI		141.			ADDRESS OF FAC	3/17/99	<u>LANSDO</u>	WNE, MD.
	711	6		22	ESTEP	BROTHE	RS FUNERAL	HOME	РΔ
5	eul (	BUY			130	O FOLAM	PL. BALTO	). MD.	21217
	23. PART i. Enter the diseases, or ahock, or heert failure.	List only ofthe ceuse on a	each line.				-	retory arrest	Approximate Interval Between
2	IMMEDIATE CAUSE (Finel disease or condition	Para D.	20011	225110	and 1	april	Sam E		Onset and Death
1	resulting in death)	a. DUE TO (OR AS	A CONSEQUE	MCE OF					1 pair
		Back	rial	Pn	lum	mg	dent		10day
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS							P
\S	cause. Enter UNDERLYING CAUSE (Disease or Injury	C							
TIF	that initiated events reaulting in death) LAST	DUE TO (OR AS	A CONSEQUE	NCE OF):					
	Total in Goalin) Exot	d							
5 .	PART II. Other aignificent condition	na contributing to death i	but not resu	iting in the u	inderlying c	euse given in F			24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL							PERFOR		AMARABLE PRIOR TO COMPLETION OF CAUSE
ME									DF DEATH?
Z	DID TOBACCO USE CONT	RIBUTE TO CAUSE C	OF DEATH	YES 🗆	NO 🗆	UNCERTAIN			
CI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE O	F OEATH (Check					
I X	1 TYES 2 NO	1   Inputient 2   ER/Out		DOA 4 Nu	rsing Home		Other (Specify)		
51 de 1	1 Natural 5 Pending	(Month, Day, Year)	26	Bb. TIME OF INJURY	28c. INJURY WORK		26d. OEŞCRIBE HOW II	NJURY OCCUR	ED
			- 1		177	2 L NO		and Museline and St	
B	2 Accident Investigation	26e. PLACE OF INJURY	Y — At home.	form, street, les			28/ LOCATION (Stead of		brond Plancks Africachine
B		28e. PLACE OF INJURY building, atc. (Spe	Y — At home,	ferm, street, le	ctory, office		26f. LOCATION (Street e City or Town, State)	na Number of H	lurel Route Number,
B	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Spe	cffy)				City or Town, State)		lural Route Number,
B	2 Accident Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of my know	vledge, deeth	occurred at The	time, date end	d piece, end due t	City or Town, State) o the cause(s) end man	ner es atated,	
COMPLETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of my know	vledge, deeth	occurred at The	time, date end	h occured at the t	City or Town, State) to the cause(s) end man ime, date and place, en-	ner es atated,	
BE COMPLETED BY	2 Accident 3 Suicide 4 Homicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI  29b. SIGNATURE AND TITLE OF CERTIFIE	iCIAN: To the best of my know ER: On the bests of examination	riedge, deeth on end/or inves	occurred at the	time, date end opinion, deati	h occured at the t	City or Town, State) to the cause(s) end manime, date and place, en	oner es stated.	use(e) end menner es stated.
COMPLETED BY	2 Accident 3 Suicide 4 Homicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI  29b. SIGNATURE AND TITLE OF CERTIFIE	iCIAN: To the best of my know ER: On the bests of examination	riedge, deeth on end/or inves	occurred at the	time, date end opinion, deati	h occured at the t	City or Town, State) to the cause(s) end manime, date and place, en	oner es stated.	use(e) end menner es stated.
BE COMPLETED BY	2 Accident 3 Suicide 4 Homicide  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI  29b. SIGNATURE AND TITLE OF CERTIFIE	iCIAN: To the best of my know ER: On the bests of examination	riedge, deeth on end/or inves	occurred at the	time, date end opinion, deati	h occured at the t	City or Town, State) to the cause(s) end man ime, date and place, en-	oner es stated.	use(e) end menner es stated.

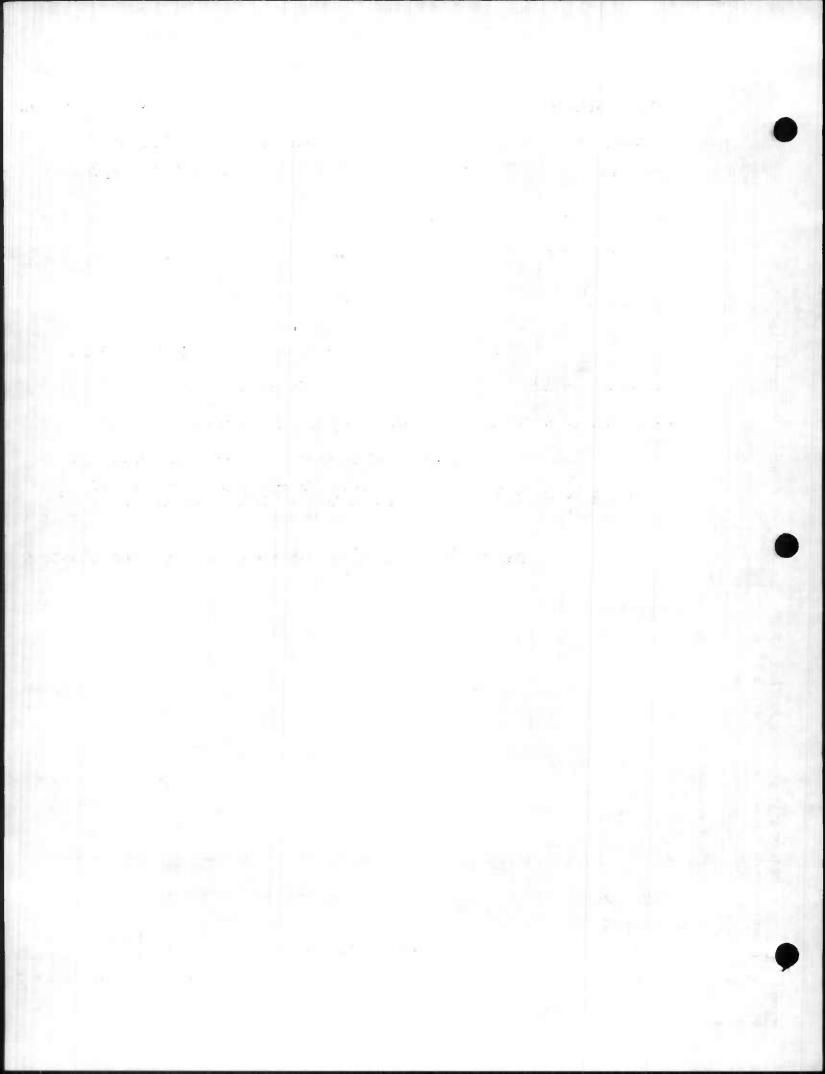
1999

DHMH-16 Rev 1/89



# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

Physician	1 Decedents No	ma (First, Middle, Las	nal .	-			Death	2. Dete of Dec	Reg. No.		3. Time of Deet	
,		C. HILDEBR	*					Month	0. 1999	Yeer	8:45 a.	
/Medical Examiner	4h City Tours or								-,	of Death	0.43 u.	
Funeral Pirector	340 Sun 5. Social Security 229-90-	vray Cowrt Number 8. Se -6103			lest birthday) Yrs.	If Under 1 Yea Months Deys		8. Dete of Birt (Month, Da JWLY 6,	Harf	ord	ece (State or Fore y) .NLA	
3	Usuel Residence	of Decedent 10b. County		10c Cit	v. Town or Loc	ation				10	d, Inside City Lim	
of a Po											1 ☐ Yas 2 ☑	
or 28e-f s be notified Director	10e. Street and N		u	10f. Zip Code 21009				10g. Citizar		Whet Count		
of ret must		nray Court							U.S.A.		1000	
	11. Marital Status	11. Marital Status 12.			lf.	/es Decedent of Yes, specify Cul	Hispanic Origin? (S) ban, Mexican, Puerto Specify:	pecify Yes or No o Rican, atc.)		a - Amarica ck, White, e	lc.	
"naturel", o		3 ☐ Wildowed 4 ☐ Divorced If Yas, Give Year or Dates:								write		
the M	(Sp Elementary/Se	15. Decedent's Ed ecify only highest gree condary (0-12)		or 5+)	(Giva k lifa. D	O NOT use retir	a during most of wor	king	16b. KIND of Bi			
2 2	17. Fethar's Nem	a (First, Middla, Last)	_ 90000		0000.001		18. Mothar's Nan	na (First, Middle,				
marked o	Kennetl	h Norman C	ole				Rachel	Joyner				
T is mar		Neme/Reletionship (7	Type, Print)		19b. Meiling	Address (Stree	et and Number or Ru	ural Route Number, City or Town, Stete, Zip Code)				
ther tre		Hildebran	d (Husba			Sunray	Court, A	Abingdon				
= 2	20e. Method of D	isposition 2 ACremetion 3 🗆	Removel from Sta		Place of Disposemetery, crem	ition (Neme of etory or other pl	ece)	Dete	20c. Location -	City or Tov	m, State	
lant:		5 ☐Othar (Specify		Gri	een Mou	int Crem	atory	3/12/99	Baltin	nore,	Marylan	
Important: I any injury o	21. Signeture of	Funeral Service Licen	velar	1-	S	Neme end Add Chimunel 10 W. Ma	ress of Fecility & Funeral acPhail Ro	Home of	Bel Ai l Air.	r, IN	C. 21014	
hysician and the burial-transit dical Examiner	Sequentially tist of any, laading to ceusa. Entar Un	conditions, immediate	b	ì	r es e consequ	uence of):						
	ceusa. Entar Un Cause (Diseese of that initiated ever resulting in deeth	or injury nts		Due to (o	r es e consequ	ence of):						
0 0	Cause (Disease that initiated ever resulting in deeth	or injury nts	d	Due to (o	r es e consequ	rence of):				1		
ottending p for use as	Cause (Disease that initiated ever resulting in deeth	or injury nts	d				jiven In Pert I.	23b. Dld	lobacco use co	ntributa to	the cause of de	
by the ettending placed for use as technology by the ettending placed for use as the state of th	Cause (Disease that initiated ever resulting in deeth	or injury nts i) Lest	d				given In Pert I.	23b, Did	hard.	ntributa to		
igned by the ettending p be detached for use as by Physician/Mex	Cause (Diseese that initiated ever resulting in deeth	or injury nts i) Lest	d				given In Pert I.	1 🗆 24a. Was		3 Prob	nbly 4 Unk	
has been signed by the ettending pge 2 should be detached for use as mpleted by Physician/Me	Cause (Diseese that initiated ever resulting in deeth	or injury nts i) Lest	d				given In Pert I.	1 🗆 24a. Was	Yes 20 No an autopsy med?	3 Prob	re eutopsy findir llable prior to	
ate has been signed by the ettending p page 2 should be detached for use as Completed by Physician/Me	Cause (Diseese that initiated ever resulting in deeth  Part II. Other sign	or injury nits and its						1 ☐ 24a. Was perfo	Yes 200 No an autopsy med?  Yes 250 No	3 Prob	re eutopsy findir llable prior to apletion of ceuse eath?	
fler this certificate has been signed by the ettending puneral director, page 2 should be detached for use as on: To Be Completed by Physician/Met	Cause (Disease that initiated ever resulting in deeth  Part II. Other sign  25. Wes cese ref exeminer?  1  Yes 25	or injury nits and conditions con	Hospital: 1 ☐ Inpi	n but not resi		derlying cause of a second cau	26. Plece of Dea hther: 4 □ Nursing H ury et ork?	24a. Was perfo	an autopsymmed?  Yes 25 No	3 Prob  24b. Wa ave con of d  1 □	re eutopsy findir Illable prior to upletion of ceuse eath?	
fler this certificate has been signed by the ettending puneral director, page 2 should be detached for use as on: To Be Completed by Physician/Met	Cause (Disease that initiated ever resulting in deeth  Part II. Other sign  25. Wes cese ref exeminer?  1  Yes 25	erred to medical  No eth  Panding Invastigation  Could not be	Hospital: 1 ☐ Inp	atiant 2 Injury	ER/Outpatient 28b. Time of Injury	derlying cause of a second cau	26. Plece of Dea wither: 4 □ Nursing H ury et ork? □ Yas 2 □ No	24a. Was perfo	Yes 20 No an autopsymmed?  Yes 20 No ona) dence 6 Oth how Injury occur  Street and Numb	24b. Wa ave con of d	re eutopsy findir Illable prior to apletion of ceuse eath?  Yes 200000	
fier this certificate has been signed by the ettending puneral director, page 2 should be detached for use as on: To Be Completed by Physician/Mea	Cause (Disease that initiated ever resulting in deeth  Part II. Other sign  25. Wes cese ref exeminer?  1  Yes 25	erred to medical    No	Hospital: 1   Inp. 28a. Data of f. (Month, 28e. Plece of building,	atiant 2 Injury Day Year) Injury - At he etc. (Specification of examine	ER/Outpatient 28b. Time of Injury pme, ferm, strey)	derlying cause of the cause of	26. Plece of Dea wither: 4 □ Nursing H ury et ork? □ Yas 2 □ No	24a. Was performent of the control o	Yes 25 No an autopsymmed?  Yes 25 No ona) dence 6 Oth how Injury occur  Street and Number, Stata)	3 Prob  24b. Wa average on of d  1 Descriptive of Rural	re eutopsy findin llable prior to opletion of ceuse eath?  Yes 2 1 No  Routa Number,	
fler this certificate has been signed by the ettending puneral director, page 2 should be detached for use as on: To Be Completed by Physician/Mex	25. Wes cese referenced to the control of the contr	erred to medical  No eth 5 Panding Invastigation 6 Could not be determined  184 Cartifying Phy 2 Medical Exam	Hospital: 1 ☐ Inpo  28a. Data of f (Month,  28e. Piece of building,  yelclen: To tha be	atiant 2 Injury Day Year) Injury - At he etc. (Specification of examine	ER/Outpatient 28b. Time of Injury pme, ferm, strey)	derlying cause of the derlying cause of the derlying cause of the derly in the derivative of the deriv	26. Plece of Dea wither: 4 ☐ Nursing H ury et ork? ☐ Yas 2 ☐ No a tima, data and place	24a. Was performent of the control o	Yes 25 No an autopsymmed?  Yes 25 No ona) dence 6 Oth how Injury occur  Street and Number, Stata)	3 Prob  24b. Wa ave con of d  1 Deer (Specify red  ber or Rural enner es stand due to	re eutopsy findin illable prior to opletion of ceuse eath?  Yes 2 No  Pouta Number,  ated. tha ceuse(s)	
he Furnated serious training the form of the serious pean signed by the ettending potenty filled in by the funeral director, page 2 should be detached for use as plately filled in by the funeral director, page 2 should be detached for use as edical Certification: To Be Completed by Physician/Mee	Cause (Disease that initiated ever resulting in deeth resulting in dee	erred to medical  No eth 5 Panding Invastigation 6 Could not be determined  184 Cartifying Phy 2 Medical Exam	Hospital: 1 Inperior 28a. Data of for (Month, 1) 28e. Piece of building, yelclen: To the bestern on the basis end menner	atient 2 Injury Day Year) Injury - At he etc. (Specification of examine stated.	ER/Outpatient 28b. Time of Injury ome, ferm, stre y) wledge, death tion end/or inv	derlying cause of the state of	26. Plece of Deather: 4 Nursing Hury et ork?  Yas 2 No a tima, data and place opinion, deeth occu	24a. Was performent of the control o	Yes 25 No an autopsymmed?  Yes 25 No ona) dence 6 □Oth how Injury occur  Street and Numb wn, Stata)  ceuse(s) end m dete end plece,	3 Prob  24b. Wa ave con of d  1 Deer (Specify red  ber or Rural enner es stand due to	re eutopsy findin llable prior to apletion of ceuse eath?  Yes 2 (TANo)  Routa Number, ated. tha ceuse(s)	



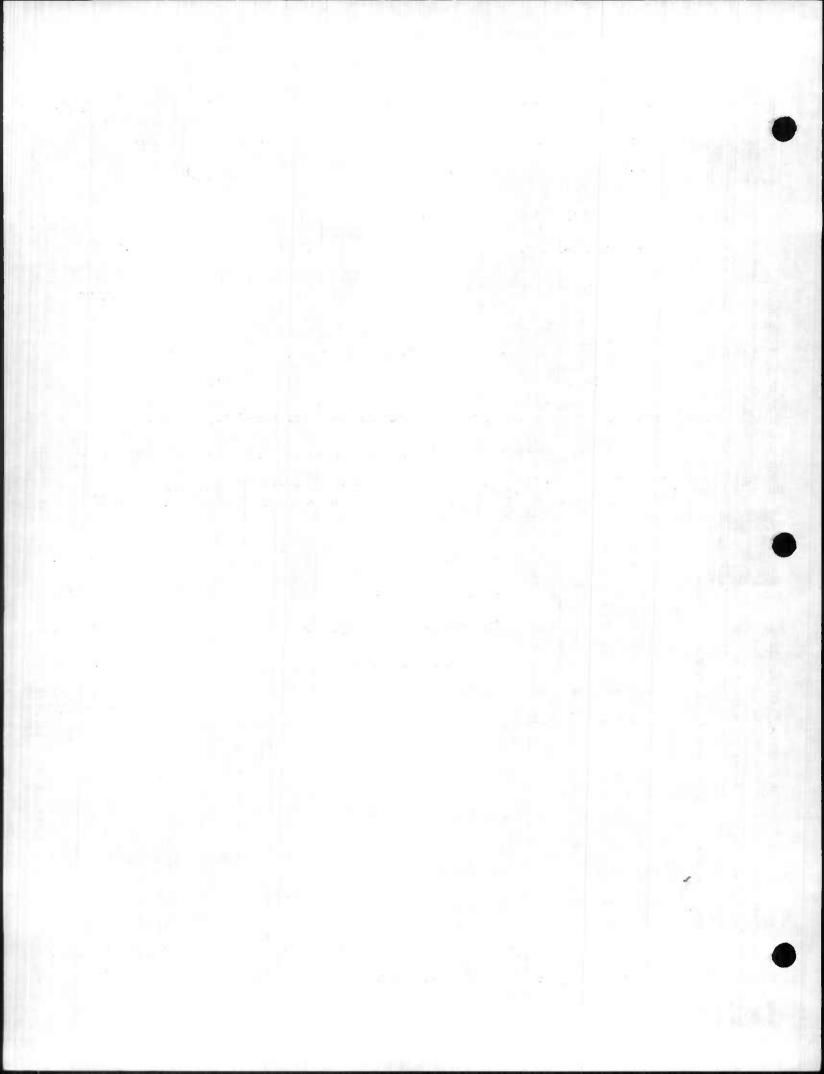
## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month **Physician** ,1999 Faith Marie March 9 Hughes 15:00 /Medical 4a Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Bayview Medical Center N/A Baltimore 5. Social Security Number If Under 1 Yaar if Undar 24 Hrs. Birthplaca (Stata or Foraign Country)
 PA Data of Birth (Month, Day, Year)
Jan. 28, 1922 7. Age (In yrs. last birthday) **Funeral** Months Days Hours Min 1 M 25 F 218-07-5817 77 Yrs. Director Usual Rasidence of Decedent with the Maryland permit. Pages 1 end 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiane. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show say injury or other traumatic event, the Medical Examiner must be notified at once. 10a Stata 10b. Count 10c. City, Town or Location 10d. fnside City Limits MD Baltimore Rosedale 1 ☐ Yes 2 No Director 10e. Street and Number 8332 Mildred Ave. 10f. Zip Coda 10g. Citizan of What Country? 21237 USA Funerai 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2♥ No if Yas, Give\* Yaar or Datas: 14. Race - Amarican Indian, Black, White, atc. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Ricen, atc.) 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐XNo Specify: white þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupetion 16b. Kind of Businass/Industry 15. Decedant's Education (Specify only highest grada complated) (Give kind of work done during most of working lifa. DO NOT usa ratired) Collega (1-4or 5+) Elamantary/Secondary (0-12) Store Supervisor Retail 18. Mothar's Nama (First, Middle, Maiden Surname) 17. Fathar's Nama (First, Middla, Last) John C. Kane Ruth Sanders 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Vernon T. Hughes Sr./husband 8332 Mildred Ave. Rosedale, MD 20b. Placa of Disposition (Nama of cematery, cramatory or other place Gardens of Faith 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) 3-13-99 Baltimore, MD 21. Signature of Funeral Service Licens 22. Nama and Addrass of Facility
Cvach/Rosedale Funeral Home Þ 1211 Chesaco Ave., Rosedale, MD 21237 23a. Part1. Entar the disease, or complications that ceused the death. Do not antar the mode of dying, such as cerdiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximata Interval Batwaen Onsat and Daath **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in daath) Pulmonary Embolus 6 hrs. Examiner Dua to (or as a consequance of): Examiner Gastric Lymphoma 4 yrs. physician end s the buriel-trens Saquantially list conditions, if any, laading to immadiata ceusa. Entar Undarlying Causa (Disaasa or Injury that Initiated evants rasulting in daath) Last Dua to (or as a consequence of) Box 68760 Idiopathic Thrombocytopenia 4 yrs. Physician/Medical Dua to (or as a consaquance of): usa as t Intracranial Hemorrhage one week Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? Records, P.O. been signed by the should be detached 3 Probably 4 Unknown 1 Yes 2 No Diabetes Mellitus by 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy peen : has 1 Yas 2 No 1 ☐ Yas 2 ☐ No this certificate Division of Vital or Attending Physician: eftar deeth. Director: After this certifica funeral director, Be 25. Was cesa rafarred to medicel axaminar? 26. Placa of Death (Check only ona) Othar: 4 Nursing Home 5 Residence 6 Othar (Specify) 2 1 Yas 2 No N Inpetiant 2 □ ER/Outpetient 3 □ DOA 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how injury occurred Certification: 28c. Injury at Work? 1 Natural
2 Accidant 5 Panding invastigation 1 ☐ Yas 2 ☐ No 6 Could not be To the Hospital or Atta within 24 hours aftar de To the Funeral Directo completaly filled in by th 3 Sulcida 28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 29a. Certifiar (Check only one) Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29d. Data signad (Month, Day, Year) 29b. Signatura and titla of certifiar 29c. Licensa number PED 30. Nama and addrass of person who completed cause of death (Item 23a) (Type, Print) Bayview Medical Center, 4940 Eastern Ave. Baltimore, MD Sandani 31. Data filad (Month, Day, Year) 32. Ragistrar's Signatura

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Date of Deeth **Physician** Jarch 5 L. HAR PER AMELA /Medical 4a. Facility Nama (If not institution, giva street and number, 4b. City. Town, or Location of Death Examiner 5. Social Sacurity Number 6. Sax 7. Aga If Under 1 Year If Under 24 Hrs. 8. Data of Birth
Months Days Hours Min. (Month, Dey, Year)

A PR. 1, 15 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foreign Country) **Funeral** 1□M 2AF 49 212-56-3490 Yrs. Director Usual Rasidanca of Dacedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Director 1 Yas 2 No MD BOUTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? USA SPANGLER WAY 21205 Funeral 1025 12. Was Dacedant Evar in U,S.
Armed Forcas?
1 ☐ Yas 2 ☐ No
If Yas, Giva
Yaar or Datas: Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Rece - Amaricen Indian, Biack, Whita, atc. 11. Marital Status 1 ☐ Navar Married 2 ☐ Married 1 Yas 2 No Specify: Specify: WHITE Aq 3 ☐ Widowed 4 ☒ Divorced Completed 15. Decedant's Education (Specify only highest grada complated) 16a, Decedant's Usual Occupation 16b. Kind of Business/Industry Give kind of work dona during most of working lifa. DO NOT use retired) Elamantary/Sacondary (0-12) College (1-4or 5+) NA 10 tome MAKER 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nema (First, Middla, Maiden Surnama) Be RICHARD JEAN SCHICKNER ROSETTA 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Numbar, City or Town, Stata, Zip Coda) DAWN BRUNDSISTER FROG MONTAR RD BMO21220 Md. 20b. Place of Disposition (Nama of camatary, crematory or other place) 20a. Mathod of Disposition Data ₽ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Spacify) 21. Signature of Funeral Service License 22. Nama and Address of Facility Sons Funeral Home S. HIGH S. BALTO WZOZ Mg. 322 or complications that caused the death. Do not antar the mode of dying, such as cerdiac or respiratory arrest, it only one cause on each line. Immediata Causa (Finel disaasa or condition rasulting in death) Examiner Sequantially list conditions, if any, leading to immadiata ceusa. Entar Undarlying Causa (Diseasa or Injury thet initiated avants rasulting in daath) Last Due to (or as a consequence of) Physician/Medical Dua to (or as a consequence of). Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performad? 1 Yas 2 No 1 ☐ Yas 2 ☐ No 25. Was casa rafarred to medicel axaminar? Be 26. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yas 2 No 2 1 ☐ Inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA 27. Mennar of Death 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: 5 Panding investigation 1 Natural 1 Yas 2 No 2 Accident 6 Could not ba datarminad 3 Sulcida 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Numbar, City or Town, Stata) 4 Homloida Landrying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) end mannar as stated.

2 Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. Medical (Check only

Box 68760. P.O. 1 Records. Division of Vital or Attending Physicien: To the Hospital or Attendit within 24 hours eftar death. To the Funeral Director: Af

the Marylend

daath

filed within 72 hours after

permit. Pegas 1 and 2 should be filed within Depertment of Haalth end Mental Hygiena. Important: if frem 27 is marked other than any injury or other transmit

**Physician** /Medical

**Examiner** 

burial-transit

attending physician for use es the buna

signed by tha a

cartificata hes

this

After t

Baltimore, Maryland 21215-0020

7 is marked other than "naturel", or items 23a or 28a-f show traumetic event, the Medical Examiner must be notified at

Registrar

State

29c. Licansa numbar D44260 29d. Data signed (Month, Day, Year)

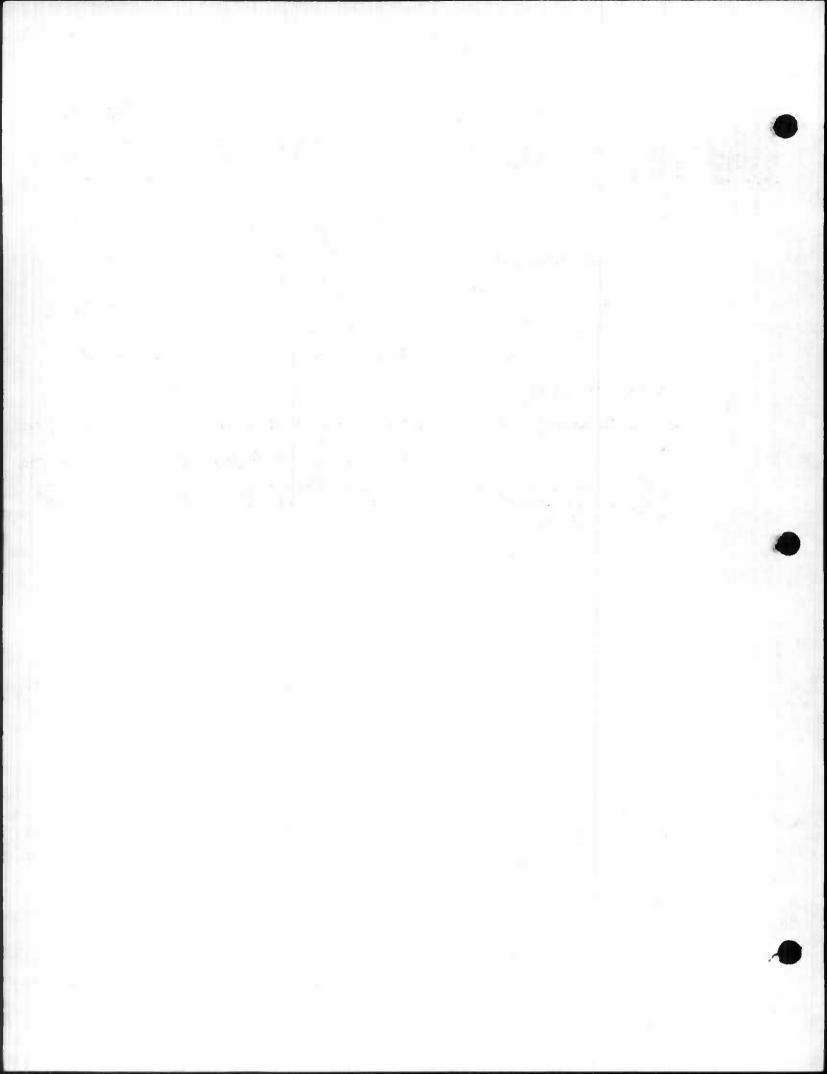
30. Nama and eddrass of parson who completed causa of daath (Itam 23e) (Type, Print)

March 5,1999

Krazinger, MD 10 1012 Ut North Point Rd Raltinore, MD 2/224 ruce

31. Date filed (Month, Dey, Yeer)

29b. Signature and title of complian



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Decedent's Name (First, Middle, Last) 2. Dafa of Death 3. Time of Death arch 4b. City, Town, or Location of Death 46. County of De 5. Social Security Number 8. Data of Birth Jan. 30, Birthplaca (Stata or Foreign 6. Sex Age (In srs. last birthday) -42-262 Days 1 □ M 2 M F outh (arolina Usual Rasidance of Decedant 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland 1 XYas 2 No more 10e. Street and Numbe 10f. Zip Coda 10g, Citizan of What Country? 100 2 12. Was Decedant Ever in U,S. Armad Forcas? 1 ☐ Yas 2 ☐ No 11. Marifal Stafus Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, afc.) Race - Amarican Indian, Black, Whita, atc. 1 Navar Marriad 2 Married 1 Yas 2 No Specify: 3 Widowed 4 □ Divorced American trican 15. Decedant's Education (Specify only highest grada complated) 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collage (1-4or 5+) 20 0 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) 19a. Informant's Name/Ralationship (Type, Print) (daughter) 19b. Mailing Addrass (Street and Number or Rura Md 2030 lear ones 20b. Place of Disposition (Nama of cematary, cramatory or other) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 R 4 Donation 5 Other (Specify) 3 Ramoval from Stata Crematory 22 Nama and Address of Facility Tocoph L. RU 21. Signature of Funaral Service Liber Home Joseph era Baltimore, Md. 21216 W. North seasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, flure. List only one cause on each line. Approximata Intarval Batween Onsat and Death Immadiata Causa (Final disaasa or condition rasulting in daath)

**Physician** /Medical **Examiner** 

the buriel-transit

for use as

signed by

this certificate hes

After

To the Funeral Director: After competed library.

page 2 should

director.

The law requires that the death certificete be executed

P.O. Box 68760.

Records,

of Vital

Division

Hospital or Attending Physician:

the the

**Physician** 

/Medical

Examiner

10a, Stata

**Funeral** 

Director

Herra 23a or 28a-f shortner must be notified at

ed other than "natural", or iten event, the Medical Examiner

Hygiene.

Pages 1 and 2 should be 1 nent of Health and Mental

aftimore,

or other tra

**Funeral Director** 

Completed by

Be

2

Examiner

Physician/Medical

þ 90

Completed

Be

Certification: To

Medicai

the Maryland

Sequantially list conditions, if any, leading to immadiata cause. Entar Undarlying Causa (Disaase or Injury that Initiated avants rasulting in daath) Last

Dua to (or as a consequence of):

Dua to (or as a consaguance of):

Dua to (or as a consequence of):

Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part f.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Hhknown

24a. Was an autopsy performed?

24b. Wara autopsy findings available prior to completion of cause of death?

2 1No

1 ☐ Yas 2 ☐ No

26. Placa of Daath (Check only ona) Other: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Othar (Specify)

25. Was casa rafarred to medical 1 ☐ Yas 2 ☐ No 27. Mannar of Death

5 Panding

28a. Data of Injury (Month, Day Year)

28a. Placa of Injury - At homa, farm, straaf, factory, office building, atc. (Specify)

1 ☑ Inpatiant 2 ☐ ER/Outpatienf 3 ☐ DOA 28b. Tima of

28c. Injury at Work? 1 Yas 2 No 28d. Dascribe how injury occurred Location (Street and Number or Rural Routa Number, City or Town, Stata)

29a, Cartifian

1 Watural

2 Accidant 3 Sulcida

4 Homicide

1 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and mannar as stated.

| Medical Examiner: On the best of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and mannar stated.

29b. Signatura and fitla of certifian

invastigation

6 ☐ Could not be datarmined

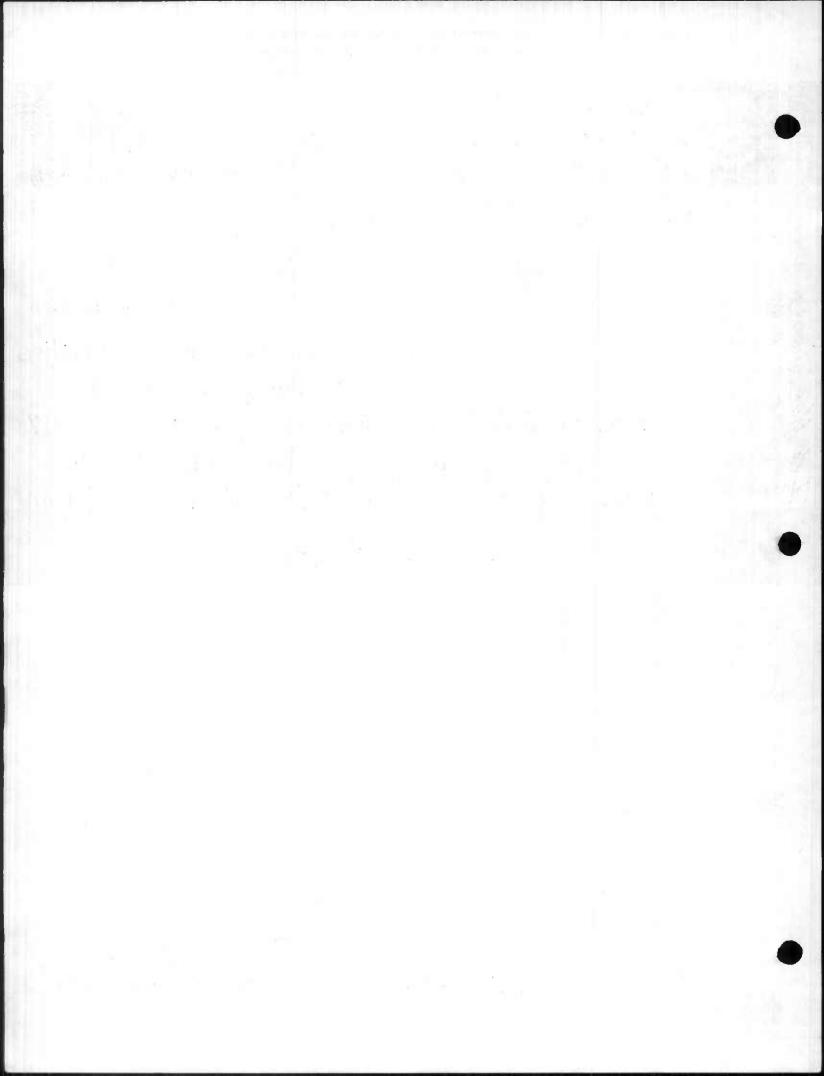
29c. Licansa numbar

29d. Data signad (Month, Day, Yaar)

30. Name and addrass of person who complated cause of death (Itam 23a) (Type, Print)

Wa MAR 1 2 32. Registrar's Signatura

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3 Time of Death Day **Physician** JAMES MARY FRANCES March 0746 1999 10 /Medical 4a Facility Name (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner ER FALLSTON GENERAL HOSPITAL FALLSTON HANFOND If Undar 1 Yaar | if Undar 24 Hrs. | 8. Data of Birth (Month, Day, Yaar) 8. Sax 7. Aga (In yrs. last birthday) 5. Social Security Number Birthplaca (Stata or Foraign Country) **Funeral** 10 M 20 87 Yrs. 213-05-2575 Director Oct. 13,1911 Penn. Usual Rasidance of Decedant the Manyland 10e State 10b. County 10c. City, Town or Location 10d. Insida City Limits item 27 is marked other than "naturel", or items 23a or 28a-f ehor other traumstic event, the Medical Examples fraum the notitied at 1 Yas 2 XNo Director Md. Baltimore Dundalk 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 6 Arrowship RoaD 21222 U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, Black, Whita, atc. 12 should be filled within 72 hours after on and Mantal Hygiane. Is marked other than "nature!" or the 1 Navar Marriad 2 Married 1 ☐ Yas 2 ☑ No II Yas, Giva Yaar or Datas: altimore, Maryland 21215-0020 1 Yas 2X No Specify: Specify: White þ 3 ₩ Widowed 4 Divorced Completed 15. Decedant's Education (Spacify only highast grade complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) College (1-4or 5+) 18. Mother's Neme (First, Middle, Maiden Sumama) 10th Housewife 17. Fathar's Nema (First, Middla, Last) N/A Stovall Elizabeth Doulong 19e. Informent's Name/Raiationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) permit. Pages 1 and 2 sh Department of Haalth and important: If Item 27 is m eny injury or other traum Charlotte Gordon/Daughter 13914 Glen High Rd., Baldwin, Md. 21013

Mathod of Disposition

Data 20c. Location - City or Town, State

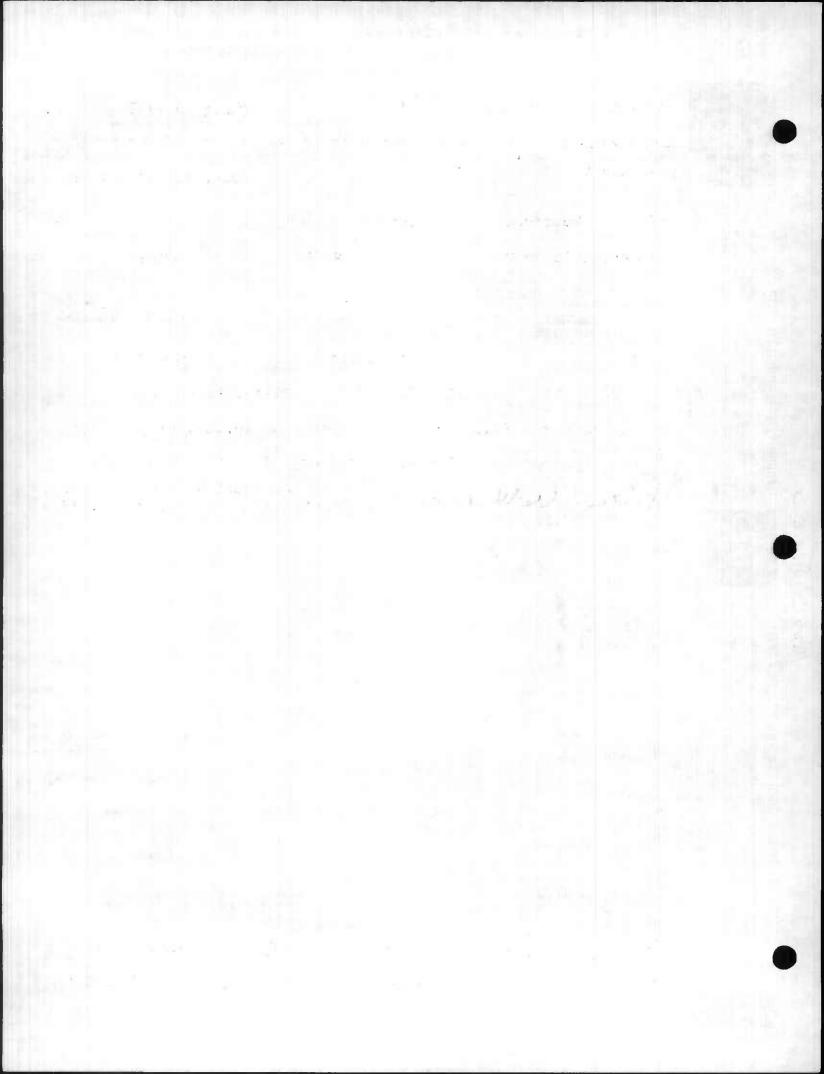
Ocemetery, crametory or other placa) 20a. Mathod of Disposition 1 □ Rurial 2 □ Cramation 3 □ Ramoval from Stata 4 □ Donation 5 □ Othar (Spacify) 3-13-99 | Balto., Md. Oak Lawn Cemetery 21. Signature of Funarai Sapica Lice Bradley-Ashton-Matthews Funeral Home, Inc. 2134 Willow Spring Rd., Balto., Md. 21222

23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, Approximate shock, or heart failure. List only one cause on each line. 22. Nama and Addrass of Facility eny ir Approximata Interval Batween Onsat and Daath **Physician** Immediata Causa (Final disaese or condition rasulting in daath) /Medical ASCUD Examiner Due to (or as a consequanca of): Examiner physician and the burial-trans Sequantially list conditions, if any, leading to immediata causa. Entar Undarlying Causa (Diseasa or Injury that Initiated evants resulting in death) Last Dua to (or as a consaguanca of). Physician/Medical Dua to (or as a consequanca of): USB Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. 1 Yes 2 No 3 Probably 4 Unknown AIZHEIMERS DIDEADE by 24b. Wara eutopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy cartificate has 1 ☐ Yas 2 No 1 Yes 2 No or Attending Physician: 25. Was casa refarrad to medical axaminar?
1 ☑ Ƴas 2 ☐ No Be 26. Place of Deeth (Check only one) Hospital: Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) 1 ☐ Inpatiant 2 Ø ER/Outpatient 3 ☐ DOA To Aftar this 28a. Date of Injury (Month, Day Year) funeral 27. Mannar of Death 28c. Injury et Work? 28b. Tima of 28d. Describe how injury occurred Certification: 1 Neturel 5 Panding invastigation efter daath. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be datarminad 3 ☐ Suicida 28f. Location (Streat and Number or Rural Route Number, City or Town, State) 28e. Pieca of Injury - At homa, farm, straat, fectory, offica building, atc. (Specify) 4 Homicida To the Hospital within 24 hours e Medical 29a. Cartifian 1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and placa, and dua to tha causa(s) and mannar as stated. Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signatura and titla of cartifian 29c. Licansa number 29d. Data signed (Month, Day, Year) DME OCME MA2 10 1999 addrass of person who complated causa of daeth (Item 23a) (Type, Print) 30. Name and FULCORD ANE BEZAIR MD 21014 M.D 218 B

DHMH 16 Rev 6/95

State Registrar 31. Date liled (Month, Day, Year)

32. Registrar's Signeture



### Please Type or Print in Black Indelible Ink. Assure Ali Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) 3 Time of Death Month 0:45 Pm Janos March Wildred 4b. City, Town, or Location of Deeth 4c. County of Deeth 4e Fecility Neme (If not institution, give street end number) Johns Hopkins Hospital - Bayview Campus N/A Baltimore If Under 24 Hrs. 8. Date of Birth (Month, Dey, Yeer) 9. Birthplece (Stet Country) Sept. 10, 1908 Mary land 7. Age (In yrs. lest birthdey) If Under 1 Year Montha Deys 5. Social Security Number 9. Birthplece (State or Foreign 1 M 2 F Yrs 90 212-03-5823 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 No Yea 2 No Maryland N/A Baltimore 10g. Citizen of Whet Country? 10e. Street and Number 10f. Zip Code United States 21213 2870 Kentucky Avenue 14. Race - American Indian, Black, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 1 ☐ Yes 2 🔼 No If Yes, Give Year or Detes: 1 □ Never Married 2 □ Married 1 ☐ Yes 2 🕅 No Specify: White 3 ☑ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) 12 Own Home Homemaker 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Fannie Wolf Albert J. Bachmann 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 8074 Phirne Road Glen Burnie, MD 21061 <u>Mildred E. Thatcher / Daughter</u> 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 20e. Method of Disposition Date 1 M Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 3/13/99 Baltimore, Maryland Most Holy Redeemer Cemetery 22. Name and Address of Facility Leonard J. Ruck, 21. Signature of Fune at Service Licenseq Timothy Harman Inc. Funeral Home Leonard J. Ruck, Inc. Funera 5305 Harford Road Baltimore 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart failure. List only one ceuse on each line. Baltimore, MD 21214 Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Septicemia Due to (or as a consequence of): 10 0045 Uro Sepsis Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Last Due to (or as e consequence of): Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 20 No 3 Probably 4 Unknown 24b. Were autopsy findings evailable prior to completion of cause of death? 24a. Waa en autopsy performed? 21 No 25. Was cese refarred to medical examiner? 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 28e. Date of Injury (Month, Dey Year) 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 1 Natural 5 Pending investigation 2 Accident 1 Yes 2 No 3 Sulcide Location (Street end Number or Rural Route Number, City or Town, State)

ician and burial-trans that the death certificate be axed Division of Vital Records, P.O. Box 68760, physician the 60 080 signed by the atte peen has Hospital or Attending Physician: director, this funeral After 1

24 hours after death.

Funeral Director: Af

**Physician** 

/Medical

Examiner

Director

Funerai

þ

Completed

2

any Injury or conce.

Physician /Medical

Examiner

**Funeral** 

Director

item 27 is marked other than "natural", or items 23a or 28a-4 show other traumstic event, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mantal Hygiena. If Nem 27 Is marked other than "natural", or the

Baltimore, Maryland 21215-0020

death

Completed by Be 2 Certification:

Medical

Examiner

Physician/Medical

4 Homicide 29a. Certifier

6 Could not be determined

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) end menner es stated.
2 Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and title of certifier

29c. License number

29d. Date signed (Month, Dey, Year) 19019

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

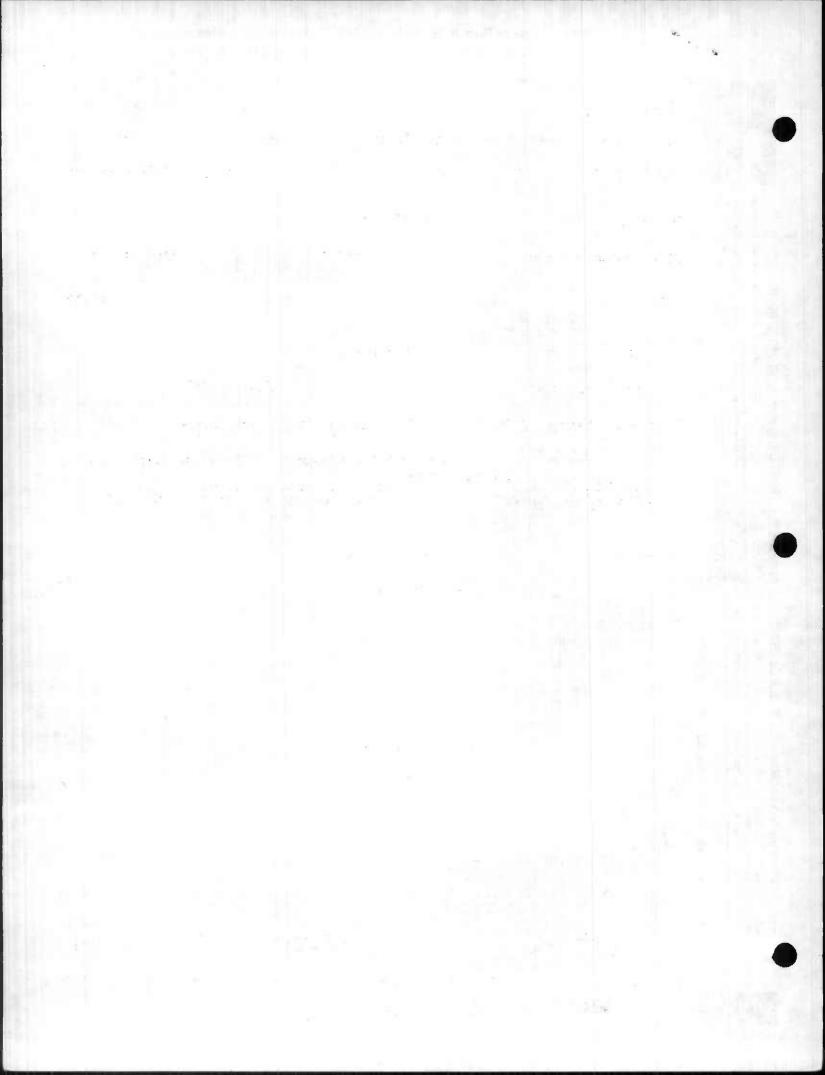
SCOTT ZAFT Bayview Medical Center 4940 Eastern Avenue Baltimore MD 21224

State Registrar

1999



To the Vithin 2



2

and Mental

death

JOHNSON, FRANK

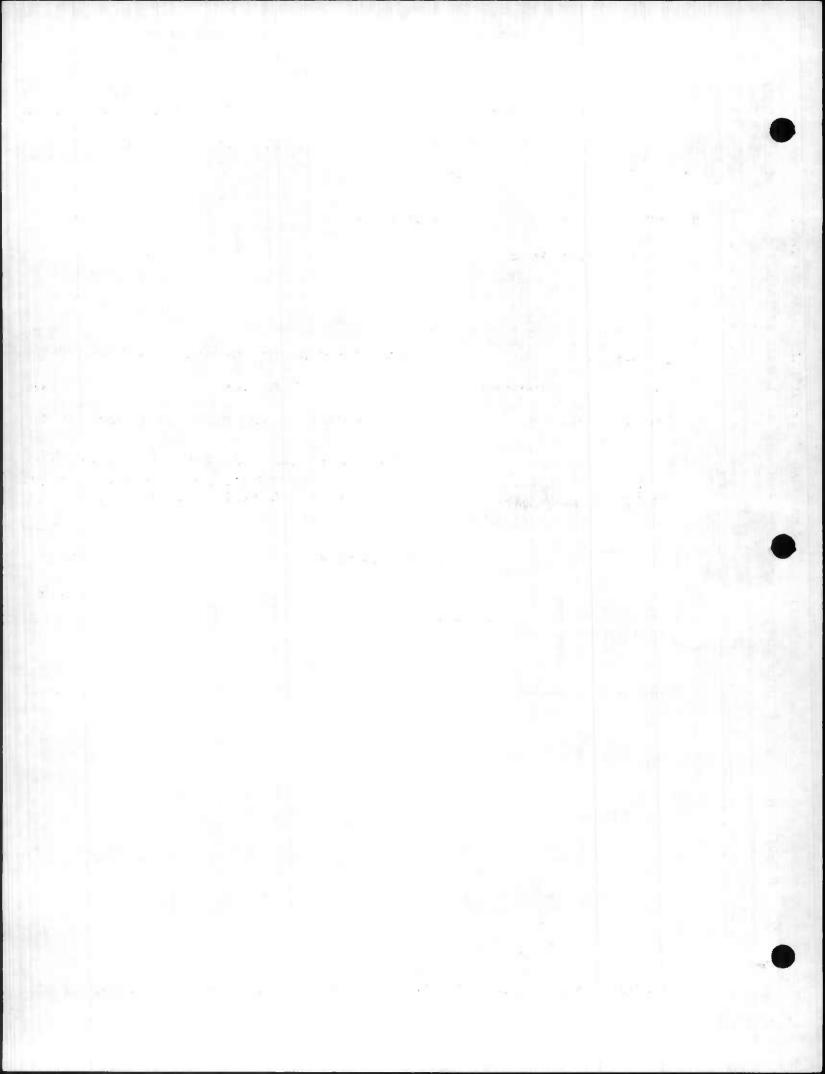
KNOWN TO PHYSICIAN:

**Physician** /Medical Examiner

attending physician end for use as the burial-trensit The law requires that the death certificate be axecuted Division of Vital Records, P.O. Box 68760, signed by the a peed has a 2 certificate or Attending Physician: this Aftert deeth. Director: / To the Hospital o within 24 hours af To the Funeral DI completely filled in

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Dete of Deeth 1 Decedent's Name (First Middle Last) 3 Time of Death Month Frank Johnson, Sr. March 8, 1999 11:15PM 4a Fecility Name (If not Institution, giva straat end number) 4b. Cltv. Town, or Location of Daath 4c. County of Deeth VA MARYLAND HEALTH CARE SYSTEM PERRY POINT CECIL If Under 1 Year If Undar 24 Hrs. Date of Birth (Month, Dey, Yeer)
04-22-12 Birthplace (Steta or Foreign Country)
 SC 5. Sociel Security Number 7. Aga (In yrs. lest birthdey) Months Deys Hours Min **X**□ M 2□ F Yrs 251-01-3510 86 Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inaide City Limita or 28a-f show traumatic event, the Medical Examiner must be notified at √ Yes 2 No MD Baltimore Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 618 Cheraton Road 238 21225 USA Funeral Nems : Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Maxicen, Puarto Rican, atc.) 14. Rece - American Indian, Bleck, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? 1 X Yas 2 □ No if Yas, Give Yeer or Detes: 1 Never Married 2 Married natural', or 1 Yas 2 No Specify: by Black 3 Midowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedant's Usuel Occupation (Give kind of work done during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry Co. Hygiene. Elementary/Secondary (0-12) Collega (1-4or 5+) Heavey Equipment Operator Harbison Walker 8th Grade is marked other 17. Fether's Nama (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) John Johnson Florrie Williams 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Addrass (Street end Number or Rurel Route Number, City or Town, Stata, Zip Coda) 629 Baldwin Drive Joppa, Maryland Victor Johnson Item 27 20b. Pleca of Disposition (Neme of cematery, cremetory or other piece) 20c. Location - City or Town, Stete 20a. Method of Disposition Dependment of I 1K Buriel 2 ☐ Cremetion 3 ☐ Removel from State Crownsville VA Cem. 03-12-99 Crownsville, MD 4 Donetion 5 Other (Specify) 22. Nama and Addrass of Fecility 21. Signature of Funeral Sarvice Licenses Baltimore, Maryland 21202 1000 WM.C.March FH 1101 E.North Avenue Lon 23a. Pert I. Enter the disease, or complicat shock, or haart failura. List only one ons that caused the deeth. Do not enter tha moda of dying, such as cardiac or respiretory errest, bause on aech lina. Onset end Deeth Immediata Causa (Finel disaesa or condition resulting in deeth) Left lower lobe pneumonia 1 Month Due to (or es e consequence ot): Examiner Emphysema 12/31/98 Sequentially list conditions, if any, leading to Immadiate causa. Entar Undarlying Causa (Diseese or injury that initieted events Due to (or es e consequença of): Asbestosis 12/31/98 Physician/Medical Due to (or es e consequence of): rasulting in daeth) Lest Pert tl. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2X No 3 | Probably 4 | Unknown g Completed 24e. Wes en eutopsy performed? 24b. Were eutopsy findings completion of cause of death? 2 1 No 1 ☐ Yes 2 ☐ No 25. Wes casa referred to medical examinar? Be 26. Plece of Deeth (Check only one) Hospital: Other: 4 X Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 10 1 ☐ Yea 2 🔯 No 1 Inpatiant 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Dey Yeer) 27. Mannar of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Certification: 1 X Netural 5 Pending 1 TYas 2 No Investigation 2 Accident 6 Could not be datermined 3 ☐ Suicide Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 | Homicide edicai 29a. Certifier 1XI Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, and due to the ceuse(s) end menner as stated. (Check only one) 2 Medical Examiner: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29b. Signature and title of certifia 29c. Licansa number 29d. Date signed (Month, Day, Year) D20215 KNOKMD 30. Neme and eddrass of person who completed cause of deeth (Itam 23a) (Type, Print) KARMACHANDRA NAIR, M.D., VA MARYLAND HEALTH CARE SYSTEM, PERRY POINT, MD 21902 32. Registrer's Signeture 31. Date filed (Month, Day, Yad?) State Registrar

Please Type or Print in Black indelible ink. Assure All Copies Are Legible.



### Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month Jaskulski 1103 Joseph March 1999 4e Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Johns Hopkins Baynew Medical Center Baltins-e N/A 8. Dete of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) If Under 1 Year 5. Social Security Number Birthplace (State or Foreign Country) 1 💢M 2□ F Months Days Hours Yrs. 212 09 4909 1917 MARYLAND Usual Residence of Decedent 10a. State 10b. Count 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No BALTIMORE ROSEDALE 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 8057 WOOD HAVEN ROAD 21237 USA 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14 Race - American Indian Bleck, White, etc. 1 Never Married 2 Married 1 Yes 2 No If Yes, Give Year or Dates: 1 Yes 2 No Specify: Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life, DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 8 0 LONGSHOREMAN SHIPPING 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Father's Neme (First, Middle, Last) CASIMIR JASKULSKI JULIA WOJCIECHOWSKI 19e. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 8057 WOODHAVEN ROAD BALTIMORE, MD 21237 Date 20c. Location - City or Town, State VIOLA J. JASKULSKI / WIFE 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 1 ☑ Buriai 2 ☐ Cremation 3 ☐ Removal from State 3/15/99 BALTIMORE, MARYLAND ST. STANISLAUS 4 Donetion 5 Other (Specify) 21. Signeture of Funerel Service Licenses 22. Name and Address of Facility CVACH/ROSEDALE FUNERAL HOME 1211 CHESACO AVENUE BALTO, MD 21237 23a. Part1 Inter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Death PHILEICULION WASHINGTOO BA NOICH BANNING Immediate Cause (Final disease or condition resulting in death) Due to (or es e consequence of). 36 hours Closed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last Due to (or as a consequence of) Due to (or as a consequence of): 23b. Did tobacco use contributa to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings aveilable prior to completion of ceuse of death? 24a. Was en autopsy performed? 1 ☐ Yes 2 ☑ No 1 ☐ Yes 2 ☑ No 25. Was case referred to medical 26. Place of Death (Check only one) examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA 28b. Time of Injury 28d. Describe how injury occurred 27. Menner of Deeth 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 1 Netural 5 Pending 1☐ Yes 2☑No

**Physician** /Medical Examiner

**Physician** 

/Medical

Examiner

**Funeral** 

Director

r than "naturel", or items 23a or 28a-f show the Mexical Examiner must be notified at

permit. Pages 1 end 2 should be filed within 72 hours effer I Department of Health end Mentel Hygiena. Important: If Item 27 ie marked other than "naturel", or iten eny injury or other traumatic event, the Medical Examines 0069.

Baltimore, Maryland 21215-0020

Directo

Funeral

p

Completed

Be To

the Meryland

Examiner Physician/Medical

physician and s the burial-trens Division of Vital Records, P.O. Box 68760 for use as signed by t hes this funeral After or Attending death. after death Hospital 24 hours e

þ Completed Be 2 Certification:

RET

Medical Dand J. Caparelli

2 Accident

4 Homicide

(Check only one)

3 Suicide

29a. Certifier

29b. Signature and title of certifier

investigation

6 Could not be determined

29c. License number 101831

700 PM

28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify)

at Itome

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Date signed (Month, Dey, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

8057 Woodhare-Rol, Maryland

Fell down Stairs

30. Name end address of person who completed cause of death (Item 23a) (Type, Print)

March 9 1999

Johns Hopkins Baymen Medical Center Baltimore, Mayland

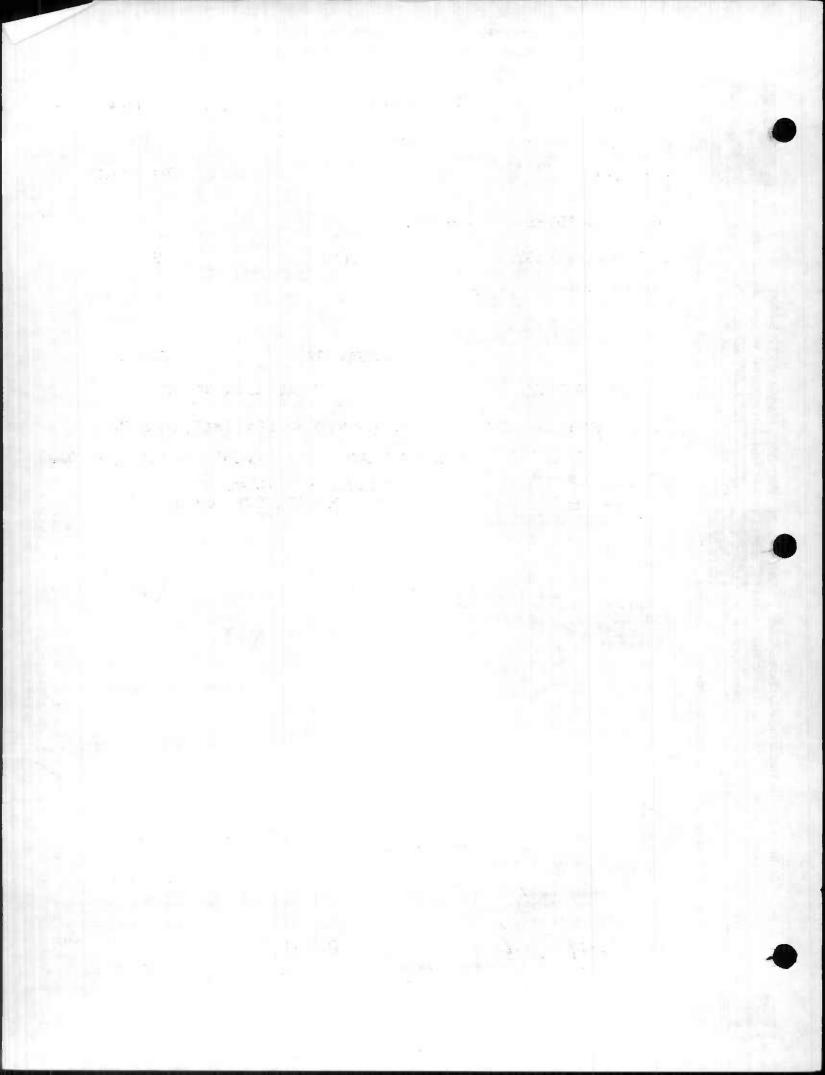
1×14-ch 11 1999

Registrar

31. Date filed (Month, Day, Year) MAR 1 2 1999



To the Vithin 2



EY	IEM:	S: #23 PAR	I, II, 2 e (First, Middle, La	7, 28A-F PER	R MEO G	769 C <b>er</b>	inicate	Oī	Death	2. Date of D	Reg. No.		3. Tima of Death
Physician		Decedent's Ivanie	s (First, Middle, Le	Kelley	/ Joh	ns				Month MARCH	Day	Yaar 999	12:55 P.M
/Medical	4	Facility Name (II	f not Institution, air	a straat and number				1	4b. City, Town, or		-	y of Death	12:33 P.M
Examiner	-		CHESTER						ELLICOTT	CITY	BALT	IMORE	
uneral Pirector	5.	Social Security N 217-64-6	umber 6. :		ge (In yrs. I 45	ast birthday) . Yrs.	If Under 1 \ Months D	Year Days	If Under 24 Hrs Hours Min.	(Month, D	rth ay, Year) 26, 1953	9. Birthp Cour.	olaca (Stata or Foreign ntry) laryland
show	10	sual Residence of a. Stata		10c. City, Town or Location					X- 1		1	0d. inside City Limits	
be nouried at	10	Maryland e. Street and Nur		imore			10f. Zip Co		cott City		10g. Citizen of	What Cour	
0 Z 🖸			chester Aver	ue			101. 2.10 00	,,,,	21043		Tog. Onzon of	U.S.A	
a marked other than "naturel", or items 23a summitic event, the Modical Examines must To Be Completed by Funeral I	11	. Marital Status  1  Never Marris 3  Widowed	ed 2 Married	12. Was Deceden Armed Forcas 1 Yes 2 If Yes, Give Yaar or Dates	No		/as Deceden Yes, specity		dispanic Origin? (S an, Mexican, Puer Specify:	Specify Yes or N to Rican, etc.)			
			15. Decedent's E	ade completed)	lucation 16a. De de completed) (G		ent's Usual C ind of work of O NOT use r	Usual Occupation If work done during most of working OT use retired)			16b. Kind of Business/Industry		
		Elementery/Second 12	College (1-40)	College (1-40) 5+)				Worker			Mill	IAIIII	
traumatic event, training		. Father's Nama (	First, Middle, Last Charles	) Z. Johns					18. Mother's Na		e, Ma <i>id</i> en Suma esella Kelle		
a ma		a. Informant's Na	me/Relationship	Type, Print)					and Number or R			n, State, Zip	Code)
10	1		Z. Johns, J	r. Brothe					ve. Baltimor				The Marie To
Department or heating and mental hygin period other important: if item 27 is merked other any Injury or other traumatic event, and the content of the conten	20	20a. Method of Disposition  1 Burial 2 □ Cremation 3 □ Removal from State  20b. Place of Discomatery, of the community of th					ition (Name etory or othe	of ir pla	ce)	Date 03/13/99	20c. Location - City or Town, Stata		
Injury			5 ☐ Other (Speci				-	-	Ellico	tt City, I	Maryland		
any In	2	I. Signature of Fu	heral Servica Lice	nsee	M005	35 22.	Slack	k Fi	ss of Facility uneral Home d Columbia I	, P.A. Pike Ellicott	City, MD 2	1043	
cian dical niner	In di re	3a. Parti. Enter It shock, or hear mediate Cause ( sease or condition sulting in deeth)	t feilure. List only Final	plications that cause one cause one cause on each	ine. PHENHYD		INTOXIO			c or respiratory	arrest,		Approximate Intervat Between Onset and Death
_	1 00	any, leading to Im luse. Enter Unde suse (Disease or at initiated events	madiata rlying injury	b									
sician	Pa	rt II. Othar signifi	cant conditions	contributing to death	but not resu	ilting In the un	derfylng caus	se giv	ven in Part I.	23b. Dic	i tobacco usa c	ontributa to	o the causa of death
Sequentially list conditions, if any, leading to Immadiate cause. Enter UnderlyIng Couse (Diseases or Injury that initiated events resulting in death) Last  Due to (or as a consequent of the country of				10	Yes 2□ No	3 Pro	bably 4 Unknow						
2 should pieted		ELE I									s an autopsy formed?	ev	ere eutopsy findings vallable prior to empletion of cause death?
paga Com										1,58	(Yes 2□No	1,5	Yes 2 No
Be Be	25	. Was case referr	red to medical							ath (Check only	one)		
E G		XXYas 2		Hospitel: 1 Inpat		ER/Outpatient		Oth	4 Li Nursing I	1	sidence 6 🗆 O		fy)
r: Aftar ti na funara ation:	27	. Manner of Death  1 Natural  2 Accident	5 Pending investigation	28a. Date of In (Month, D Found: 3-9-99	ay Year)	28b. Time of Injury UNKNOWN	28c.	Wor	ry at rk? Yes 2∭No		INGESTED		
uneral Director: After to the funeral by the funeral by the funeral cal Certification:		3 ☑ Suicide 4 ☐ Hornicide	6 Could not be determined	8 00 Di	njury - At ho	me, farm, stre				28f. Location City or To		ber or Run	TCHESTER AVE
To the Funeral Complataly filled	29	e. Certifier (Check only one)	1☐ Certifying Pi 2  Madical Exa	nysician: To the besininar: On the basis end manners	of examinat	vledge, deeth ion and/or inv	occurred et t estigation, in	my c	me, date end plece opinion, death occi	e, end due to the	cause(s) and n	nenner as s	etated. the cause(s)
	1			3									
Me		b. Signature and	title of certifiar				29c. L	Icens	se number		29d. Date sign	ed (Month,	Day, Year)

State Registrar

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

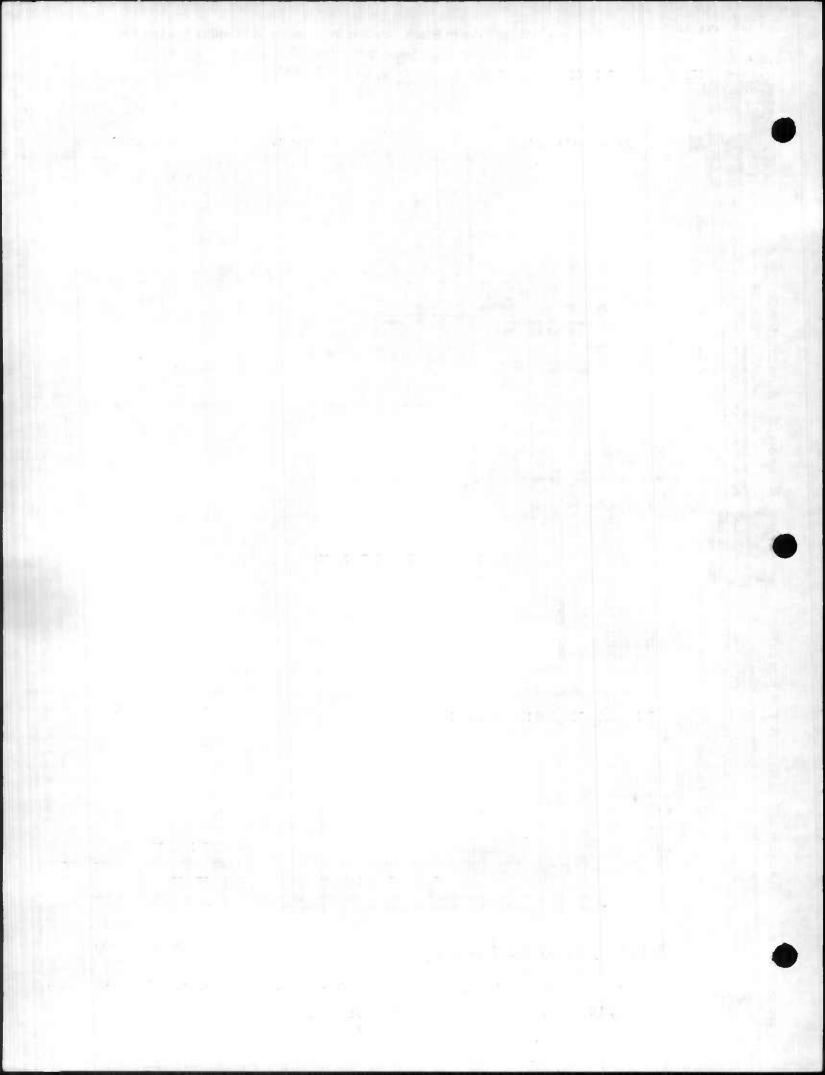
Stephen S. Radentz. 11:

31. Date filed (Month, Day, Year)

MAR 12 1999

32. Registrar's Signature

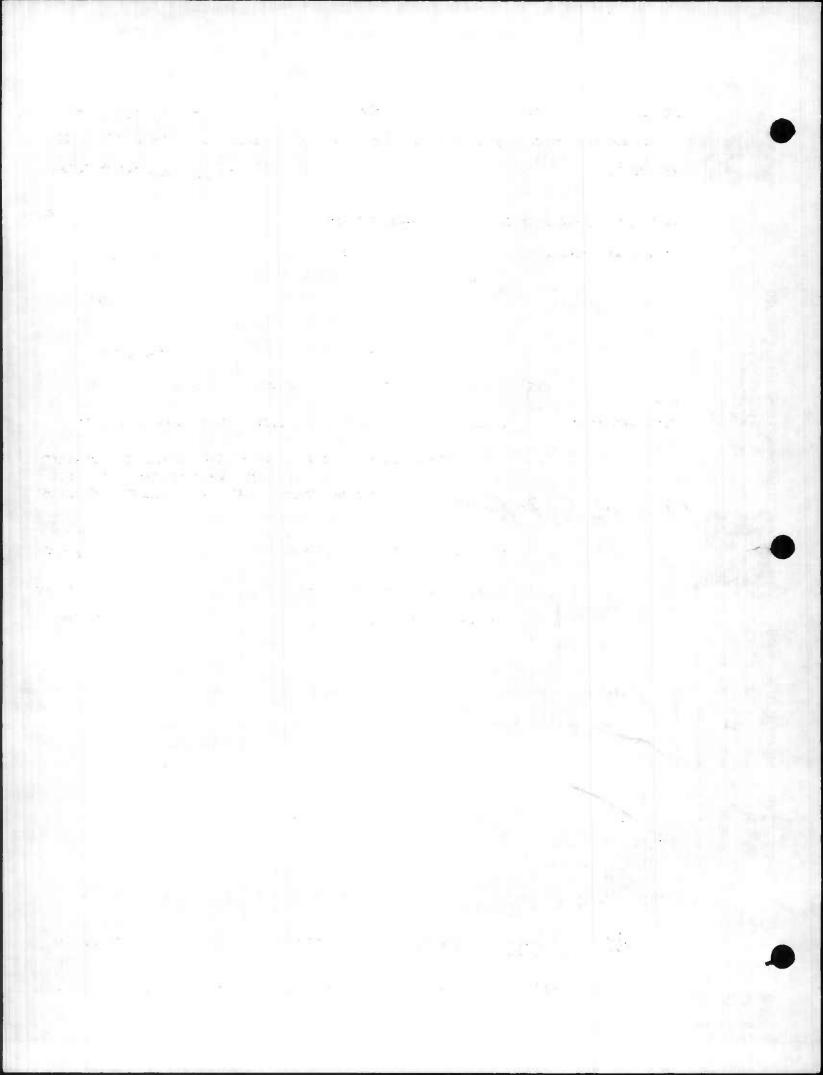
111 Penn Street, Baltimore, Maryland 21201



## Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible.

Millennium Nursing & Rehabilitation   Glen Burnie   ANN    Social Security Number   212-88-0732   1   M 2   F   Power Married   10c. City, Town or Location    Was Decedent Ever in U.S. Armed Forces?   13. Was Decedent of Hispanic Origin? (Specify Yes or No-fit Yas, specify Cuban, Maxican, Puarto Ricen, etc.)    Millennium Nursing & Rehabilitation   Glen Burnie   ANN    Social Security Number   212-88-0732   1   M 2   F   Power Married   21   M 2   F   Power Mar	3. Tima of Death  1990 4:50 AM  by of Death  E ARUNDEL  9. Birthplace (State or Foreign  SOUTH KOREA		
Funeral Director  5. Social Security Number 212-88-0732  5. Social Security Number 212-88-0732  5. Social Security Number 212-88-0732  1	9. Birthplace (State or Foreign SOUTH KOREA		
10a. State 10b. County 10c. City, Town or Location  MARYLAND ANNE ARUNDEL GLEN BURNIE  10e. Street and Number 10f. Zip Code 10g. Citizen of 8212 CRAB APPLE COURT 21061 U.  When the company of the control of the contr			
10e. Street and Number  8212 CRAB APPLE COURT  11. Marital Status  1 Never Married 2 Married 3 Widowed 4 Divorced  10e. Street and Number  8212 CRAB APPLE COURT  11. Marital Status  12. Was Decedent Ever in U,S. Armed Forces? 1 No If Yes, Give Year or Datas:  10e. Street and Number  2106. Zip Code  2106.1  U.  11. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Ricen, etc.)  14. Re Bit  10e. Street and Number  8212 CRAB APPLE COURT  11. Marital Status  1   Yes, Give Year or Datas:  11. Never Married 2   Married Street No-If Yas, Specify Cuban, Maxican, Puarto Ricen, etc.)  12. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Ricen, etc.)  14. Re Bit  10e. Street and Number	1 ☐ Yes 2 No		
11. Marital Status  12. Was Decedent Ever in U.S. Armed Forces?  1 Never Married 2 Married  1 Never Married 3 Widowed 4 Divorced  1 Yes, Give Year or Datas:  12. Was Decedent of Hispanic Origin' (specify Yes of No-lif Yas, specify Cuban, Maxican, Puarto Ricen, etc.)  14. Reflection (specify Yes of No-lif Yas, specify Cuban, Maxican, Puarto Ricen, etc.)  1 Yes 2 No Specify:  Specify:	10g. Citizen of What Country? U.S.A.		
	ice - American Indian, ack, White, etc. <sup>ify</sup> KOREAN		
15. Decedant's Education (Specify only highest grade completed)  16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired)  HOMEMAKER OWN	Business/Industry HOME		
17. Fathar's Name (First, Middle, Last)  18. Mother's Name (First, Middle, Maiden Suma	Middle, Maiden Sumame)		
Section   1   Section   1	L HOME, P.A.		
23a. Part 1. Enter the disease, or complications the causad the death. Do not anter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart failura. List only one cause on each line.  Physician	Approximate finterval Between Onset and Death		
findedical Examiner  findedical Cause (Final disease or condition resulting in death)  findedical Cause (Final disease or condition resulting in death)  Coronary Artery Disease  a.  Due to (or as a consequence of):	1 year		
Essential Hypertension  Due to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):	10 years 4 years		
d	b. Did tobacco usa contributa to the cause of death?		
T the Apple of the	3 Probably 4 Unknown		
24a. Was an autopsy performed?	24b. Wera autopsy findings available prior to completion of ceuse of death?		
25. Was cese referred to medical examiner?  Hospital:  Other: Oth	1 Yes 2 No		
1 Natural   5   Pending   1 Natural   5   Pending   1 Natural   5   Pending   1 Natural   2   Accident   3   Suicide   3   Suicide   4   Natural   4   Natural   5   Pending   1   Natural   5   Pending   1   Natural   5   Pending   1   Natural   2   Natural   Natural   2   Natural   2   Natural   2   Natural   2   Natural   2   Natural   2   Natural   2   Natural   2   Natural   2   Natural   2   Natural   2   Natural   2   Natural   2   Natural   Natural   2   Natural   2   Natural   2   Natural   2   Natural   2   Natural   2   Natural   2   Natural   2   Natural   2   Natural   2   Natural   2   Natural   2   Natural   2   Natural   N			
29a. Certiflier (Check only (C			
29b. Signature and titla of certifiar 29d. Date sign	h 10,1999		
30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)  Harjit Singh, M.D. 5410-A Ritchie Highway Baltimore  State Registrar  MAR 1 2 1999  State Registrar  MAR 1 2 1999	, Md. 21225		

DHMH 16 Rav 6/95



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Dete of Deeth 3. Time of Death 1. Decedent's Neme (First, Middle, Last) Month Zetta May Klopatch March 9 1999 7:20 am 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Anne Arundel Medical Center Annapolis Anne Arundel If Under 1 Year If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (Stete or Foreign Country) 8. Date of Birth (Month, Day, Yeer) Days 1 M XXF Yrs 67 183-24-1143 Sept. 3,1931 Pennsylvania Usual Residence of Decedent 10a. State 10c. City, Town or Location 10d. Inside City Limits 10b. County 1 ☐ Yes 2 ☐ No MD Anne Arundel Gambrills 10g. Citizen of What Country? 10e Street and Number 10f. Zip Code 953 Fall Ridge Way 21054 USA 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 11. Marital Status 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 □ Never Married 2 □ Married 1 Yes 2 No Specify: White 3X Widowed 4 □ Divorced 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Homemaker 12 Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Robert Lemmon Myfanwy Thomas 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Phyllis J. Klopatch (Daughter) 953 Fall Ridge Way, Gambrills, MD 21054 20b. Placa ot Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20e. Method of Disposition 1 XBuriel 2 Cremation 3 Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Arlington National Cem. 03/15 Arlington, VA 21. Signature of Funeral Service Licenses 22. Name and Address of Facility Hardesty Funeral Home, P.A. 12 Ridgely Avenue, Annapolis, MD 21401 23e. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death Immediate Cause (Final ACUTE RENAL FAILURE disease or condition resulting in deeth) Due to (or es e consequenca ot): SEPTIC SYNDROME 5 DAYS Due to (or as e consequenca of) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury PNEUMONIA that initiated events resulting in deeth) Lest Due to (or as a consequence of): 23b. Did tobacco use coptributa to the causa of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ACUTE AND CHRONIC RESPIRATORY FAILURE 10 Yes 21 Mo 30 Probably 40 Unknown 24b. Were autopsy tindings evailable prior to completion of cause ot death? LARGELEFT ABDOMINAL WALL BLEED. 24e. Wes en eutopsy performed? DISSEMINATED COAGULOPATHY SUSPECTED INTRAVASCULAR 210 No 1 ☐ Yes 1 ☐ Yes 2 ☐ No 25. Was case reterred to medical examiner? 26. Place of Deeth (Check only one) Hospital: 1 Impatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Dey Year) 27. Manney of Death 1 Matural 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? 5 Pending 1 ☐ Yes 2 ☐ No investigetion 2 Accident 6 Could not be determined 3 [] Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide

Box 68760, icete be P.O. Division of Vital Records, Attending re Funeral Director: After death. ŏ

Physician

/Medical

Examiner

**Funeral** 

Director

r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at

Director

Funeral

P

Completed

with the Meryland

deeth

filed within 72 hours efter

Hygiene.

permit. Pages 1 and 2 should be in partment of Health and Mental important: If item 27 is marked or

ò

luy.

Physician /Medical

Examiner

physicien and the buriel-trans

98 use

Examiner

Physician/Medical

by

Completed

Be

10

Certification:

Medical

29a. Certifier

(Check only one)

this

other

Baltimore, Maryland 21215-0020

State Registrar

31. Dete tiled (Month, Day, Year)

29b. Signature end title of partifier

it Certifying Physician: To the best of my knowledge, death occurred et the time, dete end place, and due to the cause(s) end manner as steted

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, dete and pleca, and due to the cause(s) and manner stated.

29c. License number

29d. Date signed (Month, Dev. Year)

30. Neme end eddress of person who completed cause of death (Item 23a) (Type, Print)

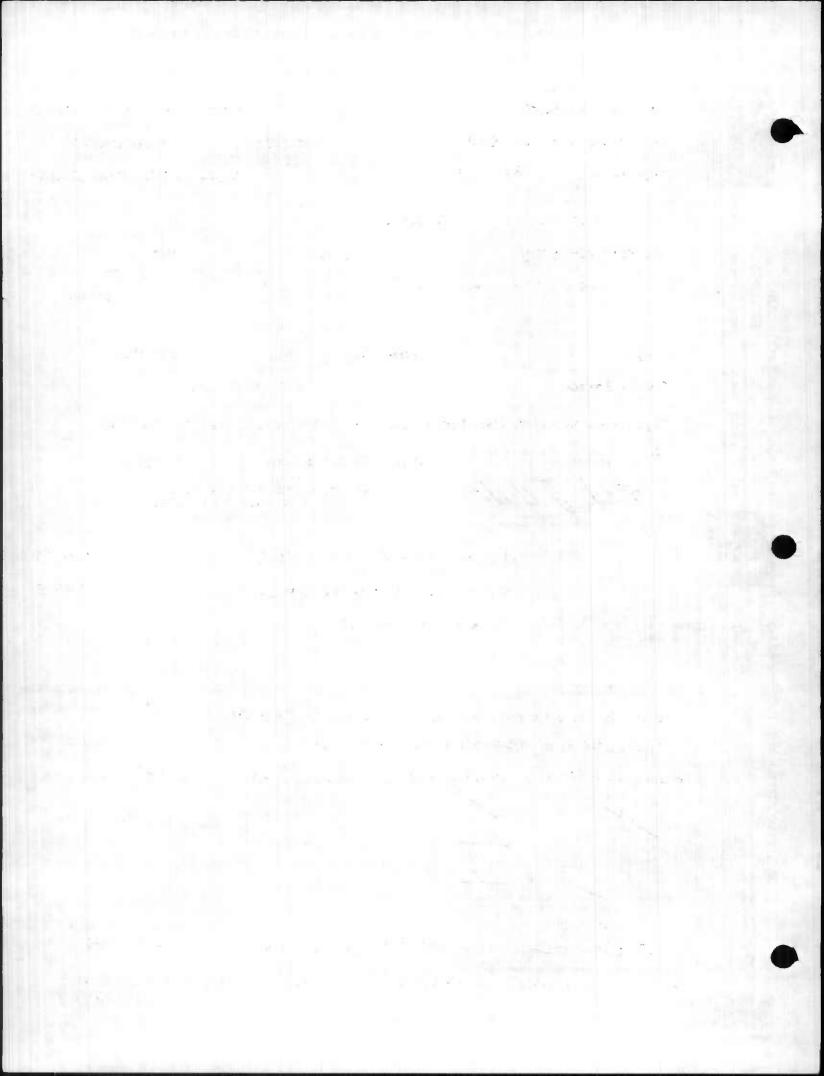
MARYA. CLANCE 180 ADMIRAL COCHRANEOR ANNAPOLIS MD

32. Registrar's Signeture MAR 1 2 1999

\_ MOMPH

**DHMH 16 Rev 6/95** 

100



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Time of Death 2 Data of Death 1. Decedent's Nama (First, Middia, Last) Month 19 Q q **Physician** Bernard Kirbi 7:54 PM 3 ' /Medical 4a Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltimore Veterans Affairs Medical Center Baltimore 6. Sax 1 X M 2 ☐ F 5. Sociat Sacurity Numbar 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foreign **Funeral** Months Days Hours 216-10-3706 88 Maryland Director Usuat Rasidenca of Dacadant with the Maryland 10b. County 10a, Stata 10c. City, Town or Location 10d. Insida City Limits Nem 27 is marked other than "natural", or flems 23a or 28a-1 show other traumatic event, the Medical Examiner must be notified at Maryland N/A Baltimore 1X Yas 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of Whet Country? 3818 - 6th Street 21225 U.S. permit. Pages 1 and 2 should be filed within 72 hours after death 1 Department of Health and Mental Hygiene. Important: if flem 27 is marked other than "natural", or flems 28 a son injury or other traumatic event, the Hedgal Example 2008. Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 12 Yas 2 □ No If Yas, Giva Yaar or Datas: W • W • II Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amartcan Indian. Btack, Whita, atc. 1 Navar Married 2 Married altimore, Maryland 21215-0020 1 Yas 2 No Specify: Specify. White by Widowad 4 □ Divorcad Completed 16b. Kind of Business/Industry 16a. Decedant's Usual Occupation 15. Decedent's Education (Give kind of work dona during most of working lifa. DO NOT usa ratired) (Specify only highast grada complated) Elementery/Secondery (0-12) College (1-4or 5+) 6th Salesman Lucas Brothers 18. Mothar's Nama (First, Middla, Maldan Sumama) 17. Fathar's Nama (First, Middla, Last) Margaret Roach Leo Kirby 19b. Meiling Address (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Ralationship (Type, Print) 3818 - 6th Street George Nislein / son Baltimore, Maryland 21225 20b. Ptaca of Disposition (Nama of cematary, cramatory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 3/12/99 Baltimore, Maryland Holy Cross Cemetery 4 ☐ Donation 5 ☐ Othar (Specify) 22. Nama and Addrass of Facility Gonce Funeral Home P.A. 4001 Ritchie Highway Baltim plications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, by one cause on each line. Baltimore, Md. 21225 Part1. Enter the di-Onsat and Death **Physician** Pheumonia Immediata Causa (Final disaese or condition rasulting in daath) /Medical Examiner Due to (or es e consequence of) Examiner physician and s the burial-transit requires that the death certificate be executed Sequantially list conditions, if any, laading to Immadiata cause. Enter Underlying Causa (Disaasa or Injury that initiated avants rasulting in deeth) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): use as t for 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given to Part I. the be detached 3 Probably 4 Unknown 3 1 Yes 2 No by 24b. Wara autopsy findings available prior to 24a. Was an autopsy performed? Completed Deen complation of cause of daath? page 2 s certificate has or Attending Physician: Be 25. Was casa refarred to medical axaminar? 26. Placa of Daath (Chack only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpattent 3 DOA 1 Yas 20 No Certification: To After this funeral 28e. Dete of Injury (Month, Day Yaar) 28d. Describe how injury occurred 27. Menner of Deeth 28c. tnjury at Work? 28b. Time of 1 D Natural 5 Panding invastigation aftar death. Director: Aft 1 Yas 2 No 2 Accident 6 Coutd not be datarmined 28a. Placa of Injury - At home, farm, straat, factory, office building, etc. (Specify) 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) 3 Suicida 3 4 Homtcide within 24 hours a To the Funeral C completaly filled To the Hospital Certifying Physician: To tha best of my knowledga, death occurred at the tima, data and placa, and dua to tha causa(s) and mannar as stated. 29a. Cartifia Medical (Check only one) 2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) and manner stated. 29c. Ltcansa number 29d. Data signed (Month, Day, Year) 29b. Signatura and titla of certifiar AV463542759902 Sugar, Resident Physician VAMC, 10Nath Greene St, Balto, Mo

Registrar **DHMH 16 Ray 6/95** 

State

30. Nema and addrass of person who completed cause of daath (Itam 23a) (Type, Print)

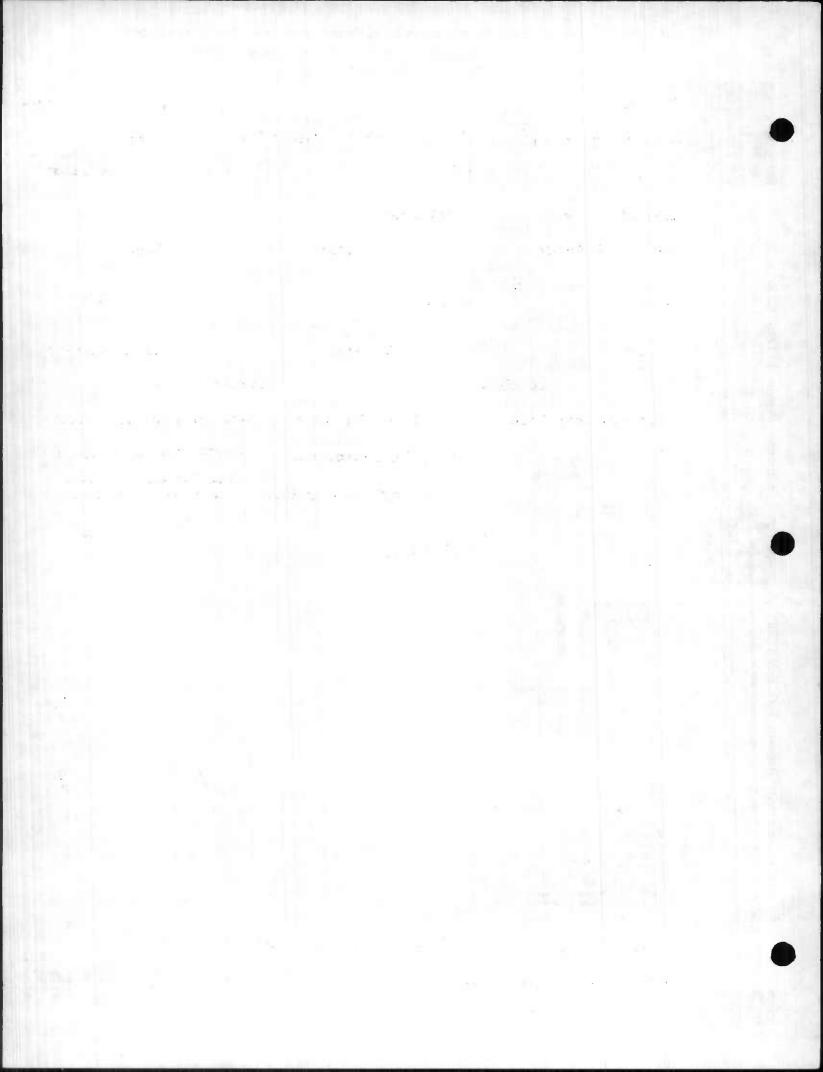
Baltimore

32. Registrar's Signeture

Sugar

MAR 12

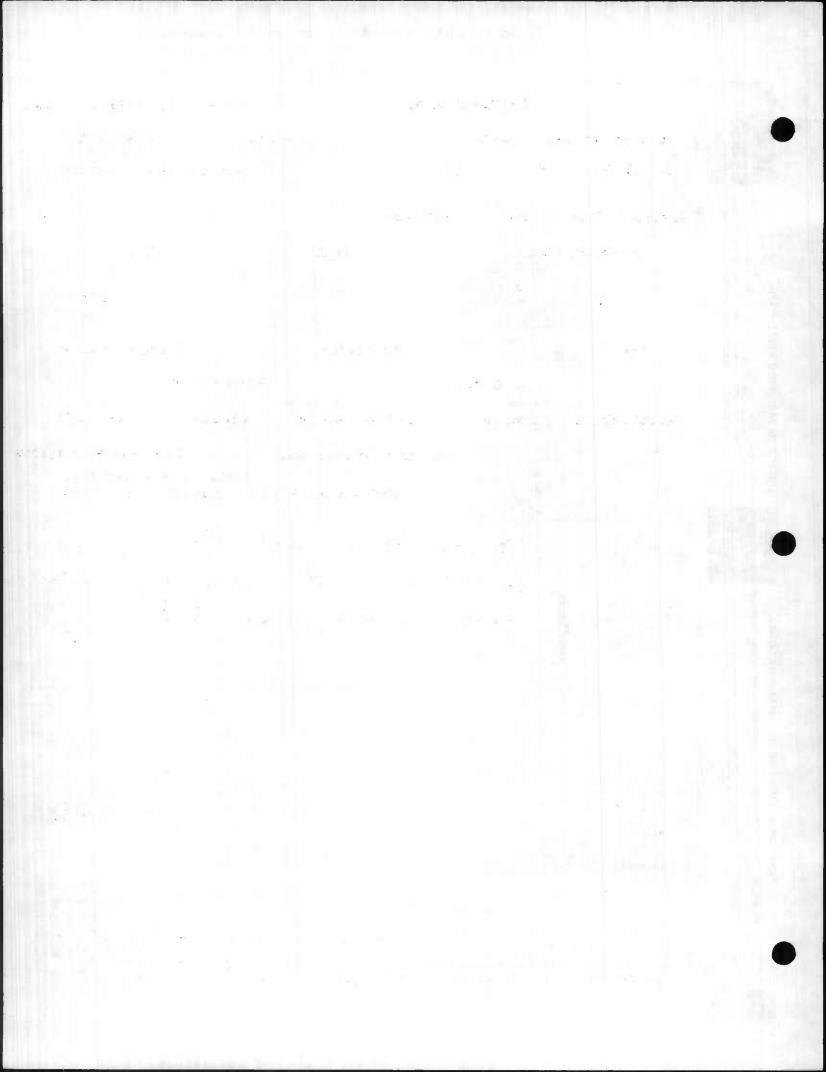
31. Data fited (Month, Day, Year)



## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 0 7 9 |

			Cer	tificate of	Death	R	leg. No.	0151.
Dhuaisian	1. Decedent's Name (First, Middla, La	st)				2. Date of Dea Month		3. Time of Deeth
Physician /Medical	Douglas Krenzer					March	11 19	999 3:25 A.M.
Examiner	4a Facility Name (If not institution, giv					r Location of Death	4c. County o	
	Chesapeake Hosp			Will be a second	Linthic			Arundel
Funeral Director	5. Social Security Number 6. S 214 20 1796	ex 7. Age (In yrs. 73	lest birthday) Yrs.	Months Days			Year) , 1926	Birthplece (State or Foreign Country)     Maryland
p .	Usual Rasidence of Decedent  10a. State 10b. County	100 0	ty, Town or Loc	ention				10d. Inside City Limits
the Marylar 28a-f show notified at			asadena	ation				1 ☐ Yes 2 ☑ No
vith the Mar or 28a-f s	1	under Fe	sauena	101 7: 0:4:			IOg. Citizen of Wi	
eath with the 23a or 3 must be no	10e. Street and Number 29 Bar Harbor Ro	oad		10f. Zip Code 211:			U.S.	
urs after d	11. Marital Status  1 Never Married 2 Married 3 Widowed 4 X Divorced	12. Wes Decedent Ever in U Armed Forces? 1∑ Yes 2 □ No If Yes, Give Yeer or Dates:		/as Decedent of Yes, specify Cut ☐ Yes 2 X No		(Specify Yes or No- erto Ricen, etc.)		- American indian, , White, etc. White
ed within 72 hours af ygiene. ner than "natural", or rt, the Madical Exam Completed by I	15. Decedent's Ed		16e. Deced	ent's Usuai Occu	petion	and in a	16b. Kind of Bus	lness/Industry
c 1 1 3	(Specify only highest green Elamantary/Secondary (0-12)	College (1-4or 5+)	life. D	O NOT use retire	during most of w	orking		
should be filed within an marked other than marked other than matic event, the M	7th		Tru	ck Drive	er	3 - 5 -	Truckin	g Company
be filled d other event, the	17. Father's Name (First, Middle, Last)					ame (First, Middle,		)
Mentai Mentai Merked o attic eve	E	lmer Krenzer			I	Hazel Gil	bert	
2 should and Men is marke aurmatic	19a. Informant's Name/Relationship (	Type, Print)	19b. Mailin	g Address (Stree	t and Number or I	Rurel Route Numbe	r, City or Town, S	State, Zip Code)
1 and 2 Health a Health a em 27 is	Curtis Krenzer /	Brother	534 M	laude Av	enue	Baltimor	e, Maryl	Land 21225
permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: if item 27 is marked other than any injury or other traumatic event, the Mana.  To Be Comp	20a. Method of Disposition 1   Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specif	Removal from State	cemetery, crem	etory or other ple Veteral		Date		City or Town, State ville, Marylan
at the death certificate be executed  The standing physician and effected for use as the bunishransit  Physician/Medical Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Entar Underlying Cause (Disease or injury that initiated events resulting in death) Last	b. Congest Dua to (c.	or es a consaqu or es e consaqu or as a consequ	vance of):  vance of):  vance of):  vance of):	clion 9	yo po rese et	ed obacco use contra	Onset and Death  2 years  12 was  5 years  tributa to the cause of death
as the						24a. Was a		3 Probably 4 Unknow  24b. Wara autopsy findings
aw requisite been 2 should plete						perfor		available prior to completion of cause of daath?
The la						1 🗆 Y	es 25 No	1 □ Yas 2) Ø No
ysician: The scartificate director, pag	25. Was cese referred to medicel axaminar?				26. Pleca of D	eath (Check only or	na)	11
To the Hospital or Attending Physician: within 24 hours after death.  To the Funeral Director: After this cartific completely filled in by the funeral director.  Medical Certification: To Be (	1 Yes 20 No  27. Manner of Death 1 Natural 5 Panding Investigation 3 Suicida 6 Could not b		28d. Describe h	ome 5 Residence 6 Rother (Specify) Hospice 28d. Describe how injury occurred				
tal or At at Directal Directal Directal Certifi	4 Homicida datarmined	building, etc. (Speci	ify)			City or Tow	m, State)	er or Rural Route Number,
To the Hospital To the Funeral completely filled Medical C		ysician: To the best of my kno niner: On the basis of examina end mannar statad.						
Total Milhi	29b. Signature and title of certifler	the M	7-	29c. Licer	- D39	7041	Marul	(Month, Day, Year)
M. M.	30. Neme and address of person who	completed ceuse of death (Ital	m 23a) (Type, i	Print) 300	1 5. 1	Hanon	rer SI	Free DP LIZE
State Registrar	31. Dete filed (Month, Dey, Year)	32. Registrar's Sign	ature /	. los	3/2/			



Examiner physician and the burlai-transit Box 68760. edical Physician/M Division of Vital Records, P.O. signed by to by cate has been significant to page 2 should to Completed certificate To the Hospital or Attending Physician: within 24 hours ettar death.

Journal Funeral Director: After this cardific completely filled in by the funeral director, 8 2 Certification:

Physician

/Medical

Examiner

**Funeral** 

Director

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

filed within 72 hours after Hygiene. Oher than "natural", or its

permit. Pages 1 and 2 should be file Department of Health and Martial Hy important: if them 27 is marrised other any Injury or other trearmatic event appa.

**Physician** 

/Medical

Examiner

Baltimore, Maryland 21215-0020

Director

Funeral

ğ

Completed

å

the Maryland

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part If. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Death 1 Natural 2 Accident 6 Could not be 3 Suicide Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

15 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier 29d. Date signed (Month, Day, Year) 29c. License number 29b. Signature and title of certifier

GLEN BURNIE, MD

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) GAYATRI NIMMAGADDA

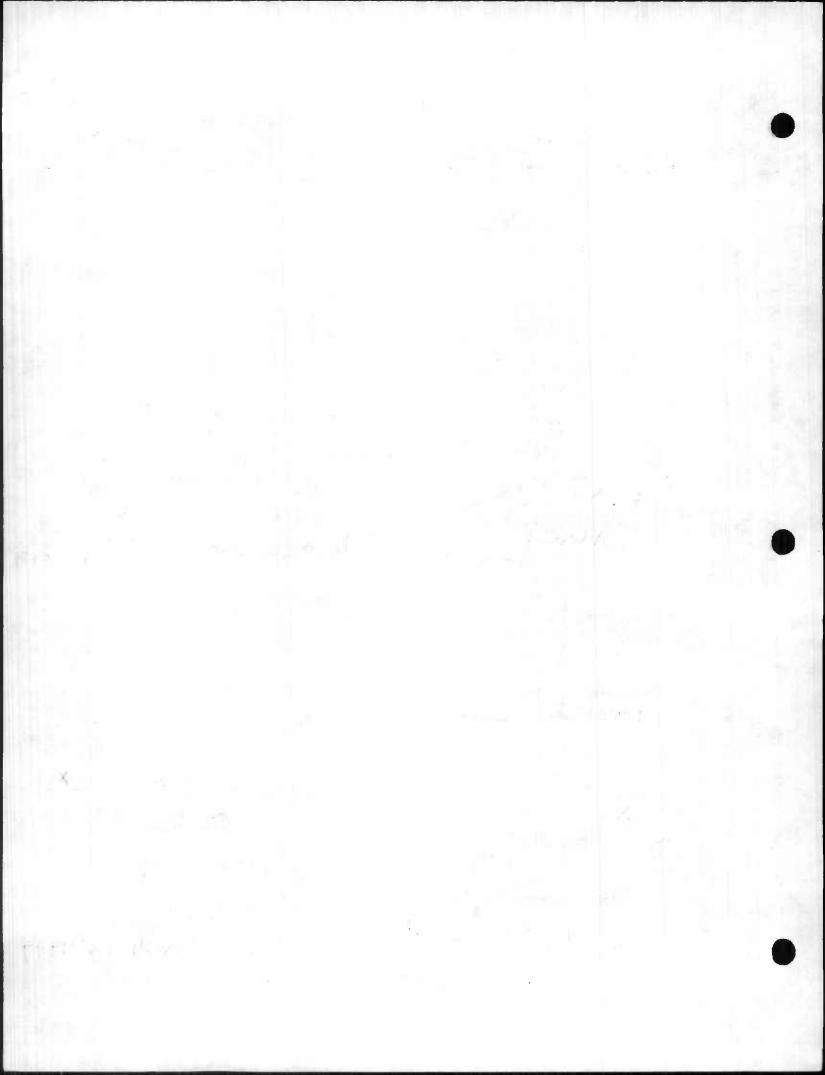
1600 CRAIN HGHY.,

21061

State Registrar

edical

31. Date filed (Month, Day, Year) MAR 1 2 1999 32. Registrar's Signature



## Please Type or Print in Biack Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 3. Time of Death 1 Decedent's Name (First Middle Lest) 2. Dete of Deeth March 7, 1999 **Physician** Lignetta 10:25 AM Olga Petrova /Medical 4b. City, Town, or Location of Deeth 4e Facility Neme (If not institution, give street and number) 4c. County of Death Examiner Baltimore 707 Seneca Gardens Road Baltimore If Under 1 Year | If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 9. Birthpleca (Stat County) June 17, 1916 Mary Land Birthpleca (State or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. last birthday) **Funeral** Months Deys Hours Min 1 □ M 28 F Yrs. 220-01-6116 82 Director Usuel Residence of Decedent r 28a-t show a notified at 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits The Marytan 1 ☐ Yes 2 XNo Baltimore Maryland Baltimore Directo 10e. Street and Number 10f. Zip Code 10a, Citizen of Whet Country? Examiner must be a U.S.A. 21220 707 Seneca Gardens Road Funeral 12. Was Decedent Ever in U,S. Armed Forces?

1 ☐ Yes 2½ No H Yes, Give Yeer or Detes: 14. Rece - American Indien, Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritel Stetus Bleck, White, etc. 72 hours after 1 ☐ Never Merried 2 ☐ Married "natural", or 1 Yes 2 No Specify: Specify: White ģ 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) event, the Medical 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filled within 72.h. Department of Health and Mental Hygien-important if from 27 is marked. 15. Decedent's Education (Specify only highest grede completed) Elementery/Secondary (0-12) College (1-4or 5+) Book Bindery Company Shipping Clerk 18. Mother's Name (First, Middle, Maiden Surname) 17. Fether's Neme (First, Middle, Last) Loretta Bright Herbert Deacon 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. fnforment's Name/Reletionship (Type, Print) Donald Ellmore 8365 McGuire Drive, Raleigh , North Carolina 27616 (son) 20b. Piece of Disposition (Neme of cemetery, cremetory or other placa) 20c. Location - City or Town, Stete 20a. Method of Disposition 1 X Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 3/10/99 Baltimore, Maryland St. Matthews 4 ☐ Donetion 5 ☐ Other (Specify) ature of Funeral Service Licensee 22. Neme end Address of Facility Bruzdzinski Funeral Home, P.A. 1407 Old Eastern Avenue, Essex, Maryland 21221

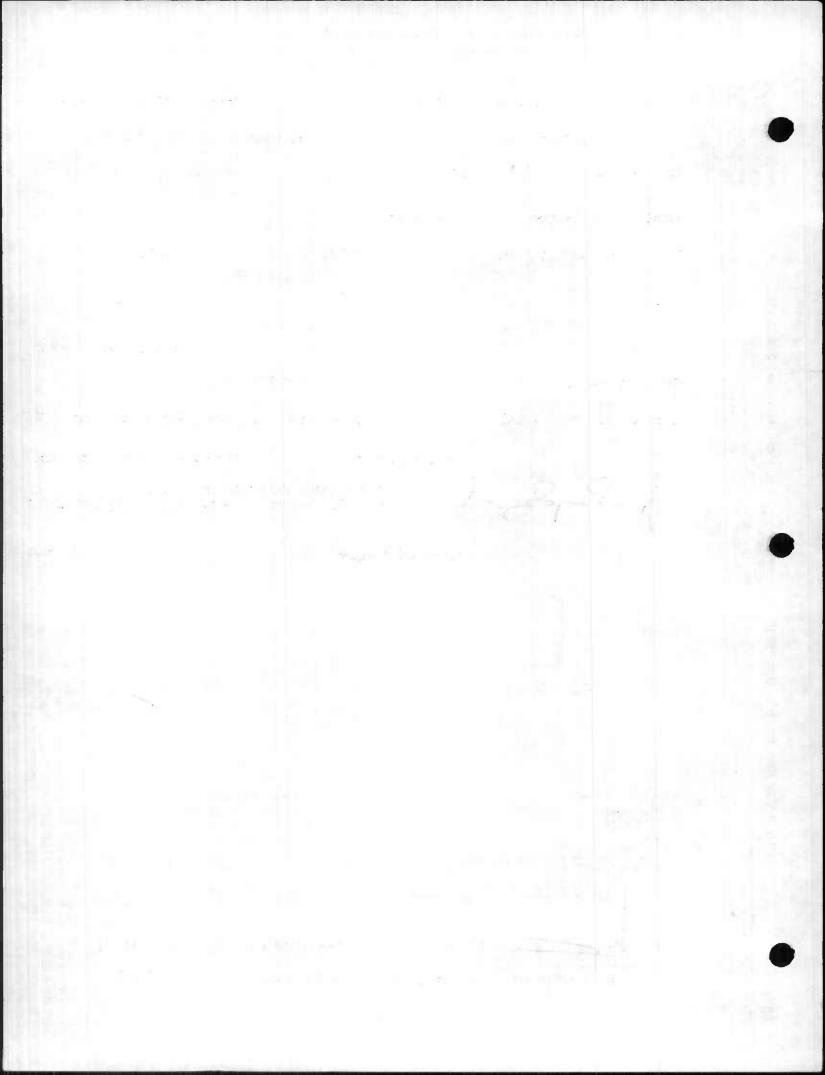
Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximate

Approximate Approximete Intervel Between Onset end Deeth Physician Immediate Ceuse (Finel disease or condition resulting in death) /Medical Colon Cancer 11 mo. Examiner Due to (or es e consequence of) Physician/Medical Examiner The law requires that the death certificate be executed ettending physician and for use as the bunel-tran Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760 thet initiated events resulting in deeth) Lest Due to (or es e consequence of) 23b. Did tobacco use contribute to the cause of death? ed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. signed by t 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to completion of cause of death? been si 24s. Was an autopsy Completed page 2 s 1 Ves 2XNo 1□Yes 2□ No certificate Physician: 25. Wes case referred to medicel exeminer? Be 26. Place of Death (Check only one) To Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 AResidence 6 Other (Specify) 1 Yes 2 No this 28a. Dete of Injury (Month, Dey Year) After this funeral 28c. Injury et Work? 28d. Describe how injury occurred 27. Menner of Deeth 28b. Time of Certification: 5 Pending investigation or Attending 1 Naturel 1 Yes 2 No n 24 hours efter death.

Ne Funeral Director: Af pletely filled in by the fu death. 2 Accident 6 ☐ Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and menner es stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier edical mithin 24 hours to the Fune completely fi (Check only one) the 29d. Dete signed (Month, Day, Year) 29b. Signature and title of certifier -29c. License number 2 M.D D 45390 3/9/99 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) no 21237 HOSPITAL DR. # 200 6830 BALTIMORE 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture State 2 1999 Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

10f. Zlp Coda

16a. Decedant's Usual Occupation

21093 Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Maxicen, Puarto Ricen, atc.)

1 ☐ Yas 2 XNo Specify:

State of Maryland / Department of Health and Mental Hygiene 99 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death CHARLES M LYNN 9:31 pm MARCH 4e. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death MERCY MEDICAL CENTER N/A BALTIMORE If Undar 1 Year I f Undar 24 Hrs. 8. Date of Birth (Month, Day, Year)
Months Days Hours Min. (Month, Day, Year)
May 17,1929 S. Carolina 6. Sex 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foreign X□M 2□F 69 10c. City. Town or Location 10d. tnsida City Limits 1 ☐ Yas 2 ☐ No Baltimore Lutherville

10g. Citizen of What Country?

U.S. A. Amaricen Indian,

Black, Whita, atc.

Specify: White

21093

MONTH

CAREUNIT

10,1999

29d. Data signed (Month, Day, Year)

16b. Kind of Business/Industry

**Funeral** Director

Physician

/Medical

Examiner

220-22-1542

1 ☐ Never Married 2 ☑ Married

3 ☐ Widowed 4 ☐ Divorced

10b. County

2104 Chapelwood Court

15. Decedant's Education (Spacify only highast grada completed)

Was Dacedant Evar In U.S. Armed Forces?

1 ☐ Yes 2 ☐ No If Yas, Give

Year or Detes

Usual Rasidance of Decedant

Md.

11. Maritel Stetus

10e. Street and Number

10a. Stata

Director

Funerai

à

Completed

Be

P

with the Marylend show r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

permit. Peges 1 and 2 should be filed within 72 hours efter death v Department of Health and Mentel Hyglene. Important: if item 27 is marked other than 'natural, or items 23a any Injury or other traumatic event, tra Mexical Examinar must applice.

Maryland 21215-0020

Baltimore,

Physician /Medical Examiner

Physician/Medical Examiner buriel-trensi the use as signed by t à Completed page 2 certificate Be Certification: To this funeral After 24 hours after death. Funeral Director: A filled in by

The law requires that the death certificete be executed

Box 68760.

P.0.

Division of Vital Records,

or Attending Physician:

(Giva kind of work done during most of working lifa. DO NOT usa retired) Elementary/Secondery (0-12) Collega (1-4or 5+) 12 Shipbuilder Md. Shipbuilding 17. Father's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Meidan Surnama) Charlie Lynn Eva Mae Brookshire 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) 2104 Chapelwood Ct. Lutherville, Md. a of Disposition (Name of 20c. Location - City or Town, Stata Jane Lynn / Wife 20b. Place of Disposition (Name of cematary, crematory or other place) 20a. Mathod of Disposition 3-12-99 1 ☐ Burial 2 【Cramation 3 ☐ Ramovel from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Balto.-Wash. Crematory Laurel, Md. 22. Nama and Addrass of Facility 21. Signature of Funarai Saprice Licerisea Bradley-Ashton-Matthews Funeral Home, Inc. 2134 Willow Spring Rd., Balto., Md. 21222

23a. Part1. Enter the disaasa, or complications that causad the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Immedieta Causa (Final disaesa or condition resulting in death) . LYMPHOMATOUS MENINGITIC Dua to (or as a consequence of): NON-HODGKIN'S LYMPHOMA 4 MONTHS Sequentielly list conditions, if eny, leading to Immadiate ceusa. Entar Underlying Cause (Diseasa or Injury that Initiated events rasulting in death) Last Dua to (or as a consequence of) Dua to (or as e consequence of) Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 □ Yee 2 □ No 3 □ Probably 4 Unknown 24a. Was an eutopsy performed? 24b. Wara autopsy findings available prior to completion of ceusa of death? 1 TYas 2 No 25. Wes cesa referred to medical axaminer? 26. Plece of Deeth (Check only one) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Rasidance 6 Other (Specify) TRANSTIANAL 1 Yas 2 No 27. Manger of Deeth 28b. Time of 28d. Dascribe how injury occurred 28a. Date of Injury (Month, Dey Year) 28c. Injury at Work? 1 Natural 2 Accidant 5 Panding invastigation 1 Yas 2 No 6 Could not be datarmined 3 Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) 4 Homicide Certifying Physician: To tha best of my knowledge, daath occurred at the tima, data and place, and due to tha causa(s) and manner as statad.

2 Madical Examinar: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, data and place, and due to the causa(s) and manner stated. 29a. Certifiar

State Registrar

Medicai

31. Date filed (Month, Day, Year)

29b. Signature end titla of certifian

(Check only one)

ERICA SCAVELLA, MD

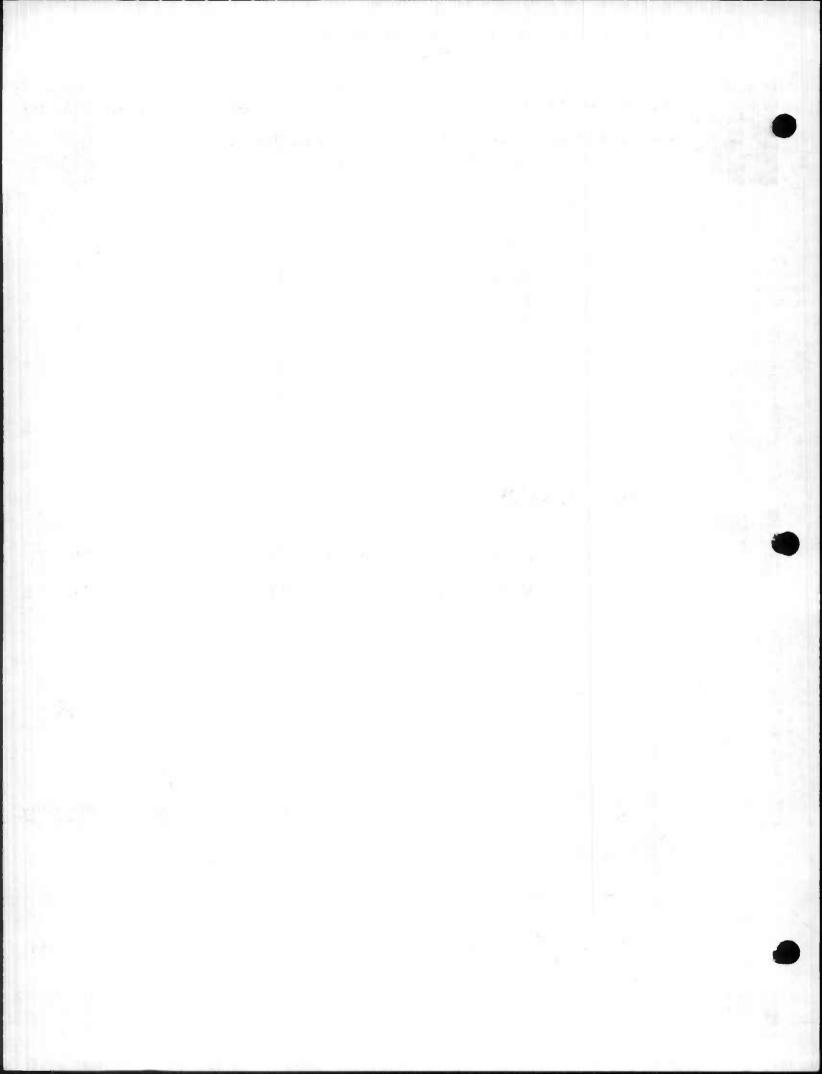
32. Registrar's Signatura

30. Nama and addrass of person who complated ceuse of daeth (Itam 23e) (Type, Print)

P10205

301 ST. PAUL ST., BALTIMORE, MO

within 24 ho To the Fune



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Year MARCH LFE MARION 1999 10 2:56 am 4a Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth N/A THE JOHNS HOPKINS HOSPITAL BALTIMORE H Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) | Feb 24, 1939 Birthplaca (State or Foreign Country) SC 6. Sex 5. Sociel Security Number 7. Age (In yrs. last birthday) Months 1 € M 2 □ F 60 Yrs. 253-56-5475 Usual Residence of Decedent 10b. County N/A 10c. City, Town or Location BALTO 10a. State 10d. Inside City Limits MD 1 Yes 2 □ No 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code 21218 1717 E. 31st St 12. Wes Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American Indian, Black, White, etc. 1 Yes 2 No If Yes, Give Yeer or Dates: 1 ☐ Never Merried 2X Married Specify: Black 1 Yes 2 XNo Specify: 3 ☐ Widowed 4 ☐ Divorced 15. Decadent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Unifirst N/A Supervisor 11th 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Carrie Anderson Milledge Lee 19b. Mailing Address (Street and Number or Rural Route Number, City or Lown, State, Zip Code) 1717 E. 31st St Balto, Md 21218 19a. Informent's Neme/Relationship (Type, Print) Maybell Lee 20b. Placa of Disposition (Name of M tcametery, crematory or other placa) 20c. Location - City or Town, State 20a. Method of Disposition Buriel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 3-16-99 BALTO, Md Calvery Cem 21. Signature of Funeral Service Licenses 22. Name and Address of Fecility 22. Name and Address of Fecility Betts 1129 N. Caroline St Funeral HO Balto, Md 23a Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart failure. List only one cause on each line. Interval Between Onset and Death immediate Cause (Final disease or condition resulting in death) 5 HONTHS BACTERIAL ENDOCARDITIS Due to (or as a consequence of): 6 HONTHS GRAFT INFECTION ARTERIO-VENOUS Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Last Due to (or as e consequence of) 10 YEARS END STAGE RENAL DISEASE Due to (or as e consequence of) Part tt. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown HYPERTENSION 24b. Were autopsy findings eveilable prior to 24e. Was an eutopsy performed? completion of cause of death? 2 No 1 Yes 2 No 26. Place of Death (Check only one) Hospital: Other: 4 ☐ Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify) 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 1 Tyes 2 No

Examiner The law requires that the death certificate be executed ettending physician e for use as the buriel-Box 68760. Physician/Medical signed by the e Division of Vital Records, P.O. þ should I Completed certificate has b lirector, page 2 s or Attending Physician: director, Be 10 this funeral Certification: After To the Hospital or Attendir within 24 hours efter death. To the Funeral Director: At completely filled in by the fu death.

**Physician** 

/Medical

Examiner

Director

Funeral

by

Completed

**Funeral** 

Director

r than "natural", or litera 23s or the Medical Examiner must be r

is marked other

permit. Pages 1 and 2 should be file.
Department of Health and Memial Hy
Important; If Item 27 is marked oth any injury or other traumatic even

**Physician** 

/iviedical

Examiner

filed within 72 hours after

25. Was case referred to medical examiner? 1 Yes 2 No 27. Menget of Death 1 Naturel 5 Pending investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 | Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and plece, end due to the cause(s) and manner es stated. 29e. Certifier

(Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end manner steted. 29d. Dete signed (Month, Day, Year) 29b. Signature and title of certifier 29c. License number

-O, H.D. 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

MAR 1 2 1999

STUART M. LEVINE M.D. 600 NORTH WOLFE ST. BALTIHORE, HD 21287

RES-000

MARCH TEN 1999

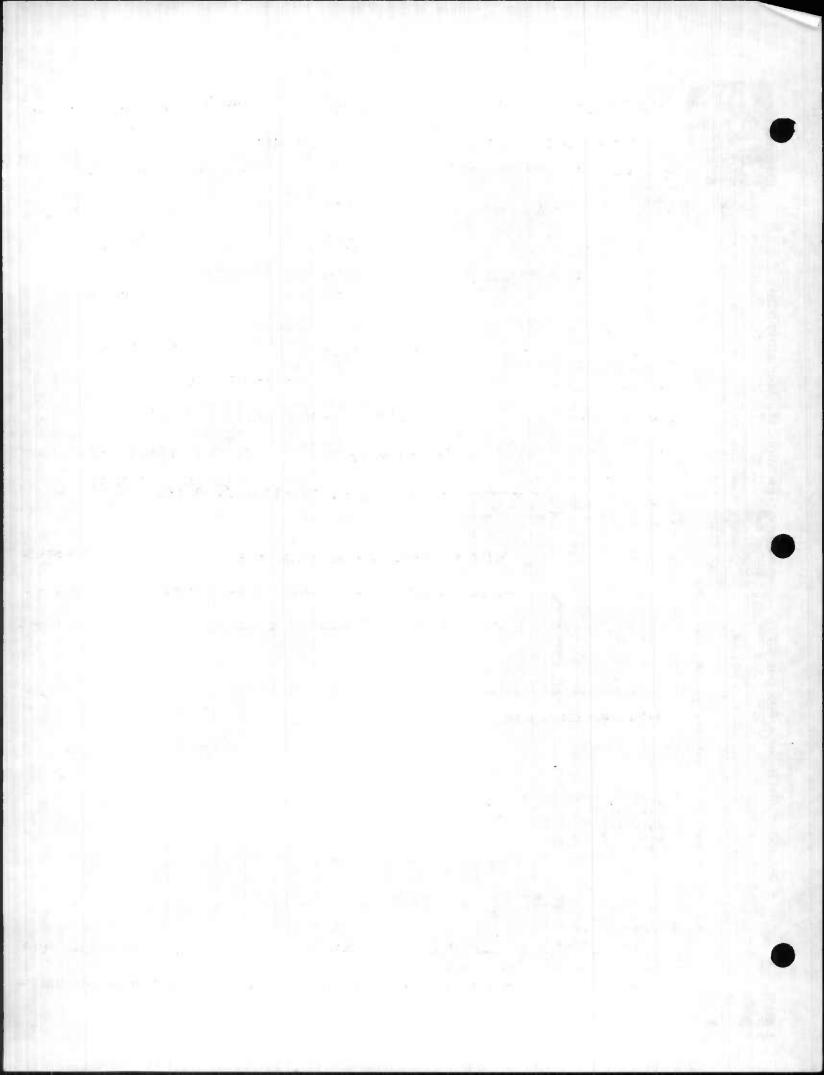
State Registrar

Medicai

31. Date filed (Month, Day, Year)

32. Registrar's Signature

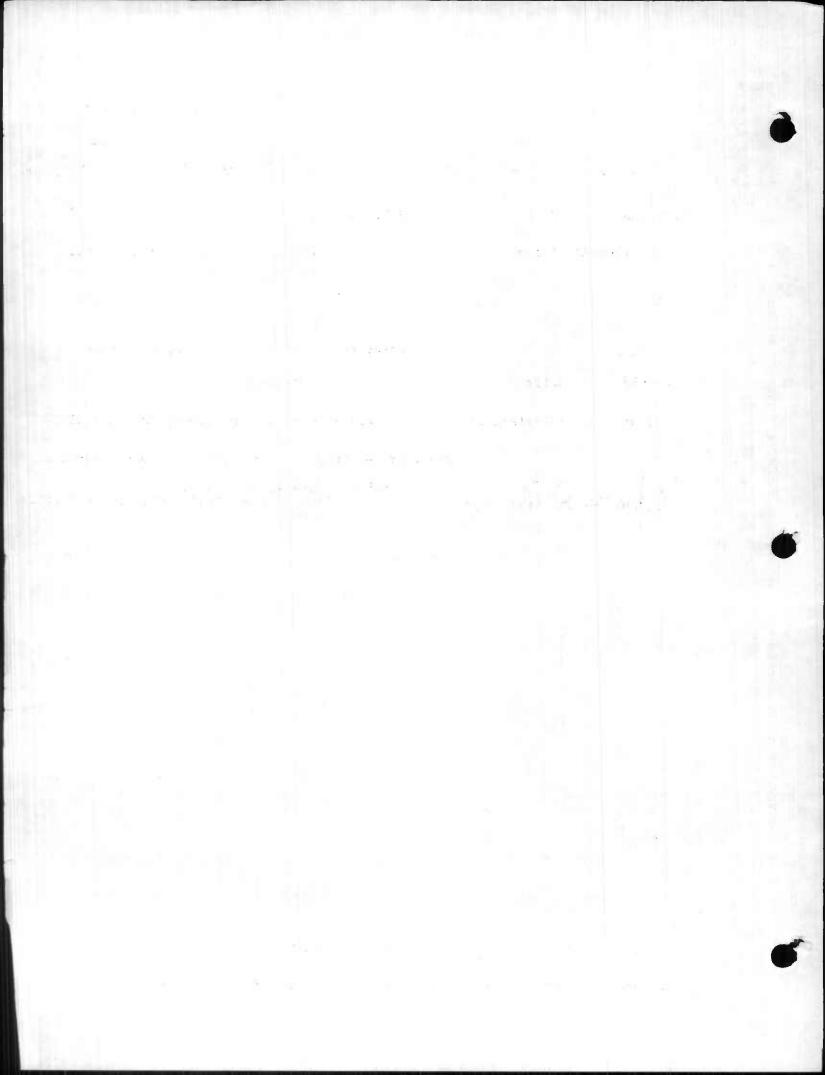
S. Carpen



## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

							Certifica	ite of	Death		-	Reg. No.	1 1	- 0	T== of Dooth
sician		1. Decedent's Neme (First, Middle, Last)							Les	2. Dete of De Month	Dey		Yeer	3. Time of Death	
edical		DORIS MUNROE  4e Fecility Name (If not institution, give street and number)					4b. City, Town, or Loc				MARCH ocation of Deet		ounty of		11:45 P.
miner		ST, AGNES H			mb <del>o</del> -/				BACTI					HORE	
al	5. 8	Social Security Number	6. Sex	(	7. Age (In y		thday) If Und	er 1 Yeer			8 Date of Bis	rth	S	9. Birthplac	e (State or Fore) Marylai
	2	218-03-5159	1 🗆	м 2X F	79		Yrs.	s Days	Hours	win.	09/187	1.9 ***		Country	Marylan
•		uel Residence of Decedent  Stete 10b. Count	tv		100	City Tow	n or Location							10d	. Inside City Lim
ō	36-		N/A		100.	Ony, row	Baltim	ore						100.	1 Yes 2 1
rect	106	10e. Street end Number					10f. Z	ip Code				10g. Citizen	n of Wh	net Country	?
ā	5	206 Greenwich	h Ave	enue					1229					Stat	
<b>Funeral Director</b>	11.	Meritei Status	T	12. Wes Dec	edent Ever in	U,S.	13. Wes Dec	edant of H	lispenic On	gin? (Spe	ecify Yes or No	o- 14.		- Amarican	
F		1 Never Married 2 Ma		Armed For 1 ☐ Yes If Yes, G	2 No			2 No	an, Mexicar Specify:	i, Puerto	Rican, etc.)	C.		Whita, etc	
de		3 Widowed 4 □ Divorce	ed	Yeer or E	Dates:							30	ecity:	Wh	ite
Completed by		15. Decede (Specify only high	ent's Educ	cation e <i>completed)</i>		16a.	Decedent's Us (Give kind of v life. DO NOT	uel Occup vork dona	oetion during mos	t of work	ing	16b. Kind of Bu		Business/Industry	
P P	E	Elamantary/Secondary (0-12)	)	Collaga (1-4or 5+)			Secreta					Bronze Mak			r
000	17.	Father's Neme (First, Middle							18. Mothar's Nema (First, Middl		a (First, Middle				
To Be		Harold	Hati	ten					Cor	neli	ia Bl	ake			
-		e, fnforment's Neme/Reletion	nship (Ty	pe, Print)		19b	. Mailing Addra	ss (Street	end Numbe	er or Aun	al Route Numb	per, City or To	own, St	tete, Zip Co	ode)
	C	Charlotte C. I	Led1	ey/Fri	end	2	008 Let	itia	Avenu	ıe	Baltim	Baltimore, Maryland 21			21230
	20e	. Method of Disposition				b. Plece o	f Disposition (A	eme of r other ple	ce)		Dete	20c. Location - City or Town, State			, State
		1 ☑ Burial 2 ☐ Cremetion 4 ☐ Donation 5 ☐ Other (		emovei from	P	arkw	ood Cem	etery	7	3/	10/99	Baltimor		re, Maryland	
	21.	. Signature of Funeral Service			22. Name	and Addre	ss of Fecili	y 1 H	ome, In	C					
		( Juanita (	RU	hom	02		4107	Wilk	kens A	venu	ie Bal	timore	e, M	ary1a	and 212
	23	la. Part1 intar tha diseese, shoc or haert feilure. Li	or compli	cations thet	caused the d	anth Day								1 4	pproximate
ı			at only or	na ceuse on	eech line.	eetn. Do	not anier the m	oda of dylr	ng, such as	cardiac	or respiratory e	errast,		i In	tarval Batween
	1		St Only O	na ceuse on	eech line.	eeth. Do	not anier the m	oda of dylr	ng, such as	cardiac	or respiratory e	errast,		i In	tarval Batween
	dis	mediate Ceuse (Finel seese or condition sulting In deeth)	st only of		eech line.			oda of dyli	ng, such as	cardiac	or respiratory e	errast,		ln O	itarval Batween Inset and Death
er	dis	mediate Ceuse (Finel seese or condition sulting In deeth)	st only of		EVERE	ANEA			ng, such as	cardiac	or respiratory (	errast,		7	itarval Batween inset and Death
miner	dis res	eese or condition sulting In deeth)	st only of	. 5	EVGRE Due to KTROIA	ANEA o (or es e	N/A consequence o	1): LEEC		cardiac	or respiratory e	errast,		7	itarval Batween inset and Death
Examiner	dis res	eese or condition sulting In deeth)		. 5	EVGRE Due to KTROIA	ANEA o (or es e	A ( A consequence of	1): LEEC		cardiac	or respiratory e	errast,		7	itarval Batween inset and Death
Examiner	dis res	neese or condition sulting In deeth)  equentielly list conditions, eny, laading to immediate use. Entar Underlying usa (Disaesa or injury at Initieted events		. 5	Due to	ANEA o (or es e O (or es e	N/A consequence o	f): LEEC f):		cardiac (	or respiratory e	arrast,		7	itarval Batween inset and Death
dical Examiner	See if e cau	neese or condition sulting In deeth)  quentielly list conditions, any, laading to immediate use. Entar Underlying use (Disease or injury		. 5	Due to	ANEA o (or es e O (or es e	Consequence of Consequence of	f): LEEC f):		cardiac	or respiratory e	arrast,		7	itarval Batween inset and Death
dical Examiner	See if e cau	neese or condition sulting In deeth)  equentielly list conditions, eny, laading to immediate use. Entar Underlying usa (Disaesa or injury at Initieted events		. 5	Due to	ANEA o (or es e O (or es e	Consequence of Consequence of	f): LEEC f):		cardiac	or respiratory e	arrast,		7	itarval Batween inset and Death
dical Examiner	See if e cau	neese or condition sulting In deeth)  equentielly list conditions, eny, laading to immediate use. Entar Underlying usa (Disaesa or injury at Initieted events	<b>{</b>	5 6 A	Due to	ANEA O (or es e	A(A) consequence of c	n): LEEC n):	>				e contr	7	itaryal Batween inset and Death  2 Hows  2 Hours
Physician/Medical Examiner	See if e cau	ieese or condition sulting in deeth)  equentielly list conditions, any, laading to immediate use. Entar Underlying use (Disease or injury at Initieted events sulting in deeth) Lest	<b>{</b>	5 6 A	Due to	ANEA O (or es e	A(A) consequence of c	n): LEEC n):	>		23b. Dld			7	iterval Batween inset and Death  2 Hours  2 Hours  he cause of death
by Physician/Medical Examiner	See if e cau Ca tha res	ieese or condition sulting in deeth)  equentielly list conditions, any, laading to immediate use. Entar Underlying use (Disease or injury at Initieted events sulting in deeth) Lest	<b>{</b>	5 6 A	Due to	ANEA O (or es e	A(A) consequence of c	n): LEEC n):	>		23b. Did	l tobacco us ) Yes 2□	No 3	7	iterval Batween inset and Death  2 Hows  2 Hours  4 Hours
by Physician/Medical Examiner	See if e cau Ca tha res	ieese or condition sulting in deeth)  equentielly list conditions, any, laading to immediate use. Entar Underlying use (Disease or injury at Initieted events sulting in deeth) Lest	<b>{</b>	5 6 A	Due to	ANEA O (or es e	A(A) consequence of c	n): LEEC n):	>		23b, Did	I tobacco us	No 3	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	terval Batween inset and Death  2 Hours  2 Hours  4 Hours  4 Hours  4 Hours  4 Hours  5 Hours  6 Light Author  6 Light Author  6 Light Author  7 Light Author  8 Light Author  9 Light Author
by Physician/Medical Examiner	See if e cau Ca tha res	ieese or condition sulting in deeth)  equentielly list conditions, any, laading to immediate use. Entar Underlying use (Disease or injury at Initieted events sulting in deeth) Lest	<b>{</b>	5 6 A	Due to	ANEA O (or es e	A(A) consequence of c	n): LEEC n):	>		23b. Did 1 [	I tobacco us I Yes 2 s en eutopsy ormed?	No 3	7 7	iterval Batween inset and Death  2 Hours  2 Hours  4 Hours  4 Hours  4 Hours  4 Hours  4 Hours  4 Hours  5 Hours  6 Hours  6 Hours  6 Hours  6 Hours  7 Hours  7 Hours  7 Hours  8 Hours  8 Hours  8 Hours  9 Hours  1 Hour
Completed by Physician/Medical	Serif e catharres	reese or condition sulting in deeth)  equentielly list conditions, any, laading to immediate use. Entar Underlying uses (Disease or injury at initieted events sulting in deeth) Lest	tions con	5 6 A	Due to	ANEA O (or es e	A(A) consequence of c	n): LEEC n):	ven in Part	1.	23b, Did 1	I tobacco us I Yes 2  s en eutopsy ormed?  Yes 2	No 3	7 7	tierval Batween inset and Death  2 Hows  2 Hours  4 Hours  autopsy findinabla prior to pleation of cause
Be Completed by Physiciar/Medical Examiner	See if e cal Ca that res	ieese or condition sulting in deeth)  equentielly list conditions, any, laading to immediate use. Entar Underlying use (Disease or injury at Initieted events sulting in deeth) Lest	tions con	So. GA	Due to	ANEA o (or es e OTEST( o (or es e	Consequence of consequence of consequence of the underlying	f):  LEE C f):  g cause gh	ven in Part I	a of Daet	23b, Did 1  24e. We: perl	I tobacco us I Yes 2 s en eutopsy omed? Yes 2 one)	No 3	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	iterval Batween inset and Death  2 Hours  2 Hours  4 Hours  4 Hours  4 Hours  4 Hours  4 Hours  4 Hours  5 Hours  6 Hours  6 Hours  6 Hours  6 Hours  7 Hours  7 Hours  7 Hours  8 Hours  8 Hours  8 Hours  9 Hours  1 Hour
To Be Completed by Physician/Medical Examiner	Service of the servic	eese or condition sulting in deeth)  quentielly list conditions, any, laading to immediate use. Entar Underlying uses (Disaesa or injury at initieted events sulting in deeth) Lest  It II. Other eignificent conditions.  Wes case referred to medic exeminer?  I Yes 2	tions con	o. GA	Due to  Due to  Due to	ANEA  O (or es e  O (or es e  O (or es e  O ER/O  20 ER/O	Consequence of consequence of the underlying of	f):  LEEC f):  g cause gh	ven in Part I	a of Daet	23b, Did 1	I tobacco us  I Yes 2  S en eutopsy ormed?  Yes 2  One)	No 3	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ne cause of declaration of cause effi?
To Be Completed by Physician/Medical	Service of the servic	wesse or conditions sulting in deeth)  equentielly list conditions, any, leading to immediate use. Enter Underlying use (Disease or injury at initieted events sulting in deeth) Lest  Tell. Other eignificent conditions are in the conditions of the conditions are included by the c	tions con	o. GA	Due to  Due to	ANEA  O (or es e  O (or es e  O (or es e  O ER/O  20 ER/O	Consequence of consequence of the underlying	DOA Ott	ven in Part I	a of Daet	23b. Did 1  24e. Weiperl 1  in (Check only) ome 5 Res 28d. Describe	I tobacco us I Yes 2 I Yes 3 I Yes 3 I Yes 3 I Yes 4 I	No 3	7. 7	ne cause of dealer of cause of dealer of cause of dealer of cause of dealer of cause of dealer of cause of caus
To Be Completed by Physician/Medical	Service of the servic	eese or condition sulting in deeth)  equentielly list conditions, eny, laading to immediate use. Entar Underlying uses (Disaesa or injury at initieted events sulting in deeth) Lest  Till. Other eignificent conditions of the cond	tions con	dospitel: 1 28a. Data (Mor	Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to	ANEA  o (or es e	Consequence of consequence of the underlying the un	DOA Ott	26. Place ther: 4 Ni ry at rk?	a of Daet	23b. Did 1	I tobacco us I Yes 2 I Yes 3 I Yes 3 I Yes 3 I Yes 4 I	No 3	7. 7	ne cause of declaration of cause eth?
Certification: To Be Completed by Physician/Medical Examiner	Serif e cat Ca tha res	wesse or condition sulting in deeth)  equentielly list conditions, any, leading to immediate use. Enter Underlying use (Disease or injury at Initieted events sulting in deeth) Lest  Till. Other eignificent conditions are used to be	tions con	dospitel: 1 28a. Data (Mor	Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to	ANEA  o (or es e	Consequence of consequence of the underlying the un	DOA Ott	26. Place ther: 4 Ni ry at rk?	a of Daet	23b. Did 1	I tobacco us  I Yes 2  Yes 2  Yes 2  One)  Sidenca 6  Show injury c	No 3	7. 7	iterval Batween inset and Death  2 Howrs  2 Hours  4 Donk  autopsy findinabla prior to leation of cause eth?
Certification: To Be Completed by Physician/Medical Examiner	Serif e cat Ca tha res	wesse or conditions sulting in deeth)  equentielly list conditions, any, laading to immediate use. Entar Underlying use (Disease or injury at initiated events sulting in deeth) Lest  The condition of the condit	tions con	dospitel: 1 D 28a. Date (Mor builden: To the per: On the b	Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to	ANEA  o (or es e)  o (or es e  o (or es e)	Consequence of consequence of the underlying the un	DOA Ott	26. Place  26. Place  and rick?  lyes 2   me, dete ar	a of Daet ursing Ho	23b. Did 1 24e. Weiperl 1 1 28d. Describe 28f. Location City or To	I tobacco us  I Yes 2  S en eutopsy omed?  Yes 2  One)  Sidenca 6  I how injury co  (Street and hown, State)  Grause(s) er	No 3	77	tierval Batween inset and Death  2 Hours  2 Hours  4 Hours  4 Hours  4 Hours  4 Hours  5 autopsy findinabla prior to plation of causa of the cause of death  6 autopsy findinabla prior to plation of causa of th?  6 autopsy findinabla prior to plation of causa of th?  6 autopsy findinabla prior to plation of causa of th?
edical Certification: To Be Completed by Physician/Medical	Serif e ca tha res	eses or condition sulting in deeth)  equentially list conditions, any, laading to immediate use. Entar Underlying use (Disease or injury at Initiated events sulting in deeth) Lest  Tell. Other significent conditions are conditionally as the condition of the con	tions conditions condi	dospitel: 1 D 28a. Date (Mor builden: To the per: On the b	Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to	ANEA  o (or es e)  o (or es e  o (or es e)	consequence of conseq	DOA Office on, In my control on, In my control of the time on, In my control on the time of time on the time of time on the time of time on the time of time on the time of time on the time of time on the time of time on the time of time of time on the time of time o	26. Placiner: 4 Niry at rk? Yes 2 me, dete ar opinion, dad	a of Daet ursing Ho	23b. Did 1 24e. Weiperl 1 1 28d. Describe 28f. Location City or To	s en eutopsyomed?  Yes 2 1  one)  idenca 6 [ how injury common of the co	No Solution No Sol	77 77 77 77 77 77 77 77 77 77 77 77 77	iterval Batween inset and Death  2 Howrs  2 Hours  2 Hours  4 Donk  2 autopsy findinabla prior to leation of cause eth?  Yes 2 No
Certification: To Be Completed by Physician/Medical	Serif e ca tha res	wesse or conditions sulting in deeth)  equentielly list conditions, any, laading to immediate use. Entar Underlying use (Disease or injury at initiated events sulting in deeth) Lest  The condition of the condit	tions conditions condi	dospitel: 1 D  28a. Date (More builden: To the bend mer	Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to	ANEA o (or es e O TEST( o (or es e O TEST( o (or es e O ER/O c) 28b. r)	A ( A consequence of consequence of consequence of the underlying of not of the underlying of the unde	DOA Ott	26. Place  26. Place  All Ni ry at rk? Yes 2   me, dete ar opinion, dae se number	a of Daet ursing Ho	23b. Did 1 24e. Weiperl 1 1 28d. Describe 28f. Location City or To	I tobacco us  I Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  One)  Sidenca 6  Show injury co  (Street end fown, Stete)  Se cause(s) en  , date end pl	No 3	77 77 77 77 77 77 77 77 77 77 77 77 77	iterval Batween inset and Death  2 Howrs  2 Hours  2 Hours  4 Gorke  2 autopsy findinabla prior to leation of cause eth?  4 Control Number,  ed.  10 re ceuse(s)
edical Certification: To Be Completed by Physician/Medical Examiner	Serif e cal Ca tha res	eses or condition sulting in deeth)  equentially list conditions, any, laading to immediate use. Entar Underlying use (Disease or injury at Initiated events sulting in deeth) Lest  Tell. Other significent conditions are conditionally as the condition of the con	tions conditions condi	dospitel: 1 D 28a. Date (Mor 28e. Plec build end mer	Due to  Due to	ANEA o (or es e O TESTO o (or es e O (or es	Consequence of consequence of consequence of the underlying of injury of inj	DOA Ott	26. Placiner: 4 Niry at rk? Yes 2 me, dete ar opinion, dad	a of Daet ursing Ho	23b. Did 1 24e. Weiperl 1 1 28d. Describe 28f. Location City or To	s en eutopsyomed?  Yes 2 1  one)  idenca 6 [ how injury common of the co	No 3	77 77 77 77 77 77 77 77 77 77 77 77 77	iterval Batween inset and Death  2 Howrs  2 Hours  2 Hours  4 Gorks  2 autopsy findinabla prior to leation of cause eth?  4 Courte Number,  ed.  10 re ceuse(s)

DHMH 16 Rav 6/95



#### Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Day 1999 **Physician** Thelma Gertrude Middendorf MARCH 10, 7:34 PM /Medical 4b. City, Town, or Location of Deeth 4c. County of Deeth 4e Facility Neme (If not institution, give street and number) Examiner Gilchrist Center Towson Baltimore If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 ☐ M 2 ☐ F 219-16-6755 Yrs 73 Director Maryland Usuel Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits r than "naturel", or items 23s or 28s-f show the Medical Examiner must be notified at 1 ☐ Yes 2 ☐ No MD N/A Directo Baltimore 10g. Citizen of What Country? 10e. Street end Number 10f. Zip Code 3525 Esther Place 21224 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indian, Bleck, White, etc. hours efter 1 Never Merried 2 Merried 1 ☐ Yes 2 ☐ No If Yes, Give X Yeer or Dates: 1 Yes 2 No Specify: Specify: by 3 ☐ Widowed 4 ☐ Divorced White 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Mental Charles Urban Genevieve Dugent 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Peges 1 and 2: Department of Health er Health am 27 I George Middendorf/husband 3525 Esther Place Baltimore, MD 21224 Date | 20c. Location - City or Town, State tam 20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. Place of Disposition (Name of cemetery, crematory or other place) Important: If its any injury or o once. Metro Crematory, Inc. 03/11/99 Baltimore, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 22. Name end Address of Fecility Cremation Society of Maryland, Inc. Edward A gre Edward A. Gregorchik 23a. Part. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart teilure. List only one cause on each line. 299 Frederick Road Baltimore MD 21228 Approximate Interval Between Onset and Death **Physician** is chemic cardio myo pathy /Medicai Immediete Cause (Final disease or condition resulting in deeth) Examiner Due to (or es e consequence ot): Physician/Medical Examiner Artery diseose covonory the death certificate be executed physician and s the buriel-tren Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury Due to (of as e consequence of Box 68760 that initiated events resulting in death) Last Due to (or es e consequence of): attending ph signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown The lew requires thet Division of Vital Records, þ 24b. Were autopsy tindings available prior to completion of ceuse of death? been si Completed 24e. Was an autopsy has le 2 s ils certificate ha 1 Yes No 1 ☐ Yes 2 ☐ No Be 25. Wes cese referred to medical 26. Place of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 28e. Date of injury (Month, Day Year) 27. Manner of Deeth 28c. Injury et Work? 28d. Describe how Injury occurred Certification: or Attending 5 Pending Investigation 1 Netural 1 TYes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28t. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, tectory, office building, etc. (Specify) 4 Homicide within 24 hours at To the Funeral Di completely filled in 29a. Certifier 1 Certifying Physician: To the best ot my knowledge, death occurred at the time, dete end place, and due to the cause(s) end manner as steted. edicai 2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, death occurred et the time, date and place, and due to the cause(s) and manner stated. (Check only one) within 2 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier

9

State Registrar W.A. R. (ey GBMC
31. Dete filed (Month, Day, Year)
32. Begis

32. Registrar's Signature

and address of person who completed cause of deeth (Item 23a) (Type, Print)

ing

Sparked

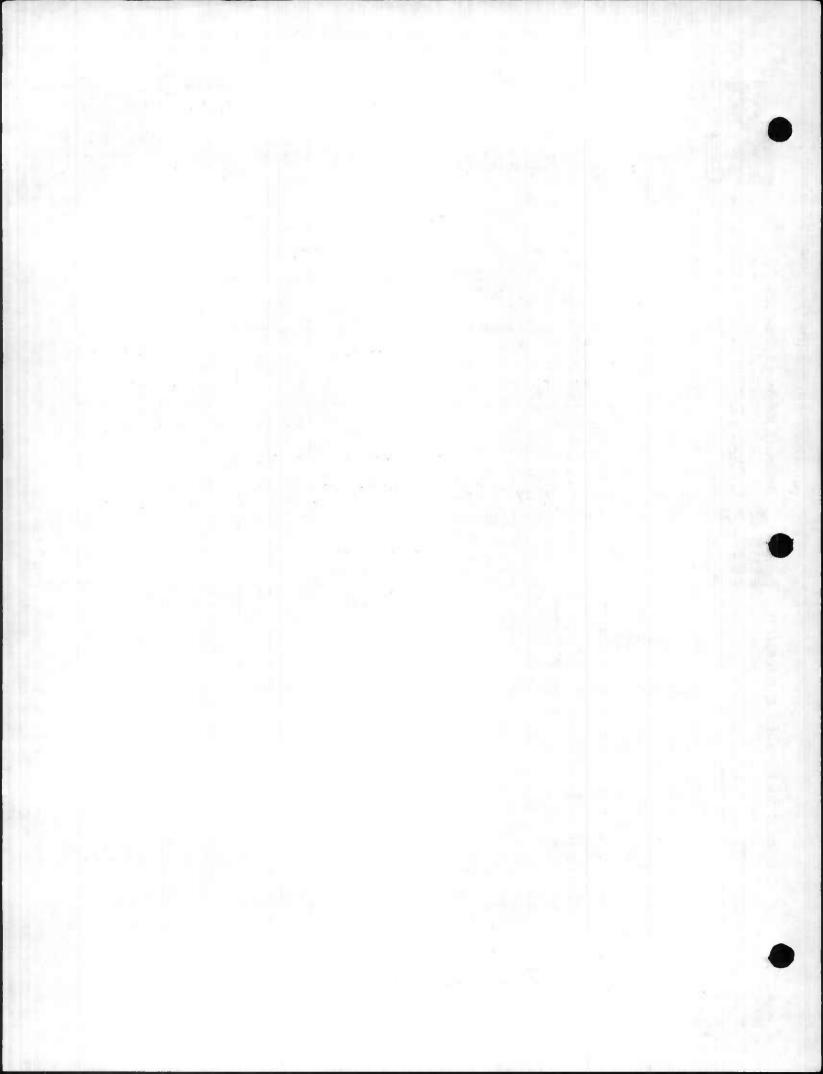
22902

N. Charles St. Balto and 21204

March 11, 1999

DHMH 16 Rev 6/95

sertrude Middendorf



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. #19a Item#7&#8 perFH G769 3/18/99 EW ITEM: #7 PER F.H. G769 3-12-99 WR. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** 5:40 AM March ELIZABETH MEISTER 1999 10 /Medical 4a Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner UNION MEMORIAL BALTIMORE N/A If Under 24 Hrs. 8. Date of Birth (Month, Day, Yes SEPT. 8, 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year 9. Birthplace (State or Foreign Year) 1924 9. Birthplace (Sten Country) MARYLAND **Funeral** Deys 74 Months Hours 1□M 2 F Min 73 218-16-1812 **Director** Usual Residence of Decedent 10c. City, Town or Location 10a State 10b. County 10d. Inside City Limits ahova 1 ☐ Yes 2 No ANNE ARUNDEL Directo MARYLAND 288-71 GLEN BURNIE 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? b 299 MACKINTOSH DRIVE 21061 U.S.A. Berns 23a Funeral 12. Wes Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11 Marital Status Black, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: 1 Never Married 3 Married 'natural', or 1 Yes 2 No Specify: WHITE ğ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiens. Elementary/Secondary (0-12) College (1-4or 5+) SOCIAL WORKER off and Mental He 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be CHARLES MARGARET SCHUCKMAN GRADY Pages 1 and 2 should 19a. Informant's Name(Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Important: If Item 27 is any injury or other tra-once. Heath a CHRISTINE HAFEN (DAUGHTER) 8 HYATT DRIVE, BRAMPTON, ONTARIO L6X3W8 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 8 1 X Buriel 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) 3/13/99 BALTIMORE, MD. LOUDON PARK CEMETERY 22. Name and Address of Facility SINGLETON FUNERAL HOME, P.A., 21. Signature of Funeral Service Licensee 1 SECOND AVENUE, S.W., GLEN BURNIE, MARYLAND Kack 100 23a. Part 1. Enter the disease, or complications but caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heef failure. List only one cause on each line. 21061 Interval Between Onset and Deeth Physician /Medical Immediate Cause (Finat neumonia due to Methicillin-Resistant Staphylocopy one Week disease or condition resulting in death) Examiner Oneweek Examine Sepsis Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Two Pleural montes Bilateral Physician/Medical Due to (or as e consequence of): Two Failure - Respiratory Insufficiency Part ti. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Artery Disease 1 Yaa 2 No 3 Probably 4 Unknown à Completed Vein Thrombosis 24e. Was an autopsy performed? 24b. Were autopsy findings available prior to Deep completion of cause of death? 1 ☐ Yes 2 No 1□ Yes 2 No Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Dete of Injury (Month, Day Year) 27. Manner of Death 28b Time of 28d. Describe how injury occurred Certification: 28c. Injury at Work? 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No investigation death 2 Accident Sepital or Attend hours after death theral Director: 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of tnjury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide Hospital 29a. Certifier 12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. Medical (Check only one) 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner steted. 

State Registrar

KHALIL MANAH 31. Date filed (Month, Day, Year)

29b. Signeture end title of certifies

MAR 1 2 1999

29c. License number

AT2438946

29d. Date signed (Month, Day, Year) MARCH, 10, 1999

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

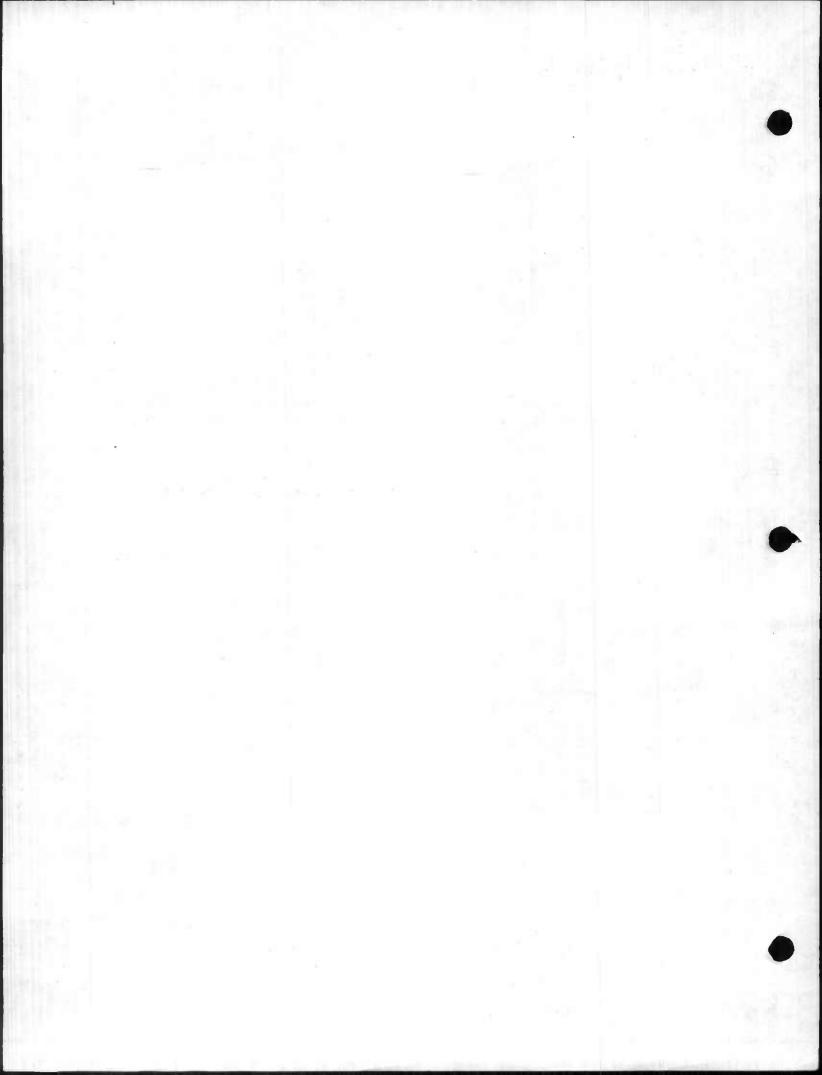
Union Hemorical Hospital, 201 E. Univ. Pkuy Baltimore, MD21218

37. Registrar's Signeture

**Division of** 

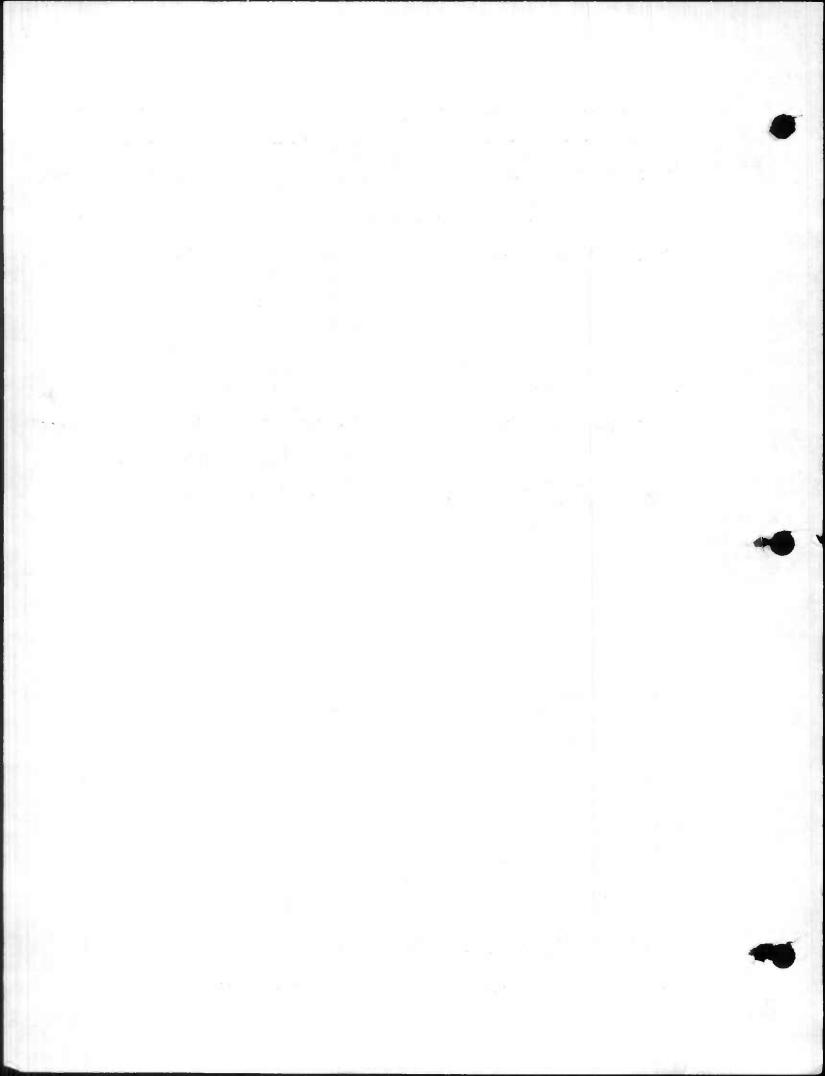
21215-0020

altimore, Maryland



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

				State of	Marylan	d / Departn <i>Certific</i>	nent of F cate of		-	giene Reg. No.	079	919		
			1. Decedant's Nama (First, Middla, L	ast)					2. Data of De			Tima of Death		
	Physic /Medi		ELIZABETH M. MAJEROWICZ						Month Day Yaar March 05, 1999			6:20		
	Exami		4a. Facility Nama (If not institution, gi	va street and numb	er)			4b. City, Town, or	Location of Deatl	4c. County	y of Death			
			Greater Baltimon	e Medica	l Cent	er		Towson		Bal	timore			
	Funeral			Sex 7.	Aga (In yrs.	Mor	Indar 1 Yaar hths Days	If Undar 24 Hrs Hours Min		th V. Year)	(Country)	(Stata or Foraign		
1	Director			1 M 2 F	64	Yrs.	ino Bayo	110010	JULY 3	193	4	MD.		
	pue *		Ususl Rasidance of Dacedent  10a. Stata 10b. County		10c Cit	y, Town or Location			-		104 1	naida Ota I inta		
	ING Z1Z13-UUZU be filed within 72 hours after death with the Menyland tal Hyglene. d other than "natural", or items 23s or 28s-f show event, fre Medical Everrine must be notified at	5	,	I/A		BALTIMOR						nside City Limits X☐ Yas 2☐ No		
		ect	10e. Street and Numbar	1/ A	1					40 000 41		A		
		ā	928 S. HIGHLAN	ID AVE		10	f. Zip Coda 21224	1		U.S.A.				
		era	11. Maritai Status	12. Was Deceda	ot Ever in III	C 13 Was F			Consider Von on No		ce - Amarican Ir	adion		
21215-0020	irs after d	by Funeral Director	1 Navar Married 2 Married 3 Widowed 4 Divorced	Armed Force  1  Yas 2  If Yas, Giva  Yaar or Date	No No	If Yas,	specify Cub	dispanic Origin? (s an, Maxican, Puar Specify:	to Rican, atc.)	Bia	ck, Whita, atc.			
Ö	2 hou	P	15. Decedent's E			16a. Decedent's	Usuai Occur	pation		16b Kind of B	usiness/îndustr	Industry		
75	n n n	Completed	(Specify only highast gi	ada complated)		(Giva kind o	16a. Decedent's Usual Occupation (Giva kind of work dona during most of work lifa. DO NOT usa ratired)			100. King of D	0311033/110030	,		
21	filed within Hygiena.	E	Elementery/Secondary (0-12)	Collega (1-4	or 5+)	HOMEMA	KER			OWN F	HOME			
P	should be filed withing Mental Hygiena.  marked other than imatic event, the M	Bec	17. Fathar's Nama (First, Middla, Las	1)				18. Mothar's Na	ma (First, Middla, Meiden Surna		na)			
lar		ToB	CHARLES LUCKHA	ARDT				MARY	DAUSH					
Maryland	2 should be and Mental is marked o		19a. tnforment's Name/Ralationship	(Type, Print)		19b. Meiling Add	drass (Street	and Number or R	ural Routa Numb	er, City or Town,	, Steta, Zip Cod	le)		
			WALTER MAJEROV	VICZ/HUS	BAND	928 S.	HIGH	HLAND A	VE. BAI	TIMORE	E, MD.	21224		
ore	of Ha		20a. Mathod of Disposition			lace of Disposition ematary, crematory	(Nema of		Data		- City or Town,			
Ĕ	Pagas nent of nrt: If Its iry or o		1 □ Burial 2 □ Cramation 3 E 4 □ Donation 5 □ Other (Speci			KEVIEW M			K 3/9/9	9 SYKE	ESVILL	E, MD.		
Baltimore,	permit. Pagas 1 and Department of Haaith Important: If Item 27 eny injury or other tronce.		21. Signature of Funeral Service Lice		(a)	CHAE	יד דיכ	ss of Facility	ER & SC	ON, INC	2.			
	Physician ☑/Medical		23a. Part1. Enter tha disdase, of conshock, or heart fallura. List only	plications that cause ona causa on aac	sad tha daati n lina.	6224 n. Do not antar tha	EAST moda of dyir	PERN AV	E BALT c or raspiratory a	CIMORE,	One	set and Death		
	Examiner		disaasa or condition rasuiting in deeth)	e. Hype	rtroph	ic Cardio	omyopa	thy			ur	known		
		miner	Examiner	miner				r es a consequance	of):					
	icata be axecuted physician and s the burial-transit				mlne		b. Amyl	oidosi		,				ur
	and all-tra	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Dua to (or as a consequence of):  Multiple myeloma										
8760,	siclar bound	dicai	Causa (Disaasa or injury that initiated avants	c					ur	ıknown				
89	death certificata be axecuted e attanding physiclan and of for usa as the burial-transit	8	rasulting in daath) Last	Dua to (or as a consequance of):										
Box	eath certific attanding p for use as	2		d										
Ď	seath atta	Cla	Port II. Other plantitions and those	antibution to doubt	hut not one.	Mary Lands and Araba	la t	and David	005 014		es contribute to the cause of death			
, P.O.	that tha ed by th detache	by Physician/Me	Part II. Other significant conditions	uting in tha undarry	ing causa giv	an in Part I.	1 🗆	3 Probably	. /					
Records,	been s	Completed b							24a. Was perfo	an autopsy med?	evailabl	utopsy findings le prior to tion of causa		
æ	4 5	mo:							135	Yas 2□No	1⊠ Ya	s 2 No		
Vital		Be C	25. Wes casa rafarred to medical					26. Plece of De	eth (Check only o	ne)				
<b>&gt;</b>	5 00	To	axaminar? 1 ☐ Yas 2 ☒ No	Hospitel: 11 Inpo	itiant 2	ER/Outpatient 3[	DOA Oth	or.	loma 5 ☐ Rasio		ar (Specify)			
J Of	g Ph			27. Mannar of Death	28a. Date of I		28b. Tima of	28c. Injur Wor		28d. Dascribe how Injury occurred				
Ö	Attending r death. ector: Afta by the fune	atlo	1 ⊠ Naturel 5 ☐ Panding 2 ☐ Accidant invastigation											
Division	는 를 들어	27. Mannar of Death 1 Naturel 2 Accident 3 Suicide 4 Homicide 28a. Date of Injury (Month, Day Year) 28b. Time of Injury M 28c. Injury at Work? 1 Yas 2 No 28d. Dascribe how Injury M 28d. Dascribe how Injury M 28d. Dascribe how Injury At home, farm, street, factory, office 28d. Dascribe how Injury									per or Rural Ro	uta Number,		
	Hospital 24 hours Funeral pataly filled	edical	29a. Certifiar 1 Cartifying Pt (Check only one) 1 Medicat Example 1 Cartifying Pt (Check only one)	nyelclan: To tha be ntnar: On tha basis and mannar	of axaminat	vladga, daath occu ion and/or invastige	rred at the tine etion, in my o	ne, data and place pinion, death occi	e, and dua to tha urred at tha tima,	causa(s) and me data and place,	annar es stated and due to tha	Causa(s)		
	2	Σ	29b. Signatura and titla of certifiar			. ^	29c. Licans	a number		29d. Data signe	d (Month, Day,	Year)		
M			10 11		-0	m)	D430	03		03/08	100			
	MA		30. Neme and addrass of person who	completed causa o	f death (Item	23e) (Type, Print)				03/08	777			
	)		Nathan A. Duns				Charl	es St.	Baltimor	e MD 21	204			
r	Sta	te	31. Data filed (Month, Day, Year)	32 Regi	strar's Signer									



29c. Licansa number

189100

Square DR. BAITIMORE, MARYLAND 21237

ICLERMANN, D.O.

9000 FRANKlin

pleted cause of death (item 23a) (Type, Print)

32. Registrar's Signature

State Registrar 29b. Signature and title of certific

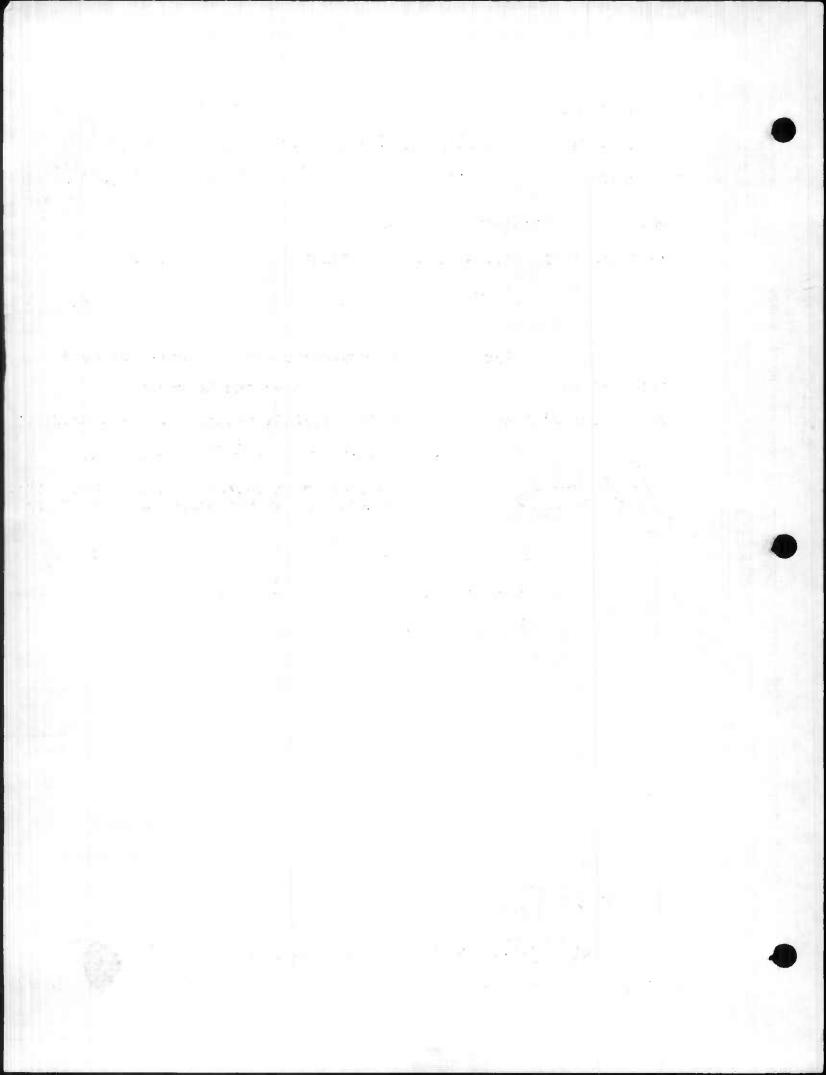
31. Date filed (Month, Day, Year)

DR. Alan

30. Nema and address of person who co

MAR 1 2 1999

ACKER



Phys /Me Exan

**Funera** 

Directo

permit. Peges 1 and 2 should be filed within 72 hours after deeth with the Meryland Department of Health and Mentel hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Examinal must be notified at

Physicia /Medica Examine

Baltimore, Maryland 21215-0020

	State of Marylar				lental Hyg	jiene		,
		Cer	tificate of	Death		leg. No. 9		192
Decedent's Neme (First, Middle, Last,	"Edward	Mick	le		2. Dete of Deer Month MARCH	th Say	1499	3. Time of Death 10:35 pt
le Fecility Neme (If not institution, give	street end number)			4b. City, Town, or L	ocation of Deeth	4c. County	y of Death	
. 1. 1/	ichael			Baltimo	we.			
5. Sociel Security Number 6. Se	7. Age (In yrs.	. lesf birthday)	If Under 1 Year	If Under 24 Hrs.		1	9. Birthple	ece (Stete or Foreig
218-09-4090 1) Usuel Residence of Decedent	M 20 F 80	Yrs.	Months Deys	Hours Min.	9-10-	-1918	Count	S.C.
10a. Stete 10b. County		ity, Town or Loc					10	d. Inside City Limit
Md NA	A L	BaHim	iore					1 November 2 November
10e. Street and Number	1	, , ,	10f. Zip Code		1	Og. Citizen of	Whet Count	rv?
2579 Edmond	I. Aurenia	4	G 11 - 22	223		11	SA	
11. Meritel Stelus	12. Wes Decedent Ever in L	1 13. V		Hispenic Origin? (Sp	cacifu Vas or No-		ce - Americe	
11. Meritel Stelus 1 ☐ Never Married 2 ☑ Married	Armed Forces?  1 Yes 2 No	If	f Yes, specify Cut	ben, Mexican, Puerto	Rican, etc.)		ick, White, e	
3 ☐ Widowed 4 ☐ Divorced	If Yes, Give ' Yeer or Detes:		1□ Yes 2D(No			Specif	Die	rch
15. Decedent's Edu (Specify only highest grad-	ication de completed)	(Give I	dent's Usuel Occu kind of work done	during most of work	king	16b. Kind of B		
Elementery/Secondery (0-12)	College (1-4or 5+)	life. C	DO NOT use retire	9d)		Balti	more	CITY
120 grade	NA	/	eacher	_	1.01 d dla	Schoo	1 34	1stem
17. Felher's Neme (First, Middle, Last)				18. Mother's Nem	e (First, Middle, i	Malden Sumer	ne)	
Lewis Mickle				Della	Izzar	rel		
19e. Informent's Name/Reletionship (Ty	ype, Print)	19b. Mailin	ng Address (Stree	et end Number or Rui	rel Route Number	r, City or Town	, Stete, Zip	Code) 2/22
20e. Method of Disposition  1	Removel from State	eday f	sition (Neme of netory or other place)  Name and Address  Walk	yetery E		Anne i	Anna	del Co, 44
1 Buriel 2 Cremetion 3 F 4 Donetion 5 Other (Specify)	Removel from State  O  See  See  O  See	eday f	Hill Central C	yetry : ress of Facility of F. H.	3-15-99 bash S	Annei	Aruna Ba Ha	del Co, Hd  ), Hd 212  Approximate Intervel Between
23e. Pert1. Enler the disease, or compleshock, or heart feilure. List only or	Removel from State  See  See  Silicetions that caused the deepine ceuse on each line.	cometery, cremedow for the comment of the comment o	netory or other pie -fill CeA 2. Name and Addra 43 ( er the mode of dy	ress of Facility of F. H. OO Wal	bash sor respiretory arr	Annei benne	Aruna Balta	Approximate Intervel Between Onset end Deeth
23e. Pert1. Enler the disease, or compleshock, or heart feilure. List only or	see  Would the deep see e. END STAGE	cometery, cremedow for the comment of the comment o	inetory or other plane. Hill Cea.  It was and Address of the Hill Cea.  It was and Address of the Hill Cea.  It was a second of the Hill Cea.  It was a second of the Hill Cea.  It was a second of the Hill Cea.	ress of Facility of F. H. OO Wal	bash sor respiretory arr	Annei benne	Aruna Balta	del Co, Hd  ), Hd 212  Approximate Intervel Between
Buriel 2 Cremetion 3 F  Donetion 5 Other (Specify)  1. Signeture of Funeral Service License  23e. Pert1. Enler the disease, of compleshock, or heart feilure. List only of limmediete Cause (Finel disease or condition resulting in death)	see  Work  clicetions that caused the deepine cause on each line.  e. END STAGE  Due to (	edov f	inetory or other plane. Hill Cea.  R. Name and Address.  Will Hill Cea.  Will Hill Cea.  Will Hill Cea.  Will Hill Cea.  Will Hill Cea.  Will C	ress of Facility of F. H. 00 Walding, such es cardiac	bash sor respiretory arr	Annei benne	Aruna Balta	Approximate Intervel Between Onset end Deeth
23e. Pert1. Enler the disease, of complishock, or heart feilure. List only or limmediete Cause (Finel disease or condition resulting in death)  Sequentielly list conditions,	Removel from State  See  Ward  Silications that caused the dee one cause on each line.  e. END STAGE  Due to (	edov f	inetory or other pie fill Cea 2. Name and Addr 430 er the mode of dy VULAR 1 quence of):	ress of Facility of F. H. 00 Walding, such es cardiac	bash sor respiretory arr	Annei benne	Aruna Balta	Approximate Intervel Between Onset end Deeth
1 Buriel 2 Cremetion 3 F 4 Donetion 5 Other (Specify) 21. Signeture of Funeral Service License 23e. Pert1. Enter the disease, of complishock, or heart feilure. List only or Immediate Cause (Finel disease or condition resulting in death)	Removel from State  See  Ward  Silications that caused the dee one cause on each line.  e. END STAGE  Due to (	eth. Do not ente	inetory or other pie fill Cea 2. Name and Addr 430 er the mode of dy VULAR 1 quence of):	ress of Facility of F. H. 00 Walding, such es cardiac	bash sor respiretory arr	Annei benne	Aruna Balta	Approximate Intervel Between Onset end Deeth
Buriel 2 Cremetion 3 F  Donetion 5 Other (Specify)  1. Signeture of Funeral Service License  23e. Pert1. Enler the disease, of compleshock, or heart fellure. List only or limmediete Cause (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter Underfying Ceuse (Disease or Injury that initiated events	see  Silications that caused the deepone cause on each line.  e. END STAGE Due to (	eth. Do not ente	whetery or other plane. Name and Address. Name a	ress of Facility of F. H. 00 Walding, such es cardiac	bash sor respiretory arr	Annei benne	Aruna Balta	Approximate Intervel Between Onset end Deeth
1 Buriel 2 Cremetion 3 F 4 Donetion 5 Other (Specify) 21. Signeture of Funeral Service License 23e. Pert1. Enter the disease, of complishock, or heart feilure. List only of the disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury)	see  Silications that caused the deepone cause on each line.  e. END STAGE Due to (	eth. Do not ente	whetery or other plane. Name and Address. Name a	ress of Facility of F. H. 00 Walding, such es cardiac	bash sor respiretory arr	Annei benne	Aruna Balta	Approximate Intervel Between Onset end Deeth
Buriel 2 Cremetion 3 F  Donetion 5 Other (Specify)  1. Signeture of Funeral Service License  23e. Pert1. Enler the disease, of compleshock, or heart fellure. List only or limmediete Cause (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter Underfying Ceuse (Disease or Injury that initiated events	see  Silications that caused the deepone cause on each line.  e. END STAGE Due to (	eth. Do not ente	whetery or other plane. Name and Address. Name a	ress of Facility of F. H. 00 Walding, such es cardiac	bash sor respiretory arr	Annei benne	Aruna Balta	Approximate Intervel Between Onset end Deeth
1 Buriel 2 Cremetion 3 F  4 Donetion 5 Other (Specify)  21. Signeture of Funeral Service License  23e. Pert1. Enter the disease, of complishock, or heart feiture. List only of shock, or heart feiture. List only of the disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	Removei from State  See  Silicetions thet caused the deepine ceuse on each line.  Due to (  CRITICAL  Due to (  Due	eth. Do not ente	westery or other pietric.  If III Cea.  Name and Adda.  Will 43 (  er the mode of dy.)  WULAR I  quence of):  IIIC SIE,  quenca of):	yetry Fress of Facility of F. H. O.O. Walding, such as cardiac HEART D	bash A or respiretory arr	Annei Leane Test,	Ba He	del Co, M9  2, M2  2, M2  Approximate Intervel Between Onset end Deeth  2 MONTH
Buriel 2 Cremetion 3 F  4 Donetion 5 Other (Specify)  21. Signeture of Funeral Service License  23e. Pert1. Enler the disease, of compleshock, or heart feilure. List only or shock, or heart feilure. List only or limmediete Cause (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediete cause. Enter Undertying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	Removel from State  See  Compositions that caused the deep one cause on each line.  e. END STAGE Due to (composition)  Due to (composition)  Due to (composition)	eth. Do not ente	westery or other pietric.  If III Cea.  Name and Adda.  Will 43 (  er the mode of dy.)  WULAR I  quence of):  IIIC SIE,  quenca of):	yetry Fress of Facility of F. H. O.O. Walding, such as cardiac HEART D	bash A or respiretory arr	Anne i	Ba He	del Co, M9  2) MA 2/2  Approximate Intervel Between Onset end Deeth  2 MONTE
Buriel 2 Cremetion 3 F  4 Donetion 5 Other (Specify)  21. Signeture of Funeral Service License  23e. Pert1. Enler the disease, of compleshock, or heart feilure. List only or shock, or heart feilure. List only or limmediete Cause (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediete cause. Enter Undertying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	Removel from State  See  Compositions that caused the deep one cause on each line.  e. END STAGE Due to (composition)  Due to (composition)  Due to (composition)	eth. Do not ente	westery or other pietric.  If III Cea.  Name and Adda.  Will 43 (  er the mode of dy.)  WULAR I  quence of):  IIIC SIE,  quenca of):	yetry Fress of Facility of F. H. O.O. Walding, such as cardiac HEART D	bash A or respiretory arr	Annei Leane Test,	Ba He	del Co, M9  2) MA 2/2  Approximate Interval Between Onset end Deeth  2 MONTE:
23e. Pert1. Enter the disease, of complishock, or heart feilure. List only or resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter Undertying Ceuse (Disease or Injury that initiated events resulting in death)  Pert II. Other significent conditions correctly in the condition of the course (Disease or Injury that initiated events resulting in death)  Pert II. Other significent conditions correctly in the course (Disease or Injury that initiated events resulting in death) Lest	Removei from State  See  Siee  Siee  Silications that caused the dee one ceuse on each line.  Pue to (C. Due t	eth. Do not ente	westery or other pietric.  If III Cea.  Name and Adda.  Will 43 (  er the mode of dy.)  WULAR I  quence of):  IIIC SIE,  quenca of):	yetry Fress of Facility of F. H. O.O. Walding, such as cardiac HEART D	bash A or respiretory arr	Anne i	Ba Ho	del Co, M9  2, M2  2, M2  Approximate Intervel Between Onset end Deeth  2 MONTH  the cause of deat  ebly 4 Tunkno  re sutopsy finding:
23e. Pert1. Enter the disease, of complishock, or heart feilure. List only or resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter Undertying Ceuse (Disease or Injury that initiated events resulting in death)  Pert II. Other significent conditions correctly in the condition of the course (Disease or Injury that initiated events resulting in death)  Pert II. Other significent conditions correctly in the course (Disease or Injury that initiated events resulting in death) Lest	Removei from State  See  Siee  Siee  Silications that caused the dee one ceuse on each line.  Pue to (C. Due t	eth. Do not ente	westery or other pietric.  If III Cea.  Name and Adda.  Will 43 (  er the mode of dy.)  WULAR I  quence of):  IIIC SIE,  quenca of):	yetry Fress of Facility of F. H. O.O. Walding, such as cardiac HEART D	bash A or respiretory arr	Anne i	Ba He	del Co, Md  2/z Approximate Interval Between Onset end Deeth  2 MONTE:  the cause of deet ebby 4 Minkno
Buriel 2 Cremetion 3 F  4 Donetion 5 Other (Specify)  21. Signeture of Funeral Service License  23e. Pert1. Enler the disease, of compleshock, or heart feilure. List only or shock, or heart feilure. List only or limmediete Cause (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediete cause. Enter Undertying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	Removei from State  See  Siee  Siee  Silications that caused the dee one ceuse on each line.  Pue to (C. Due t	eth. Do not ente	westery or other pietric.  If III Cea.  Name and Adda.  Will 43 (  er the mode of dy.)  WULAR I  quence of):  IIIC SIE,  quenca of):	yetry Fress of Facility of F. H. O.O. Walding, such as cardiac HEART D	bash A or respiretory arr	Anne i	Ba He	del Co, Md  2/2 Approximate Intervel Between Onset end Deeth  2 MONTh  the cause of deat  ebly 4 Vinkno
23e. Pert1. Enter the disease, of complishock, or heart feilure. List only or resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter Undertying Ceuse (Disease or Injury that initiated events resulting in death)  Pert II. Other significent conditions correctly in the condition of the course (Disease or Injury that initiated events resulting in death)  Pert II. Other significent conditions correctly in the course (Disease or Injury that initiated events resulting in death) Lest	Removel from State  See  See  Silications that caused the dee one cause on each line.  e. END STAGE Due to ( b. CRITICAL Due to ( c. Due to ( d. TERY DISEA	eth. Do not enter  ADRI  (or es e consequence a consequenc	inetary or other play.  If II Cea.  R. Name and Address  H. Wilk  H. Will	yetry Fress of Facility of F. H. O.O. Walding, such as cardiac HEART D	bash A or respiretory arr	Anne in the second of the seco	Ba Ide	del Co, Md  2/z Approximate Interval Between Onset end Deeth  2 MONTE:  the cause of deet ebby 4 Minkno
23e. Pert 1. Enler the disease, of complishock, or heart feilure. List only of sease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enler Underlying Ceuse (Disease or Injury that initiated events resulting in death)  Pert II. Other significent conditions core  CHRONIC ATRIM  CORONARY AR  HISTORY OF	Removei from State  See  Siee  Siee  Silications that caused the dee one ceuse on each line.  Pue to (C. Due t	eth. Do not enter  ADRI  (or es e consequence a consequenc	inetary or other play.  If II Cea.  R. Name and Address  H. Wilk  H. Will	ress of Facility of F. H. OO Wal ring, such as cardiac HEART O	bash A or respiretory arr  I SEASE  23b. Did to 1 years	Anne in the second of the seco	Ba Ide	the cause of deal reply 4 Unknown of cause of deal reply 4 Unknown of cause leath?
1 Buriel 2 Cremetion 3 F 4 Donetion 5 Other (Specify) 21. Signeture of Funeral Service License  23e. Pert1. Enler the disease, of complishock, or heart feilure. List only or shock, or heart feilure. List only or limmediete Cause (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediete cause. Enter Undertying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest  Pert II. Other significent conditions cor CHRONIC ATRIA  CORONARY AR  HISTORY OF	Removel from State  See  See  Silications that caused the dee one cause on each line.  e. END STAGE Due to ( b. CRITICAL Due to ( c. Due to ( c. TERY DISEA  MULTIPLE  Hospital:	eth. Do not enter  ADRI  (or es e consequence a consequenc	whetery or other play.  If II Cea.  Name and Adda.  Walk 43 ( er the mode of dy  WULAR I guence of):  IIC STE.  guenca of):  uenca of):  uenca of):	ress of Facility of F. H. OO Wal ring, such as cardiac HEART O NOSIS	bash A or respiretory arr	Anne in the second of the seco	Ba Ho	the cause of deat  about 4 Vinknor to entry to the prior to project to great the cause of cause death?  Yes 2 No
1 Buriel 2 Cremetion 3 F 4 Donetion 5 Other (Specify) 21. Signeture of Funeral Service License  23e. Pert1. Enler the disease, of compleshock, or heart feilure. List only or shock, or heart feilure. List only or limmediete Cause (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediete cause. Enter Undertying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest  Pert II. Other significent conditions core  CHRONIC ATRIA  CORONARY AR  HISTORY  5. Wes case referred to medical examiner? 1 Yes 2 No  27. Menner of Deeth	Removel from State  See  See  Silications that caused the dee one cause on each line.  e. END STAGE Due to ( b. CRITKAL Due to ( c. Due to ( c. Due to ( c. TERY DISEA  MULTIPLE  Hospitel: 1   Inpatient   2	eth. Do not enter  AND  (or es e consequence a consequence	Interpretary or other plane. Name and Address. N	rest of Facility of F. H. OO Wal ring, such as cardiac HEART O NOSIS	bash A or respiretory arr  I SEASE  23b. Did to 1 Y  24e. Wes e perfor	Anner  Leane  rest,  obacco usa co  /se 2 No  on eutopsy med?  res 2 No  one)  ence 8 Ott	Ba life Ba life  Ba life  Dontribute to  3 Prob  24b. We ever confidence of delivery of the confidence	Approximate Intervel Between Onset end Deeth  MONTE  The cause of deat  ably 4 Tunkno  are sutopsy finding, illable prior to npletion of cause death?  Yes 2 No
1 Buriel 2 Cremetion 3 F 4 Donetion 5 Other (Specify) 21. Signeture of Funeral Service License  23e. Pert1. Enler the disease, of complishock, or heart feilure. List only of shock, or	Removel from State  See  See  Silications that caused the dee one cause on each line.  e. END STAGE Due to ( b. CRITICAL Due to ( c. Due to ( c. TERY DISEA  MULTIPLE  Hospital:	eth. Do not enter  EVAL  (or es e consequence a consequenc	inetary or other play  I I Center play  I. Name and Address  I A Center mode of dy  I A Cen	rest of Facility of F. H. OO Wal ring, such as cardiac HEART O NOSIS	bash A or respiretory arr  I SEASE  23b. Did to 1 Y  24e. Wes e perform 1 Y  th (Check only or ome 5 Residue)	Anner  Leane  rest,  obacco usa co  /se 2 No  on eutopsy med?  res 2 No  one)  ence 8 Ott	Ba life Ba life  Ba life  Dontribute to  3 Prob  24b. We ever confidence of delivery of the confidence	the cause of death above feath?
1 Buriel 2 Cremetion 3 F 4 Donetion 5 Other (Specify) 21. Signeture of Funeral Service Licens  23e. Pert1. Enler the disease, of complishock, or heart feilure. List only of shock, or heart feilure. List only or heart feilure. List only of shock, or heart feilure. List only or heart feilure. List only or heart feilure. List only or heart feilure. List only or heart feilure. List only or heart feilure. List only or heart feilure. List only or heart feilure. List only or heart feilure. List only or heart feilure. List only or heart feilure. List only or heart feilure. List only or heart feilure. List only or heart feilure. List only or heart feilure. List only or heart feilure. List only or heart feilure. List	Removei from State  See  See  Silications that caused the dee one cause on each line.  e. END STAGE Due to ( b. CRITICAL Due to ( c. Due t	eth. Do not enter  ALN  (or es e consequence a consequence	wetery or other play  I I Cen  Name and Addn  WWAR  I wence of):  TIC STE  I wence of):  I wence of)	ress of Facility of F. H. OO Wal ring, such as cardiac HEART D NOSIS  26. Place of Dee ther: 4 Nursing H ury et ork?  Yes 2 \[ \] No	bash A or respiretory arr  I SEASE  23b. Did to 1 Y  24e. Wes e perform 1 Y  th (Check only or ome 5 Residue)	Annel  Lenne rest,  obacco usa co  (se 2 No  ne) ence 8 Ott ow injury occu  orrect and Num.	Ba Ide	the cause of deet ably 4 Unkno  re eutopsy findings illeble prior to inpletion of cause leath?  Ores 2 No

To the Hospital or Attending Physician: The law requires thet the death certificate be executed within 24 hours effect death.

To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the tunnerel director, page 2 should be detached for use as the burlet-trensit Division of Vital Records, P.O. Box 68760,

Deborah

29d. Dete signed (Month, Dey, Year)

29c. License number H4593/ 11.1999

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

Deborah I PIERCE 7220 PARK HE161175 AVENUE

BALTIMORE, MD 21208

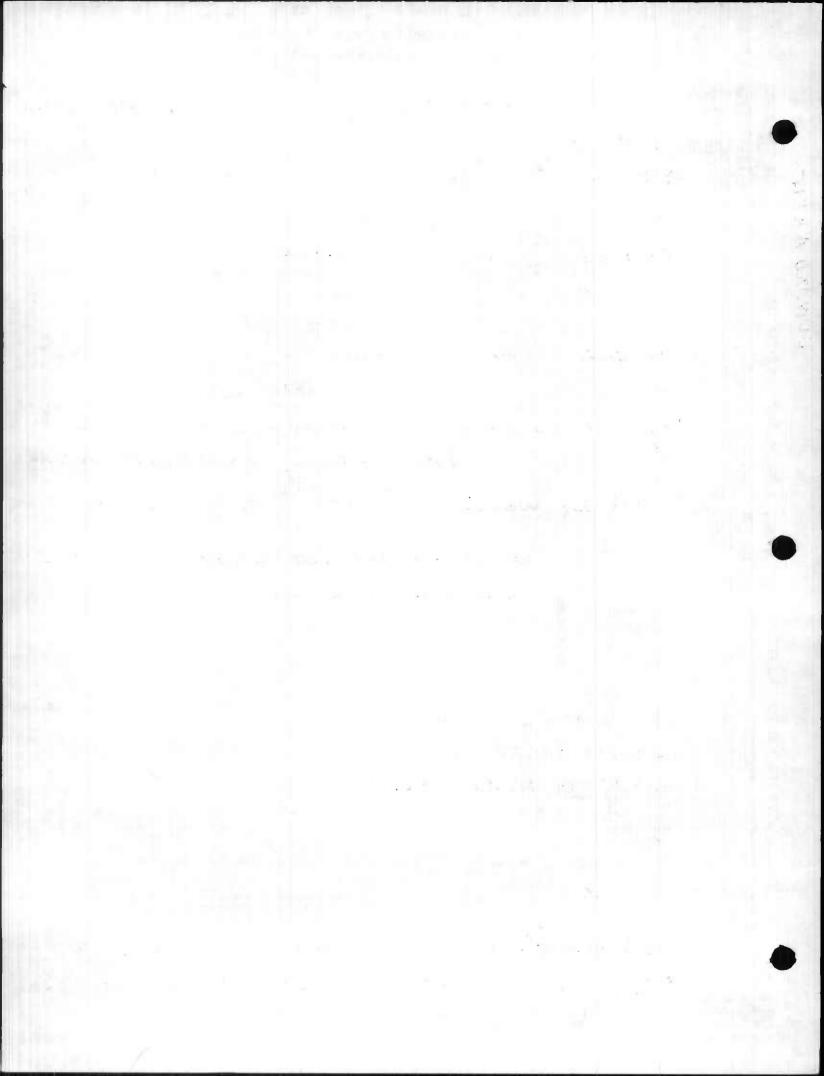
State Registrar

Medica

29b. Signeture end

31. Dete filed (Month, Dey, Year) MAR 12 1999

32. Registrer's Signeture



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death 10 20 Month Year **Physician** Marc Gladys Am essica 1999 /Medical 4e Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Baltimore General aryland +05Dital If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthdey) If Under 1 Year 5. Sociei Security Number Birthplece (State or Foreign Country)
 , } **Funeral** Days Months 1□ M 2XF 220-12-6104 Director Usual Residence of Decedent the Merylend 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits ma 23a or 28a-f show NA 1 Yes 2 No Baltimore Ma Directo 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code 2157 21216 elsea 1 ervace Funeral death 7 is marked other than "natural", or items treumstic event, the Medical Examiner ma 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indien, Black, White, etc. 11. Maritel Status Yes 2 No 1 Never Married 2 Married altimore, Maryland 21215-0020 1 Yes 2 200 No Specify: py Black 3 ☐ Widowed 4 🕱 Divorced Yeer or Dates Completed 16b. Kind of Business/Industry UAR 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) College (1-4or 5+) Elementary/Secondary (0-12) 18. Mother's Name (First, Middle, Maiden Surname) th grade Motor 17. Father's Name (First, Middle, Last) Peges 1 end 2 should be fill ment of Health and Mental H lant: If item 27 is marked out Be Quarles lohnson ounes Hma 19a. Informant's Name/Relationship (Type, Print) , 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) -Daughter Eldridge Balto, Md ZIZYY 3379 Garden R Liberty Ima 20b. Plece of Disposition (Name of Date 20c. Location - City or Town, State 20e. Method of Disposition Burial 2 Cremation 3 Removal from State 3-13-Memoral Park 4 □ Donation 5 □ Other (Specify) mportant 22. Name and Address of Facility FiH 300 Wabash Quenue caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, each line. Approximate Interval Between Onset end Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Examiner 15/on buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last pue Due to (or as a consequence of): physician s the buriel Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): attending ph for use es t signed by the aid be detached for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No þ 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24a. Wes an autopsy page 2 s hes 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate Hospital or Attending Physician: funeral director, 25. Was case referred to medicel examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 Yes 2 No 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To After this 27. Menner of Deeth 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Natural 5 Pending efter death. Director: Aft 1 Yes investigation 2 Accident 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) in by 4 Homlcide A 24 hou. 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the ceuse(s) end manner as stated.

2 Madical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and placa, and due to the cause(s) and manner stated. To the Hospi within 24 hou To the Funer completely fil edical 29a Certifier 29d. Dete signed (Month, Day, Year) 29c License number 29b. Signature and title of cartifier 30, Name, and address of person who completed cause of death (Item 23a) (Type, Print)

State Registrar Danushkodi

MAR 1

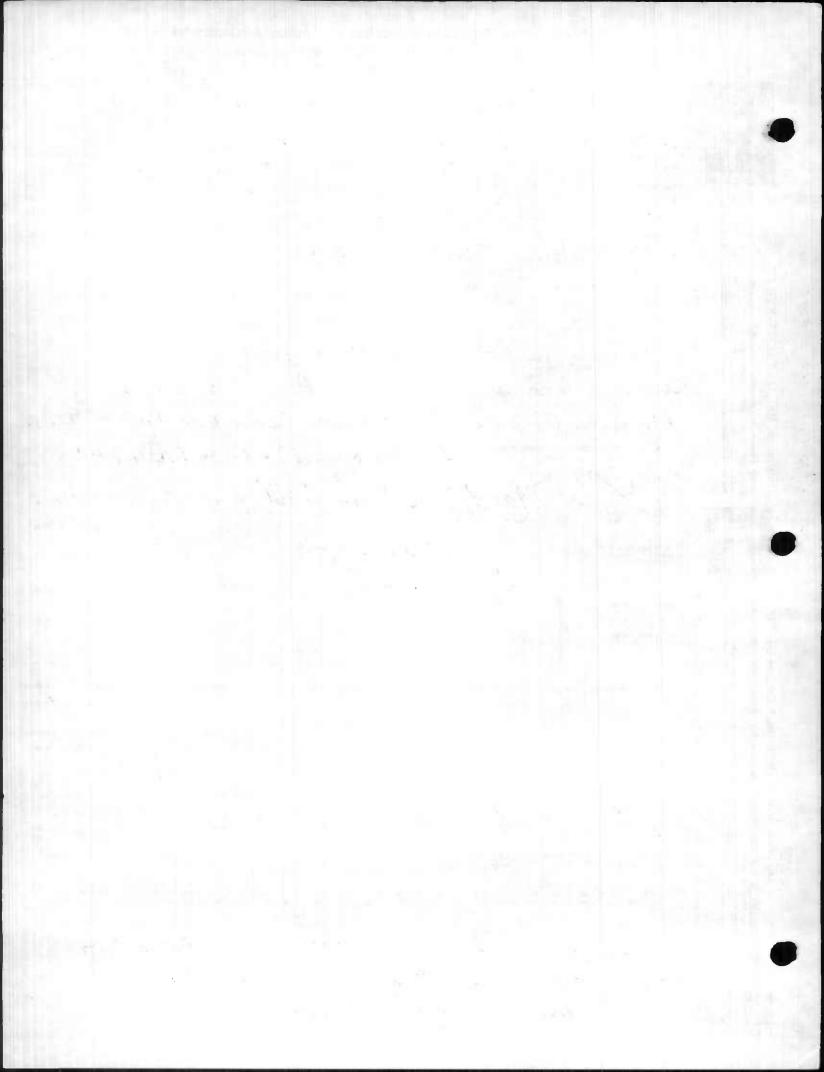
2

1999

31. Date filed (Month, Day, Year)

10

32. Registrar's Signature



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death MCNeil 922 pm Valeria e/// March 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, giva street and number) 4c. County of Death Creneral Baltimore maryland HUSP, tal 5. Social Sacurity Number If Undar 1 Yaar If Under 24 Hrs. 7. Aga (In yrs. lasf birthday) Birthplaca (Stata or Foreign Country) 1 M 2 F Days Yrs. 214-40-5859 Va Usual Rasidance of Decedant 10a. Stata 10b County 10c. City, Town or Location 10d. Insida City Limits NA 1 Yas 2□No Md 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? Carlisle 2/2/6 U.S.A Avenue 3101 12. Was Decedant Evar In U,S. Armad Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva 14. Raca - Amarican Indian, Black, Whita, atc. 11 Marital Status 13. Was Decedant of Hispanic Origin? (Specify Yas or No If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 1 Navar Married 2 Married 1 ☐ Yas 2 No Specify: Specify: Black 3 Widowed 4 Divorcad 15. Decedant's Education (Specify only highast grada complated) 16e. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Baltimore Elamentary/Secondary (0-12) Collega (1-4or 5+) Teacher School 12th grade 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Laws Laws 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Numbar or Rural Routa Nymber, City or Town, Stata, Zip Code) MC -Son 5813 Merville Avenue Baltimore, Md 21215 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata Burial 2 Cramation 3 Ramoval from Stata Memorial Hark 13-11-99 4 ☐ Donation 5 ☐ Othar (Specify) 22, Name and Addrass of Facility 21. Signature of Funaral Sarvice Licansee . West 23a. Perf 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one ceuse on each line. Balto, Md 21215 Approximata Intervel Batwaan Onsat and Death Immediata Ceuse (Finel disaasa or condition rasulting in death) Dua to (or as a consequanca of): monia Sequantially list conditions, if any, laading to immadiata causa. Enter Undarlying Causa (Diseasa or injury that initiated evants resulting in death) Last Dua to (or as a consequence of) Dua to (or as a consequence of) Part II. Other algrificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 ☐ Probably 4 ☐ Winknown 1 ☐ Yes 2 ☐ No 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy 1 Yas 2000 1 ☐ Yas 2 ☐ No 25. Was casa refarred to medical 26. Placa of Deeth (Check only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yas 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Yaar) 27. Manner of Death 1 Whatural 28c. Injury at Work? 28b. Tima of 28d. Dascribe how injury occurred 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accidant

usa as tha bunal-transit and Division of Vital Records, P.O. Box 68760, signed by the attending physician d be detached for use as the bune cartificata has

**Physician** 

/Medical

**Examiner** 

Director

þ

Be

W.

**Funeral** 

Director

Department of Haalth and Mental Hygiena. Important: or Hems 23a or 28a-f show important: If Item 27 is marked other than "naturel", or Hems 23a or 28a-f show any Injury or other traumatic event, its Medical Examina. must be notified at

**Physician** 

/Medical Examiner

Examiner

Physician/Medical

ģ

Completed

Be

2

3 ☐ Suicida

4 Homleida

6 Could not be datamined

Pages 1 and 2 should be filed within 72 hours after nent of Health and Mental Hygiena.

Valeria mener

tha Maryland

death with

Hospital or Attending Physician: 24 hours after death. Funeral Director: After this cariffic filled in by tha funeral To the Hospital within 24 hours a To the Funeral D

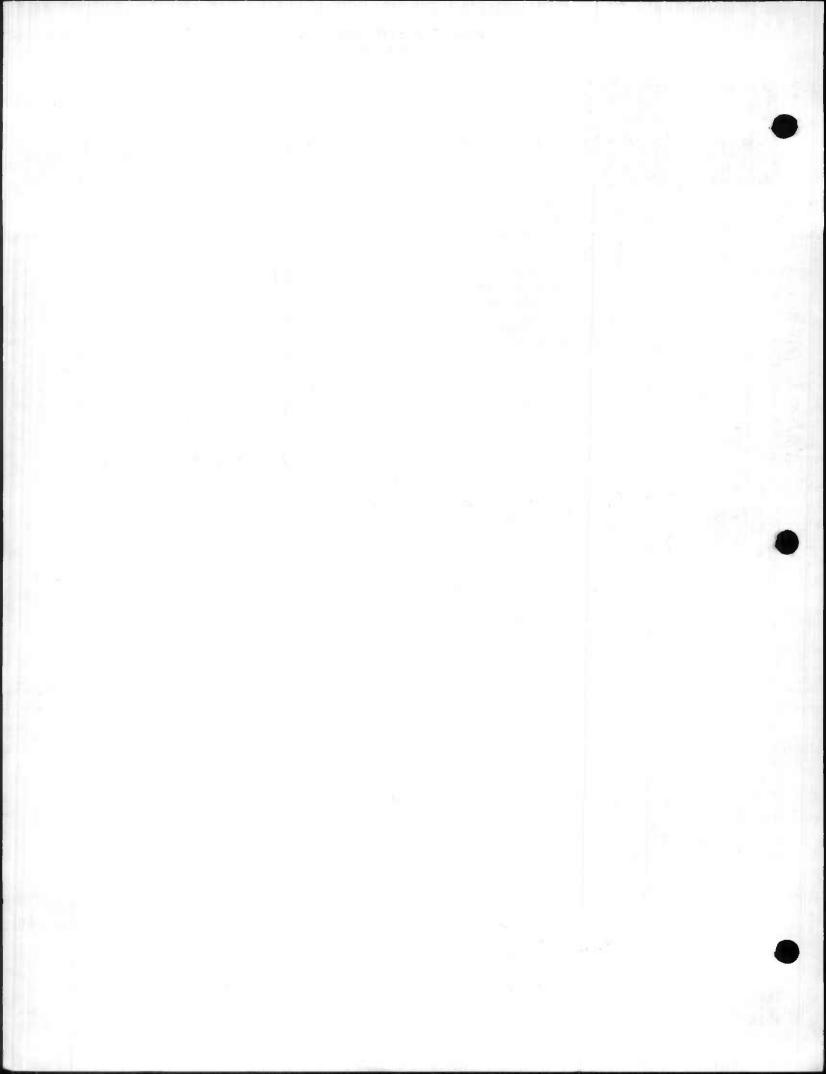
State Registrar

complataly

Certification: 1 Cartifying Physician: To the best of my knowledge, death occurred et the time, data and place, end due to the ceuse(s) and menner es steled.
2 Madicat Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(s) and menner stated. 29a. Cartifier Medical (Check only one) 29b. Signature and title of cartifier 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Nama and address of parson who completed causa of death (Item 239) (Type, Print) Maryland General even Schwartz 32. Registar's Signatura 31. Data filed (Month, Day, Year) MAR 1 2

28f. Location (Straat and Number or Rural Roufa Number, City or Town, Stata)

Place of Injury - At home, farm, streat, factory, office building, atc. (Specify)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Tims of Death Month MARCH MILLER 3:15 PM 10 4a Fscility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death GENESIS HEATH CARE SPA CREEK ANNEARUNDEL ANNAPOLIS 8. Dete of Birth (Month, Day, Year) If Under 24 Hrs. If Under 1 Year 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) Months Deys 1 M 2 F Hours 84 Yrs. 215 10 4615 Aug. 16 UNKNOWN Usuei Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Anne Arundel 1 ☐ Yes 2 No Annapolis 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1337 Swan Dr. 21401 United States 12. Wes Decedent Ever in U,S. Armed Forces? 1 Yes 2 2 No If Yas, Give Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien 11. Merital Status Bieck, White, etc. 1 Never Married 2 Merried 1 Yes 2 No Specify: White 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Domestic 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Louis U11man Isabelle Adler 19e. Informent's Name/Ralationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Phillip E. Miller / Husband 1337 Swan Dr., Annapolis, MD 20b. Plece of Disposition (Neme of cemetery, cremetory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriai 2 X Cremation 3 ☐ Removal from Stete Green Mount Crematory 3/12/99 Baltimore, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Serv 22. Neme and Address of Fecility CAFA Stephen D. Lohrmnann P.A. ouman 21286 8717 Green Pastures Dr., Baltimore, MD 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Death Immedieta Causa (Final diseese or condition resulting in death) Due to (or as e consequança of): Due to (or es s consequence of) 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings evailable prior to completion of cause of desth? 24e. Wes an autopsy performed?

**Physician** /Medical Examiner

> bunai-transit and

signed by t

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

r than "natural", or items 23s or 28s-f show the Medical Example: must be notified at

hours after

Hygiene.

permit. Pages 1 and 2 should be lifted with Department of Health and Mental Hygien Important: If Item 21 is marked other that any Injury or other traumetra.

Baltimore, Maryland 21215-0020

Box 68760

Division of Vital Records, P.O.

Hospital or Attending Physician:

this

After

in 24 hours after death.

The Funeral Director: After pletely filled in by the fun

To the Vithin 2

completely

Registrar

Director

Funeral

þ

Be Completed

Physician/Medical þ Completed Be

Medical Certification: To 27. Menner of Desth

Sequentially list conditions, if any, laading to immediata cause. Enter Underlying Cause (Disease or Injury that Initisted events resulting in death) Last

1 Yes 2 No

1 Naturai

2 Accident

4 Homicida

3 ☐ Suicide

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Swall 25. Wss case referred to medical sxaminer?

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of Injury (Month, Day Year) 28b. Time of

28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)

26. Place of Death (Check only one) Other: Nursing Home 5 Residence 8 Other (Specify) 28c. Injury at Work?

28d. Dascribe how Injury occurred 1 Yes 2 No

Location (Street end Number or Rural Route Number, City or Town, State)

2 1 No

1 Yes

29a. Certifier

1 Certifying Physician: To the best of my knowledge, daath occurred at tha time, data and place, and due to tha cause(s) and mannar as stated. 2 Medical Examiner: On the besis of examinstion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Sign Nama and address of person who completed cause of death (Item 23a) (Type, Print)

29c. License number

29d. Date signed (Month, Day, Year)

1 ☐ Yss 2 ☐ No

31. Deta filed (Month, Day, Year) 2 1

5 Pending

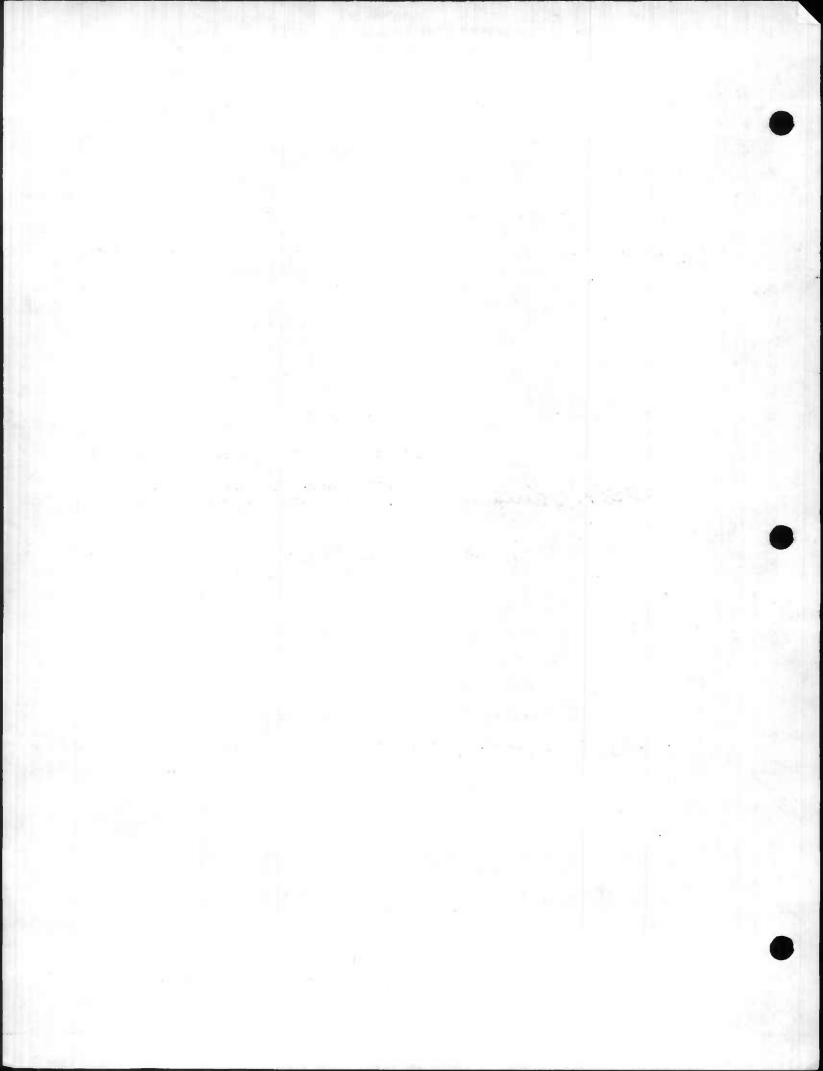
investigation

Could not be determined

2003 32. Begistrar's Signeture

medy

**DHMH 16 Rev 6/95** 



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middla, Last) 2. Date of Death 3. Time of Death **Physician** Month YUEN MOK KNOK March 08.75 /Medical 4e Facility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Howard County General Hospital Columbia Howard 5. Social Security Number 087-38-1806 If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year)
July 25, 1914 If Under 1 Year 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** Months Deys 15M 20 F 84 Director Hong Kong Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits "natural", or litema 23a or 28a-f show idical Examiner must be notified at 1 Yas 2 No Howard Director Columbia 10e. Street and Number 10f, Zip Code 10g. Citizen of What Country? USA 8717 Hayshed Lane Funeral 21045 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, atc. Pages 1 and 2 should be filed within 72 hours after nent of Health and Mental Hygiene. 1 ☐ Nevar Marriad 2 Merried 1 Yes 2 No
If Yes, Giva
Year or Detes: Saltimore, Maryland 21215-0020 Specify: Asian 1 ☐ Yes 2 ☐ No Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Owner/Operator Restaurant 17. Father's Neme (First, Middla, Last) 18. Mother's Neme (First, Middle, Meidan Surnama) Be Hong C. Mok Yoen F. Liao 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Department of Health a Important: If Item 27 is any injury or other tra Coralita K. Mok (wife) 8717 Hayshed Lane, Columbia, MD 21045 20b. Plece of Disposition (Nema of cematary, crematory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 Buriel 2 Cremetion 3 Removal from Stete Columbia Memorial Park 3/13/99 Clarksville, MD 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Facility Witzke Funeral Homes, Inc. 21. Signeture of Funaral Service Licanses randa Kenner 1630 Edmondson Avenue, Catonsville, MD 21045 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Deeth **Physician** Immediate Cause (Finel disease or condition resulting in deeth) Anoxic encephalogathy

Due to (or es e consequence of):

Cardial Arest /Medical 2 days **Examiner** Physician/Medical Examiner Hospital or Attending Physician: The law requires that the death certificate be executed Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in death) Last Due to (or as e consequence of): P.O. Box 68760. Dua to (or as e consequence of): Pert II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Onknown Theumanos Division of Vital Records. þ 24b. Were autopsy findings aveileble prior to completion of ceuse of death? Be Completed Aute renal factions 24e. Wes en eutopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate 25. Wes cese referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient Medical Certification: To 2 ER/Outpatient 3 DOA this funarai 28e. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred After 5 Pending investigation 1. Natural to the Hospital or Attending within 24 hours after death. To the funeral Director: After completely filled in by the fun 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) pletely filled in by 4 Homicide 29a. Certifier 1/2 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the cause(s) and manner as stated. (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end menner steted. 29b. Signature and title of certifie 29c. License number 29d. Dete signed (Month, Day, Year) DZ1461 March 9 1999 U Vine 30. Name, and address of person who completed cause of deeth (Item 23e) (Type, Print)

DHMH 16 Ray 6/95

State

Registrar

ARRY

31. Dete filed (Month, Dey, Year)

mose

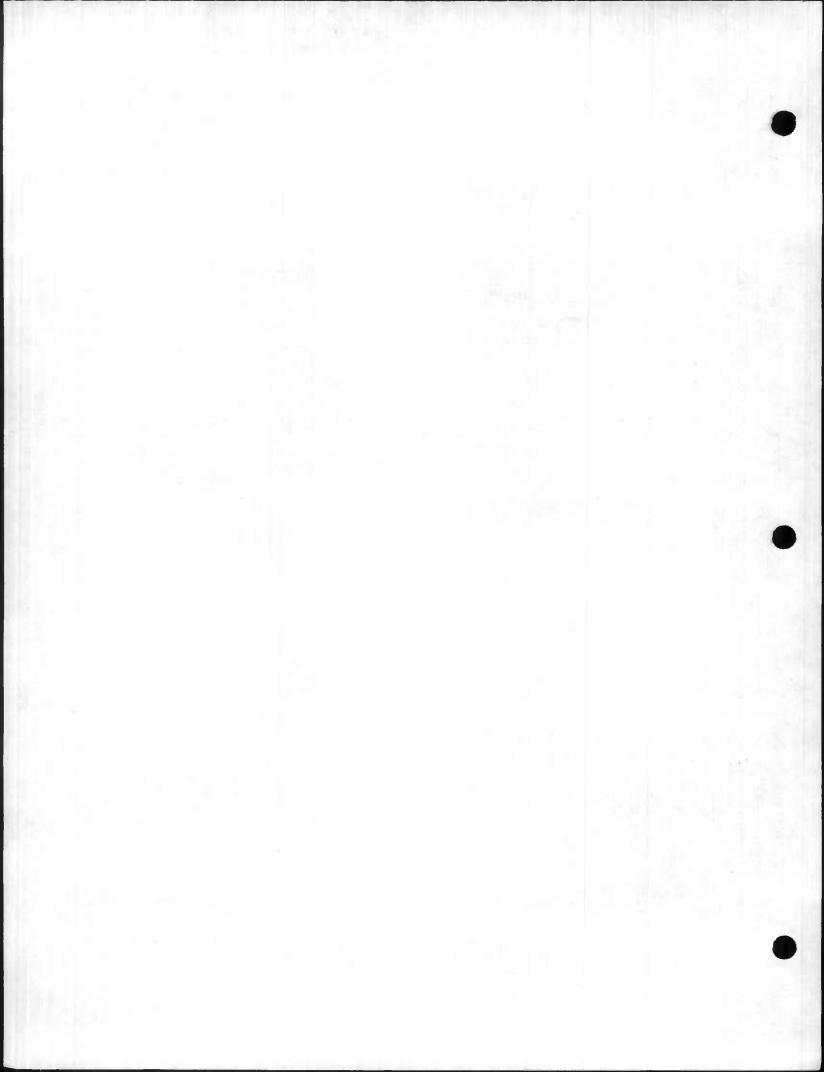
MAR 1 2 1999

ORIGINAL

Columbia Mol

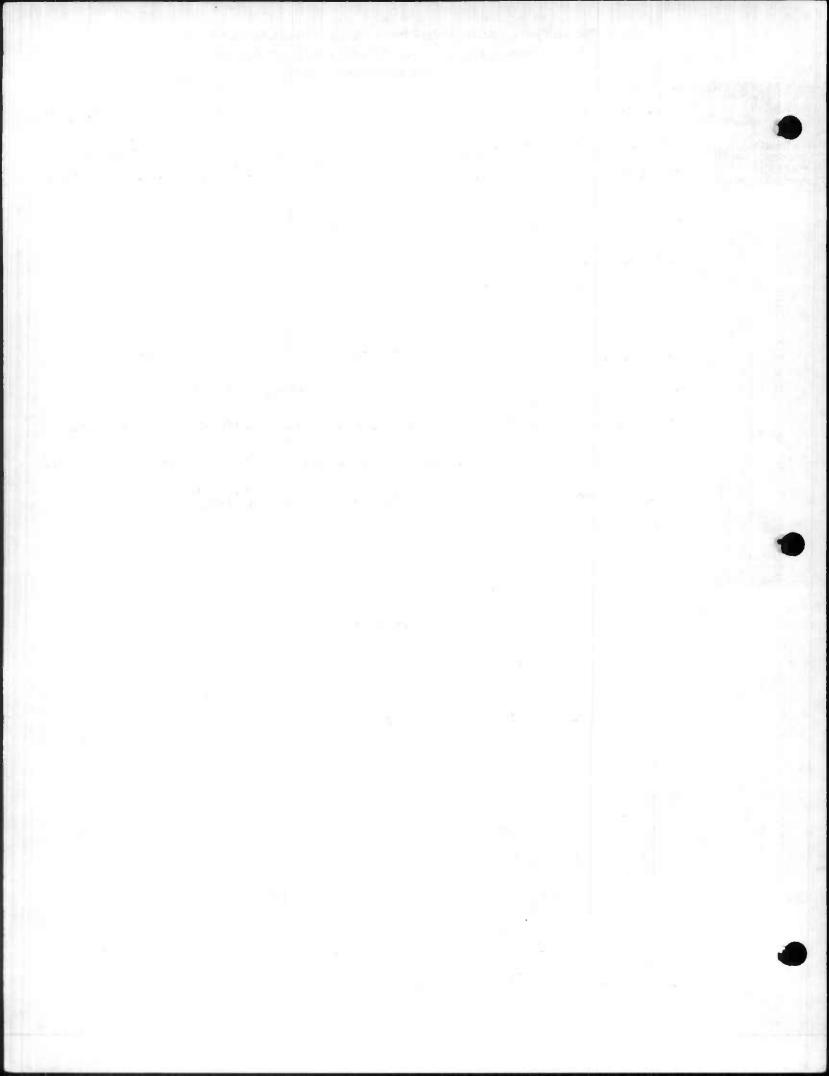
2 Knoll North Drive

32. Registrar's Signeture



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

-				State	Ji Maryia		Certificati			nd Mental	riygien Reg. N	0.0	0	79	26
	Physici	ian	1. Decedent's Name (First, Midd							2. Date of Month		өу	Year	3. Time	e of Death
Л	/Medi		Nicholaos Melanitis  4a. Facility Neme (If not institution, give street and number)					4h City Town	March , or Location of D		c. County		2:12	2 pm	
П	Examir	ner	Good Samarita							timore	20011 4				
۰	Funeral		5. Social Security Number	6. Sex	7. Age (In yrs	. last birti	hday) if Under	1 Year	if Under 24		f Birth , Day, Year		N/A 9. Birthole	ece /Sta	State or Foreign
80	Director		218-36-5040	1∭M 2□F	93	1	rs. Months	Days	Hours	Min. (Month	11, Day, Year	906	Count Paros	rv)	_
	s 1 and 2 should be filed within 72 hours efter death with the Manyland f Health and Mental Hygiene. If Health and Mental Hygiene. Items 23a or 28a-f show other traumetic event, the Medical Examiner must be notified at		Usual Residence of Decedent  10a. State 10b. Count	v	100.0	ity Town	or Location								
		al Director			100.0	му, томп							10		e City Limits
			10e. Street and Number	N/A		Baltimore 10f. Zip Code			ore		10g. C	itizen of \	Whet Countr	v?	
			3630 Erdman Av	enue				2	1213					. A.	
	deat	Funeral	11. Maritel Status	12. Wes Dec	pedent Ever in	J,S.	13. Was Deced			? (Specify Yes of Puerto Rican, etc.	r No-	14. Rac	a - America		ı,
altimore, Maryland 21215-0020	al', or its	by	1 ☐ Never Married 2 ☐ Mar 3 ☐ Widowed 4 ☐ Divorce	rried 1 ☐ Yes	2 X No ive	No 1 Yes 2 🖔			Specify:	derio filozii, etc.	,	Specify	ck, White, e	White	
50	72 ho	Completed	15. Decader	15. Decadent's Education y only highest grede completed)			16a. Decedent's Usuel		Occupation done during most of working			Kind of Br	usiness/Indu		
121	filed within Hygiene. ther than " ent, the Me	mpi	Elementary/Secondary (0-12)	(1-4or 5+)		'Me. DO NOTus eat Cutt	e retire	d)		n.	4-21	Y Y1 9	- 1		
<b>d</b> 2	e filed withing Hygiene. other than		11th Grade 17. Father's Name (First, Middle,	, Last)				-er	18. Mother's	Name (First, Mi		_	-Whol	esal	.e
lan	Mental Merked o	To Be	John Melanitis												
ary	2 should be and Menta Is marked raumatic ev	-	19e. Informant's Name/Relation			19b.	Mailing Address	(Street		or Rural Route N			Stete, Zip (	Code)	
≥,	and 2 n 27 l		John N. Melani	tis (Son)					Avenue	, Baltim	ore,	Mary	land :	2121	.3
Ore	f of H H Item or oth		20a. Method of Disposition 1 X Burial 2 ☐ Cremetion	3 □Removel from		. Placa of Disposition (Name of cemetery, crematory or other place)			Dete	20c. l	20c. Location - City or Town, St		m, State	1	
Ħ	tmen tant:		4 ☐ Donation 5 ☐ Other (5	Specify)		eek			Cemetery 3/10/99			9 Baltimore, Maryl			land
Bal	permit. Peges 1 and 2 Department of Health a Important: If Nem 27 Is any Injury or other tra Once.		21. Signature of Funeral Service	Licensee				ınek	Funera	al Home Inc. e, Baltimore, Maryland 21213					13
			23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.											Approxir	
	Physician /Medical Examiner		Immediate Cause (Final disease or condition as Septic resulting in death)										Onset a	nd Deeth	
		e		D	Due to (or as a consequence of):										
	ansit	Examiner	Sequentially list conditions	b. Pne	Pneumonia  Due to (or as a consequence of):										
Ö,	an a land		Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying	Cor	Congestive Heart Failure  Due to (or as e consequence of):										
68760,	ficate be executed physician and is the burial-transit	edicai	Cause (Disease or injury thet initiated events resulting in death) Lest	С.											
-			d. Leukemia												
ROX	death certi	clan	5-11-01-1-11						1						
5.	the school	Physician/M	Part II. Other significant condition	ons contributing to d	leath but not re	sulting in	the underlying ca	ause giv	ren in Pert i.						e of death?
	es tha	by P		Chronic Re	enal In	suff	iciency					140	0	awiy 4	21 0
of Vital Records,	been s	Completed		Small Bowe	1 Obst	ructi	Lon			24a.	Was an auto performed?	opsy	avei	lable pri	sy findings ior to of cause
Ä	0 - 0	ошо									I□Yes 2	≥ <b>K</b> No		Yes 2	2 🗆 No
<u>a</u>	certificate	Bec	25. Wes case referred to medica examiner?	Ч					26. Place of	Death (Check o	nly one)				-
on of	this aldi	ertification: To	1 Yes 2 No  27. Manner of Death 1 Netural 5 Pendin	28a. Date (Mon		28b. Ti		8c. Injur Wor	y at 28d. Describe how Injury occurred k?						
DIVISION	or Attanding after death. Director: After d in by the fune	fica	2 Accident investi 3 Sulcide 6 Could	not be	e of Injury - At h	ome, fan			Yes 2□No		28f. Location (Street end Number or Rural Route Nu				lumber,
Ś	i Pate	O									Town, Sta				
	To the Hospital within 24 hours or To the Funeral to completely filled	edical	29a. Certifier 1 Certifyir (Check only one)	ng Phyaiclan: To the Examiner: On the b end man	best of my kn asis of examin ner stated.	owledge, ation and	death occurred a /or investigation,	in my o	ne, date end p pinion, death	place, and due to occurred at the ti	the cause(s me, date ar	and ma id place,	end due to t	ted. the caus	ie(s)
	To the within 2 To the comple	Me	29b. Signature and title of certifie	r / c			290	Licego	e number		29d. Date signed (Mor			lay, Yea	g.
			Lauren	- Uhlly	4/4			0	1280	9	March 9, 1999				
	5		30. Name and address of person	10					7						
	/		431 N. Armste		104 Ale		ria, VA	223	12						
	Sta Registr	_	31. Date filed (Month, Day, Year)	1 2 1999	Registreds Sign	ature	A.	dos	ala!						



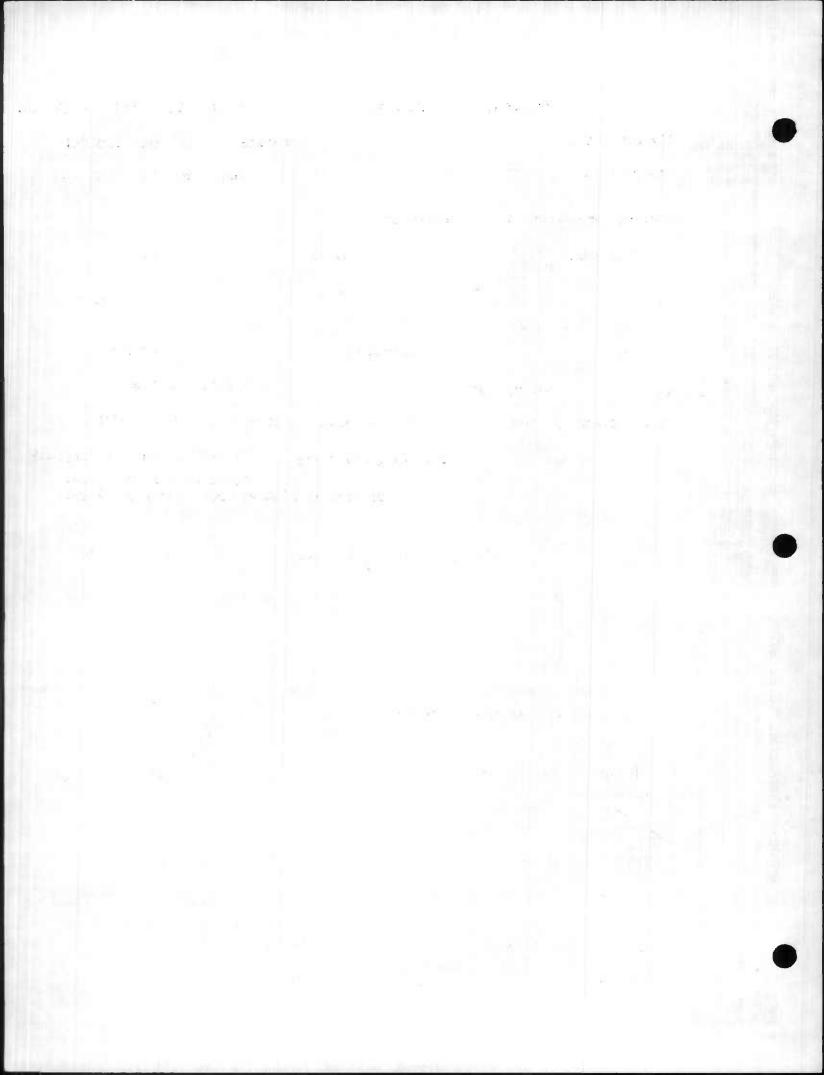
### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

				Certifica	ate of I	Death		Reg. No.	U	1921	
2	1. Decedent's Neme (First, Middle, La	est)					2. Dete of De		Yeer	3. Time of Deeth	
Physician /Medical	Dorothy McLean				March		999	4:45 A.M.			
Examiner	4e Fecility Neme (If not institution, give street end number)  4b. City, Town, or Location of Deeth  4c							h 4c. County	4c. County of Death		
	117 Club Road					Pasade				undel	
Funeral Director		Sex 7. Age 11 M 2 X F	(In yrs. lest bin	Yrs. If Un Monti	der 1 Yeer hs Days	If Under 24 Hrs Hours Min.	8. Dete of Bir (Month, De June 2			olece (Stete or Foreign otry) ryland	
Mond Mond	10a. Stete 10b. County		10c. City, Town	n or Location					1	0d. Inside City Limits	
Man	Maryland Anne A	rundel	Pasad	lena						1 ☐ Yes 2 🕱 No	
n with the Maryland 3a or 28a-f show the nour ad at	10e. Street end Number 117 Club Road			10f.	Zip Code 2112	22		10g. Citizen of W		itry?	
nore, Maryland 21215-0020 ges 1 and 2 should be filed within 72 hours efter death with the Maryler at of Health and Mental Hygiene. If item 27 is marked other than "naturel", or items 23s or 28a-f show or other traumatic avent, the Medical Exercitive must be notified at To Be Completed by Funeral Director		12. Wes Decedent Ev Armed Forces? 1  Yes 2 No If Yes, Give Yeer or Dates:			cedent of H specify Cube 2 X No	ispenic Origin? (S en, Mexican, Puer Specify:	specity Yes or No to Rican, etc.)	14. Race Bleck Specify:	k, White,	een Indien, etc.	
1 21215-0020 ed within 72 hours ef ygiene ygene or than "naturel", or or the man completed by F	15. Decedent's E		16e.	Decedent's U	suel Occup	etion		16b. Kind of Bu	siness/Inc	dustry	
within 73 ene. then ha	(Specify only highest gr	ede completed)  College (1-4or 5+)	)	(Give kind of life. DO NO:	work done of Tuse retired	during most of wo	rking				
aryland 212: should be filed within and Mental Hygiene. Imarked other than Imatic avent, the M	12tn	College (1-401 34)	,	Homema	ker	er		Own	Home	e	
Maryland 2 d 2 should be filed than d Mental Hygis T is marked other treumatic avent, to	17. Fether's Neme (First, Middle, Las	)						, Meiden Surneme			
should be should be marked of umeric ave	I	Harvey Lee				E	lizabet	n C. Clas	SS		
2 sho and is me	19a. Informent's Name/Reletionship	Type, Print)	19b	. Mailing Addr	ess (Street	end Number or Ri	ural Route Numb	er, City or Town,	Stete, Zip	Code)	
end salth n 27 in the tri	Barry McLean /	son		17 Club				Maryland			
Baltimore, M permit. Peges 1 and 2 Department of Health important: if tiem 27 is any injury or other treonce.	20e. Method of Disposition  1 ☑ Burlal 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Speci			Disposition (in property) of Ridge			3/12/99	Baltimo		Maryland	
Baltim pemit. Pe Departmen important: any injury	21. Signature/of Funeral Service Lice	Den				ss of Fecility ie Highw		Funeral L timore, N			
Physician	23a. Part1. Enter the community of soft shock, or heart feilure.	piculions that caused the course on each line	he deeth. Do r	not enter the n	node of dyln	g, such es cerdie	c or respiretory a	rrest,		Approximete Intervel Between Onset end Deeth	
/Medical Examiner	immediate Ceuse (Finel disease or condition resulting in deeth)		diac i			`a_				brief	
in in the second	Due to (or es e consequence of):										
Box 68760, death certificate be executed the attending physician and ad for use as the bunel-transit sician/Medical Examiner	Sequentially list conditions.	b									
O, o exect an arrange arrange arrange arrange arrange arrange arrange arrange arrange arrange arrange arrange arrange arr	Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury										
68760, ilicate be en physician is the burie	thet initieted events resulting in deeth) Lest	C									
								1			
Box ath cer attendir for use		d							1		
O. E s dea s dea fe ded fc selci sici	Pert II. Other significant conditions	contributing to death but	not resulting in	the underlyin	ng ceuse giv	en In Pert i.	23b. Did	tobacco use con	tribute to	the cause of death?	
S, P.O. BOX (see that the death certioned by the attending be deteched for use by Physician/M	Periphera	l vaswla	r disc	ease			1	Yes 20 No	3□ Pro	bebiy 4 ☐ Unknown	
requir requir seen s should	Dementia						24a. Wes	en eutopsy ormed?	ev	ere eutopsy findings reliable prior to impletion of causa	
f Vital Record ysician: The law requir is certificate hes been si director, pege 2 should To Be Completed	Atrial fit	rillation					1 🗆	of deeth?			
/ita	25. Wes cese referred to medical exeminer?						eth (Check only	one)			
in of Vita ng Physician: ther this certific uneral director, on: To Be (	1 Yes 2 No 27. Manner of Deeth 1 Neturel 5 Pending	Hospitel: 1 Inpatient  28e. Dete of Injury (Month, Dey	2 ER/Ou Year) 28b. 1	Time of njury	DOA Oth	y et k?		how injury occurre		ν)	
Division or Attending effector: After d in by the tune ertification	2 Accident investigation	M 1 Yes 2 No									
Division of the or Attending P is effer death.  al Director: After the or in by the funers Certification:	4 Homicide determined	28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify)						28f. Location (Street and Number or Rural Route Number, City or Town, Stete)			
Division of To the Hospital or Attending Physical 24 hours after death. To the Funeral Director: After this completely filled in by the funeral di	29a. Certifier 1 Certifying Pl (Check only one) 1 Medical Example	niner: On the basis of e	slcian: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) end merner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date end piece, e and manner stated.						nner es s end due t	tated. the couse(s)	
W A	29b. Signature end title of certifier				29c. Licens	e number		29d. Date signed	(Month,	Dey, Year)	
1/	Candace Cha	de-MD			D29	209		3/10/9	9		
10	30. Name and address of person who	completed cause of dee		(Type, Print)	MD Z	1122					
State	31. Dete filed (Month, Dey, Yeer)	32. Registrar			,						
Registrar	MAR 1 2	4000	mercan	19.	Ana	11.1					

DHMH 16 Rev 6/95



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2 Date of Death 3. Tima of Death 1. Decedent's Neme (First, Middla, Last) incent 02-10 Nash 1999 March (0 4b. City, Town, or Location of Death 4c. County of Deeth 4a Facility Nama (If not institution, giva street and number) 5. Social Security Number 6. Sax 7. Age (In vrs. last birthday) Baltimore City Baltimore If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Birthpleca (Stata of Foreign Country) 15M 20 F Months Yrs T.N 383-76-8285 Usuel Rasidence of Decedent 36 02 09 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 No 2 No Baltimore NA 10g. Citizan of What Country? 10e. Street and Number 10f. Zip Code U.S.A. 14. Rece - American Indian, Bleck, White, etc. 3517 Erdman Ave 21213 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 11. Marital Status 1 ☐ Yes 2 No If Yes, Give Yeer or Dates: 1 Never Married 2 Married 1 Yes 2√ No Specify: Specify: Black 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highast grada complated) 16e. Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondary (0-12) 12th grade Cook Restaurant na 18. Mother's Neme (First, Middla, Maidan Surnama) 17. Fether's Neme (First, Middle, Last) Horace Nash Charlotte Nelson 19e. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Straat and Number or Rural Routa Numbar, City or Town, Stata, Zip Code) Charlotte Nash-Mother 3517 Erdman Ave, Baltimore Md 20b. Piace of Disposition (Nama of cemetary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Burial 2 Cramation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Spacify) Loudon Park cemetery 3/12/99 Baltimore, Md 22. Name and Address of Facility March F/H West 21. Signatura of Funaral Service Licensee 23a. Per1. Entar tha diseasa, or complications that causad tha death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert failure. List only one cause on each line. 4300 Wabash Ave, Baltimore, Md 21215 Approximeta Interval Between Onset and Death Immediate Cause (Finei disease or condition resulting in death) SUPSIS Due to (or es e consequence of) Im munodeficiency Vivus Due to (or es e consequence of) Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death?

**Physician** /Medical Examiner

The law requires that the death cartificete be executed

the 5

signed t

been sig

Jas . pege 2

cartificate Physicien:

the near the form of the funeral Director: After this c

completaly

within 2

or Attending

Hospital

þ

Completed

Be

10

Certification:

edicai

4 ☐ Homicide

(Check only one)

29a. Certifier

Division of Vital Records, P.O. Box 68760

**Physician** 

/Medical

Examiner

10e. State

MD

**Funeral** 

Director

r than "natural", or items 23s or 28s-1 show the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after. Department of Haaith and Mental Hygiane. Important: If item 27 is merked other than "natural", or the any injury or other treumetic event, the Medical Example.

Baltimore, Maryland 21215-0020

급

Funeral

þ

Completed

Be

with the Meryland

death v

Examiner Sequantially list conditions, if any, leading to immadiate ceuse. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Lest attanding physician and for usa as the buriel-tran Physician/Medical

Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 1 Yes 2 No 3 Probably 4 M Unknown 24b. Were eutopsy findings available prior to 24a. Was an autopsy performed?

25. Was cese referred to medicel examiner? 26. Place of Deeth (Check only one) Hospital: 1 Yes 2 No 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28a. Date of Injury (Month, Day Year) 27. Manner of Deeth 5 Pending Investigation 1 Natural 2 Accident 6 Could not ba determined 3 Suicide

28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify)

28b. Time of

28c. Injury et Work? 1 Yes 2 No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

1 Yes 2 No

28f. Location (Street and Number or Rural Routa Numbar, City or Town, Stata) 1 Cartifying Phyaician: To the best of my knowledge, death occurred at the time, date and place, end due to the ceuse(s) end manner es stated.

2 Madical Examiner: On the bests of examination end/or investigation, in my opinion, death occurred at the time, dete end place, and due to the cause(s) and manner stated.

29b. Signature end title of certifie

29c. License number

29d. Date signed (Month, Day, Year)

completion of ceuse of death?

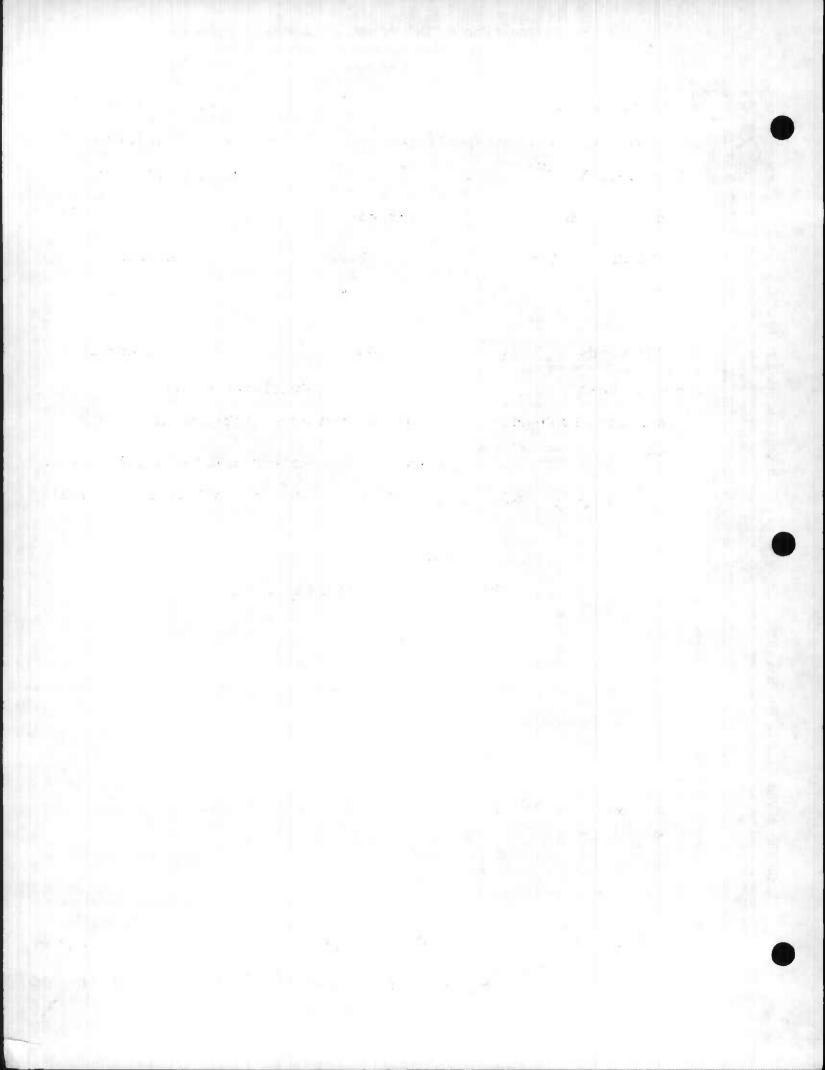
1 Yes 2 No

30. Name end address of person who completed Kudi

se of death (Item 23a) (Type, Print) South 22 Greens Street Baltimore, Maryland 2120)

State Registrar 31. Date filed (Month, Day, Year) MAR 1

32. Registrar's Signeture



### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month John 7:18 PM 4a Facility Name (If not institution, give street and number) 4c. County of Death 6. Sex 7. Aga (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date 10 M 20 F Iniversity N/A 6. Sex 1 X M 2 ☐ F 8. Date of Birth (Month, Day, Aug. 8, 5. Social Sacurity Number 9. Birthplace (State or Foreign 65 Aug. New York Yes. 115-24-7059 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 X Yas 2 □ No Maryland Harkord Bel Air 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code 608 Ponderosa Drive 21014 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 【XNo If Yes, Give Yaar or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 Never Married 2 Married 1 Yas 2 No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) uears Claims Adjuster Insurance Company 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) John Joseph O'Connell, II Hannah Healu 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Laurine N. O'Connell (Wife) Bel Air. MD. 608 Ponderosa Drive. 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 Buriai 2 Cremation 3 Removal from State 4 Donation 5 MOther (Specify) Entombment 3/6/99 Bel Air. Maryland Bel Air Mem. Gardens 22. Name and Address of Facility Schimunek Funeral Home of Bel Air, Mar Phail Road, Bel Air, MD. 21. Signature of Funeral Sarvice Licenses Inc. Buan a. Willem Comparison arrange or waste statement 21014 23a. Part1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Batween Onset and Death Immediate Cause (Final disease or condition resulting in death) · URemia Due to (or as a consequence of): Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yea 20 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? metastatic cancer Fractures Dilateral Femor 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical axaminer? 1 № Yes 2 □ No 26. Piace of Death (Check only one) Hospitai: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 27. Manner of Deeth 28b. Time of tnjury 28d. Describe how Injury occurred 28e. Dete of Injury (Month, Day Year) 28c. tnjury et Work? 5 Pending investigation 1 Natural 1:00 PM 1 ☐ Yes 2 No 1-6-99 Outo Orcident - Dever 2 Accident 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number City or Town, State) 4 ☐ Homicide Eastwest Hwy Street R+23

Physiclan/Medical Examiner The law requires that the death certificata be a Division of Vital Records, P.O. Box 68760 physician the à þ Completed certificate Physician: Be 10 this Certification: After t or Attending death. Director: A • Funerel Dire letely filled in b Hospital edical pletely

**Physician** 

/Medical

Examiner

**Funeral** 

**Director** 

28a-f show

Directo

Funeral

þ

7 is marked other than "natural", or flems 23a or 28a-f shov traumstic event, the Medical Experience, must be neutral at

natural, or

Hygiene.

permit. Pages 1 and 2 should be filled Department of Health end Mental Hygis Important: If item 27 is marked other

6

any l

**Physician** /Medical

**Examiner** 

filed within 72 hours after death

To the To the To the

Registrar

29a. Certifier

(Check only one)

29b. Signature and title of certifian

31. Dete filed (Month, Day, Year)

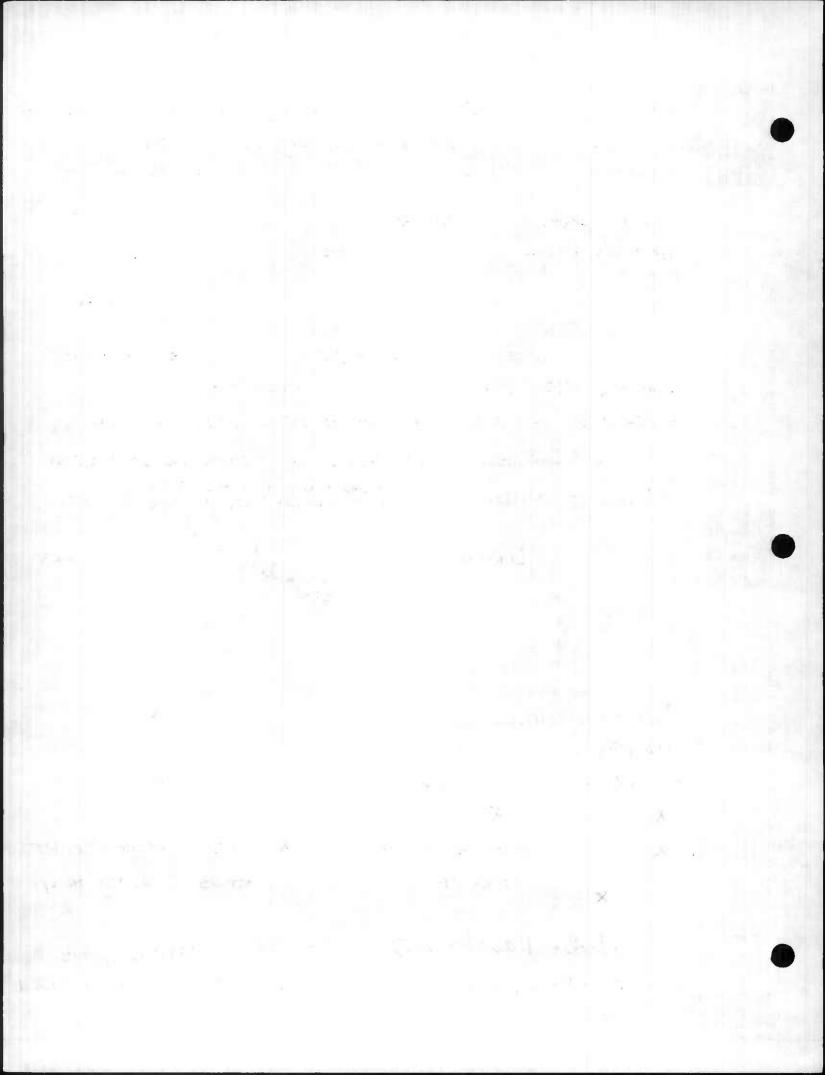
1 Cartifying Physician: To the best of my knowledge, death occurred at the time, dete and piaca, end due to the cause(s) end menner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end manner steted. 29d. Data signed (Month, Day, Year)

30. Name and eddress of person who completed cause of death (item 23a) (Type, Print)

south breeze St. Baltimore M.D. 21201

22 MD.

32. Registrar's Signature



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death ITEM: #23 PART I PER MD G769 3-12-99 WR . Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Day **Physician** Rose Bellin February 26 Profili /Medical 4a Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Fallston General Hospital Fallston if Under 1 Year | If Under 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 7. Age (In yrs. lest birthday) **Funeral** Months Deys Hours 1□M 2□F Yrs. 220-48-5292 Usuel Residence of Decedent Director May 30, 1916 Providence, R.I. permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mental Hygiene. Important: If ferm 27 is marked other than "naturel", or items 23a or 23a-f show any Injury or other traumatic event, its Medical Evantment must be notified as 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Directo Maryland Baltimore Kingsville 10e. Street and Number 10f. Zlp Code 10g. Citizen of Whet Country? 11539 Cedar lane 21087 Funeral SA 14. Raca - American Indian, 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Stetus Bleck, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: þ 3 □ Widowed 4 □ Divorced White Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Housekeeping-Own Home yrs. n/a 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Fether's Name (First, Middle, Last) Be Harry Bellin Alice Levin 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Patricia Guerieri (Daughter) 1000 Bernadette Drive Forrest Hill, Maryland 21050 20a. Method of Disposition 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State Date 1 ☐ Buriei 2XX remetion 3 ☐ Removel from State 4 ☐ Donetlon 5 ☐ Other (Specify) Metro Crematory, Inc. February 27, 1999 Baltimore, Maryland 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility F.F. Lassahn Funeral Home, PA. 11750 Belair Road Kingsville, Maryland 21087-1351 23a. Part1. Enter the disease, or complications that saysed the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervat Between Onset and Deeth **Physician** YEARS /Medical immediate Cause (Final REMIAC WEEK disease or condition resulting in deeth) Examiner Examiner FEW YEARS LYMPHOMA attending physician end for use es the buriel-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Last Due to (or as e consequence of): Physician/Medical Due to (or es a consequenca of): signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 □ Probably 4 Unknown LympitomA þ 24b. Were autopsy findings eveilable prior to 24a. Was en autopsy Completed BREAST CANCER completion of cause of death? s certificata has b 1 ☐ Yea 2 ☐ No funeral director, 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 Yea 2 No 1 Donatient 2 ER/Outpatient 3 DOA Certification: To After this 28a. Date of Injury (Month, Dey Year) 27. Manner of Deeth 28c. Injury at Work? 28d. Describe how injury occurred 28b. Time of 1 Datural 5 Pending eftar death. Director: Aft 1 ☐ Yea 2 ☐ No 2 Accident investigetion 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) filled in by 4 ☐ Homicide 24 hours 1 Certi ying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the ceuse(s) end manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end menner stated. 29e. Certifier edicai To the Hosp within 24 hor To the Fune completely fi (Check only one) 29b. Signature and title of continu 29c. License number 29d. Date signed (Month, Day, Year) & Drumy

State Registrar

31. Dete filed (Month, Dey, Year) MAR 12 1999

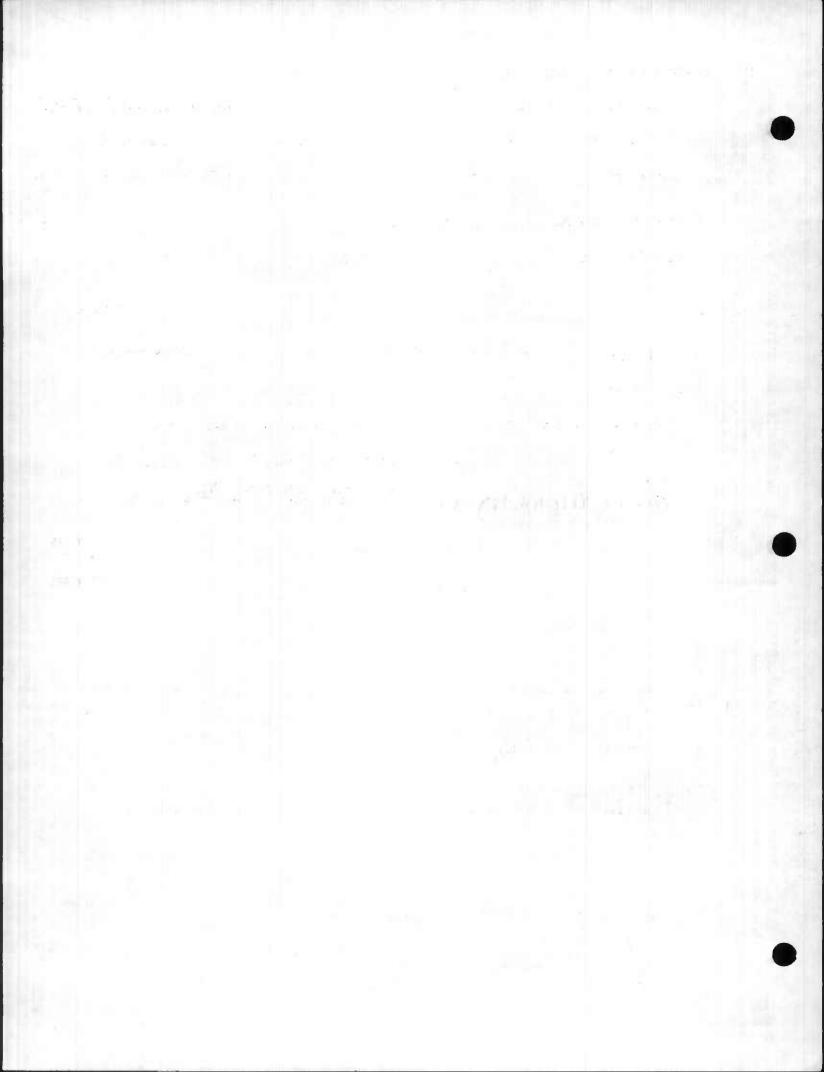
PHILLIP

32. Registrar's Signature

ddress of person who completed cause of death (Item 23a) (Type, Print)

2005

**DHMH 16 Rev 6/95** 



Item:19a per F.H G-769 3/16/99 reb Certificate of Death Reg. No. 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Andrew Poklemba John 2:15 AM Marc 1999 10 /Medical 4a Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Center If Under 1 Yaar tranklin Square 6. Sax 7. Aga (In yrs. last birthday) Baltimore 5. Social Security Number Birthplaca (Stata or Foreign Country) **Funeral** 1 M 2 F Months Days 192 01 0732 83 Sept. 10, 1915 Pennsylvania Director Usual Rasidance of Decedant the Maryland Show 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits in and Mental Hygiena. 7 is marked other than "nature!", or flems 23a or 28a-f show traumetic event, the Medical Examiner must be notified at 1 ☐ Yas 2 ☐ No Directo Maryland Baltimore Essex 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with Clipper Road 21221 USA death Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 14. Bace - American Indian 11. Marital Status Black, Whita, atc. filed within 72 hours aftar 1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Dates: 1 Navar Married 2 Married Maryland 21215-0020 1 ☐ Yas 2 No Specify: Specify: White þ 3 Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) 12 Supervisor Areo-Space 18. Mothar's Nama (First, Middla, Meiden Sumeme) 17. Father's Neme (First, Middla, Last) Be Pages 1 and 2 should be frant of Haalth and Mental I John J. Poklemba Susan Soltis 19e. Informant's Neme/Reletionship (Type, Print)
Walter A. Poklemba (sc 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) Haalth a 5507 Saddlebrook Court Burke, Virginia 22015 20b. Place of Disposition (Nema of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, State Important: If it any injury or o 1 ☑ Buriai 2 ☐ Cramation 3 ☐ Ramoval from Stata
Donation 5 ☐ Other (Specify) permit. Page Department Gardens of Faith Cem. 3/13/1999 Baltimore County, Md 22. Nama and Addrass of Facility
Bruzdzinski Funeral Home PA tura of Funaral Service Licensee 1407 Old Eastern Avenue Esse 138 Part 1. Enter the disease, or complicitions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, and k, or heart tailure. List only one cause on each time. 1407 Old Eastern Avenue Essex, Maryland 21221 Approximata Interval Batween Onsat and Death **Physician** /Medical Immediata Causa (Final Recurrent disaase or condition rasulting in daath) years Examiner Dua to (or as a consequance ot): Examiner Anemia physician and s tha burial-transit law requires that the death cartificate be axecuted Sequentially list conditions, if any, laading to immadiata cause. Entar Underlying Causa (Disaasa or injury thet initiated events rasulting in daath) Last Dua to (or as a consequence ot) Division of Vital Records, P.O. Box 68760 fai Physician/Medical Dua to (or as a consequence ot): attanding p Fibrillation 1 9 signed by the aid be detached to Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco uas contributa to the cause of death? 1 X Yes 2 No 3 Probably 4 Unknown Hypertension by 24b. Wara autopsy tindings available prior to 24a. Was an autopsy performad? Completed complation of causa of death? s cartificata has b director, page 2 s 1 Yas 2 No 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: 24 hours after death. Funeral Director: After this carifics 25. Wes case retarred to medical exeminer? Be 26. Placa of Deeth (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yas 2 No Certification: To 1 Inpatiant 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Dey Year) 28c. Injury at Work? 27. Menner of Deeth 28d. Describe how injury occurred 28b. Tima of 5 Pending Invastigation 1 Naturel 1 Tyes 2 No 2 Accident 6 Could not be 3 Suicida 28a. Place of Injury - At homa, tarm, straet, tactory, office building, etc. (Spacify) 28f. Location (Straet end Number or Rural Routa Number, City or Town, Stata) 4 - Homicide To the Hospital or within 24 hours aft To the Funeral Dil completely filled in 29a. Cartifiar 🖄 Csrtifying Physician: To the best of my knowledge, daath occurred at tha tima, data end place, and dua to tha causa(s) and mannar as stated. edica (Check only one) 2 Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and mannar stated. 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) 2 30. Nama and addrass of person who completed causa of death (Itam 23a) (Type, Print) Park Franklin Square Drive 9000 Maryland hung 32 Bagistrat's Signature Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

DHMH 16 Rsv 6/95

The same of the sa 

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

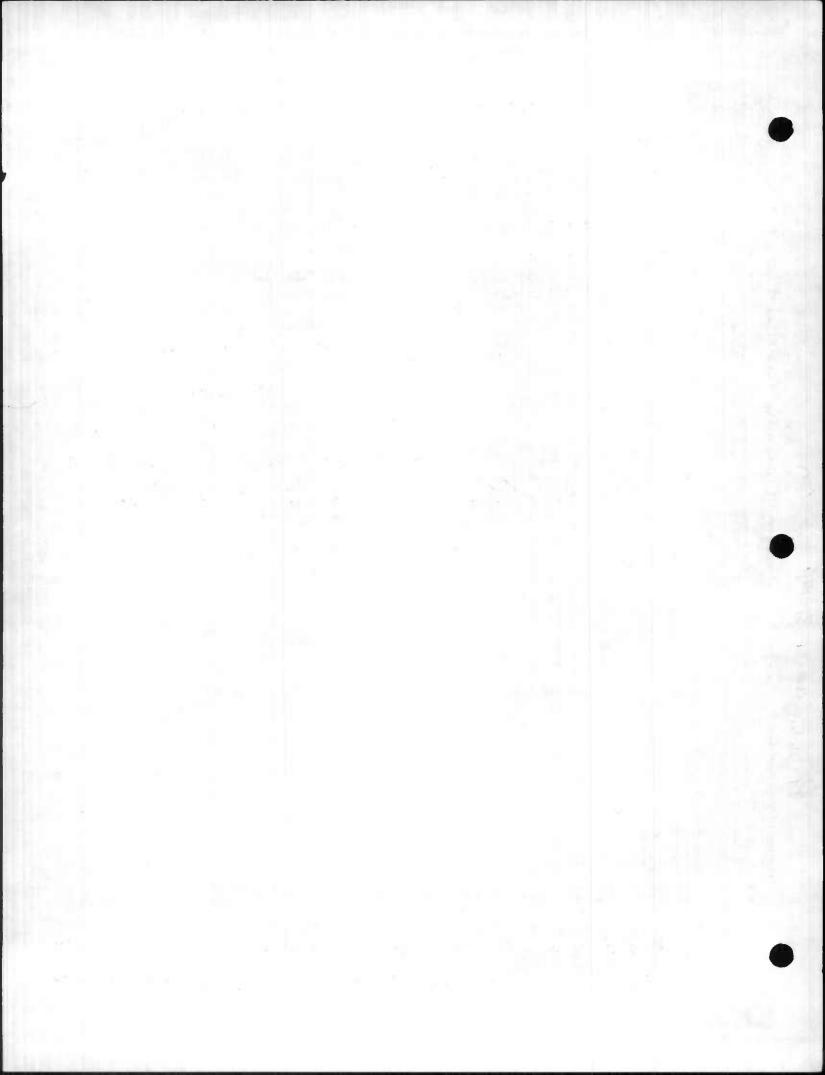
State of Maryland / Department of Health and Mental Hygiene () Certificate of Death 2. Data of Death 3. Time of Deeth 1. Decedent's Nema (First, Middle, Last) **Physician** 11, 11:20 AM Samuel Prince 1999 March /Medical 4b. City, Town, or Location of Deeth 4c. County of Deeth 4a Fecility Name (If not institution, giva streat end number) **Examiner** Gilchrist Center Towson Baltimore If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) If Under 1 Year 5. Social Sacurity Number 7. Aga (In yrs. lest birthday) Birthpleca (State or Foreign Country) **Funeral** 1X) M 2□ F Deys Yrs. July 30, 1921 New 093-16-8095 **Director** Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits itam 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 ☑ No Baltimore Baltimore Direct 10e Street and Number 10f. Zin Code 10g. Citizen of Whet Country? 2121 Charles Henry Lane 21209 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces?
1 ☑ Yes 2 ☐ No If Yes, Give Year or Dates: ₩₩ ፲ ፲ Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexicen, Puerto Rican, etc.) 14 Race - American Indian Bleck, Whita, atc. 1 Never Merried 2 Merried 1 ☐ Yes 2 ☑ No Specify: White P 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Water Pollution Control Bethlehem Steel 5+ Technician Hygie 18. Mother's Name (First, Middle, Malden Surname) 17. Father's Name (First, Middle, Last) should be ind Mental Meyer Prince Molly Koppel 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Peges 1 and 2 siment of Health an Jane Price/Wife 2121 Charles Henry Lane Baltimore, MD of Disposition (Nama of Dale 20c. Location - City or Town, Steta MD 21209 Baltimore, 20b. Place of Disposition (Nama of cemetery, crematory or other plece) 20a. Method of Disposition Department of Important: If it any injury or o 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removal from Stata Metro Crematory, 4 ☐ Donetion 5 ☐ Other (Specify) Inc. 3/12/99 Baltimore, MD 21. Signeture Tuneral Service Licensee 22. Name and Addrass of Fecility Cremation Society of MD, Inc. 299 Frederick Road gorchik Baltimore, MD 21228 Edward A 9.00 23a. Part1. Enter the diseasa, accomplications that ceused the death. Do not antar tha mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one ceuse on each line. Approximete Interval Betwean Onsat and Daath **Physician** /Medical Me Conoma Immediate Cause (Fine) nanT Examiner Physician/Medical Examiner ettending physician and for use as the burlal-trensit thet the death certificete be executed Sequentially list conditions, if any, leeding to immadiate ceuse. Enler Underlying Ceuse (Diseese or Injury that Initiated events resulting in deeth) Lest Due to (or as e consequence of) Due to (or as e consequence of) 23b. Did tobacco use contribute to the cause of death? Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yee 2 KNo 3 Probably 4 Unknown by of Vital Records, 24b. Were eutopsy findings eveileble prior to Completed 24e. Wes en eutopsy completion of ceuse of death? 1 Yes 2 No certificate 1 Yes 2 No 25. Wes case referred to medicel exeminar? Be 26. Plece of Deeth (Check only one) Hospitel: 1 ☐ Inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Rasidence 6 Nother (Specify) Hospical J. 1 Yes 2 No this funeral 28d. Describe how injury occurred 27. Manner of Deeth 28h Time of 28c. Injury et Work? Certification: 28e. Dete of Injury (Month, Day Year) After 1 Neturel 5 Pending death. 1 Yes 2 No Investigation 2 Accident the 24 hours after deat Funeral Director: 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) filled in by 4 Homicide ŏ 1 Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, date and piece, end due to the ceuse(s) end menner es steled.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end piece, and due to the ceuse(s) end menner steled. 29e. Certifier within 24 hor To the Fune completely fi Medicai (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signatura app titla obcertifiar 29c. License number no much 11, 1999 completed ceuse of death (Item 23a) (Type, Print) St. Bolto. Md. 2120x 6701 31. Date filed (Month Day Year 32. Régistrer's Signeture

Registrar

11: 20 AM

rince, Samuel 3/11/99



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Date of Death 3 Time of Death Month 1100 Pm MarkH Beverly Ann Palma 09 1999 4a Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Baltimoize AGNES HEALTHCARE N/A If Undar 1 Yaer If Undar 24 Hrs. 5. Social Sacurity Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) 6. Sax Birthplaca (Stata or Foraign Country) 1 ☐ M 2 🖾 F Months Deys Hours Min. Yrs. 212-42-7920 56 AUG 18, 1942 Maryland Usual Rasidance of Dacedani 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2 No Maryland Baltimore Catonsville 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 144 Sherring Court 21228 USA 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yas, Giva Year or Datas: Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indian, Bleck, Whita, etc. 1 ☐ Nevar Married 2 ☐ Married 1 ☐ Yas 2 No Specify: Specify: 3 ☐ Widowed 4 N Divorced White 16e. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Secretary Security Company 17. Fether's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Leroy John Johnson, Sr. Theresa Cecilia Weiler 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 144 Sherring Court Catonsville, MD 21228 Data 20c. Location - City or Town, Stata Bridget T. Johnson/Sister 20a. Mathod of Disposition 20b. Place of Disposition (Nema of cematary, cramatory or other place) Data 1 ☐ Burial 2 MCremation 3 ☐ Removal from State Metro Crematory, Inc. 3/15/99 Baltimore, MD 4 □ Donation 5 □ Other (Specify) 21. Signature of Funeral Service Ligense 22. Name end Address of Fecility MacNabb Funeral Home, P.A. 301 Frederick Road Catonsville, MD 21228 egorchik 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heer feiture. List only one ceuse on each line. Approximata Interval Between Onset end Deeth Immediata Causa (Final arrhy thinia (ardias minutes diseasa or condition rasulting in daath) Due to (or es e consequence of): Yeurs Chronic OBSTRUCTIVE Disease pulmonary Sequantially list conditions, if any, laading to immadiata causa. Entar Underlying Causa (Disease or injury thet initieted avents resulting in daath) Last Dua to (or as a consequence of) Yeuns mellitus Dianetes Dua to (or as a consequence of): HYPERtension Years Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Deep throm Bosis Venous 24b. Were eutopsy findings evelleble prior to complation of causa of daeth? 24e. Wes en eutopsy performed? Disease arkery CORONANY 1 Yes 2 No 1 ☐ Yes 2 No acute myocardial Internetion 25. Was casa rafarrad to medical 26. Pleca of Daeth (Check only one) Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 1 Yas 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Death 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred 1 Natural 5 Pending invastigation 1 Yes 2 No 2 Accidant 3 Suicida

physicien end the buriel-transit the death certificate be executed 98 esn signed by the a Division of Vital Records, P.O. has certificate

BEVERLY

PALMA

Physician/Medical

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at

Directo

Funeral

þ

the Merylend

death

parmit. Pages 1 and 2 should be filed within 72 hours efter Department of the life and Mental Hygiena. In them 27 is marked other than "natural", or its

8

**Physician** /Medical

Examiner

Baltimore,

To the Hospital or Attending Physician: within 24 hours after death.

To the Function Director: After this certific company (IIIIed in by the funeral director,

by Completed Be P Certification:

edical

Examiner

29a. Certifiar (Check only one)

4 | Homicide

6 Could not be detarmined

28e. Placa of Injury - At homa, farm, straat, factory, office building, etc. (Specify)

28f. Location (Streat and Number or Rural Route Number, City or Town, Stete) Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

21229

29b. Signatura and titla of certifier

MAR 1

M.D.

2 1999

P11698

Baltimone, mD

29c. Licansa number

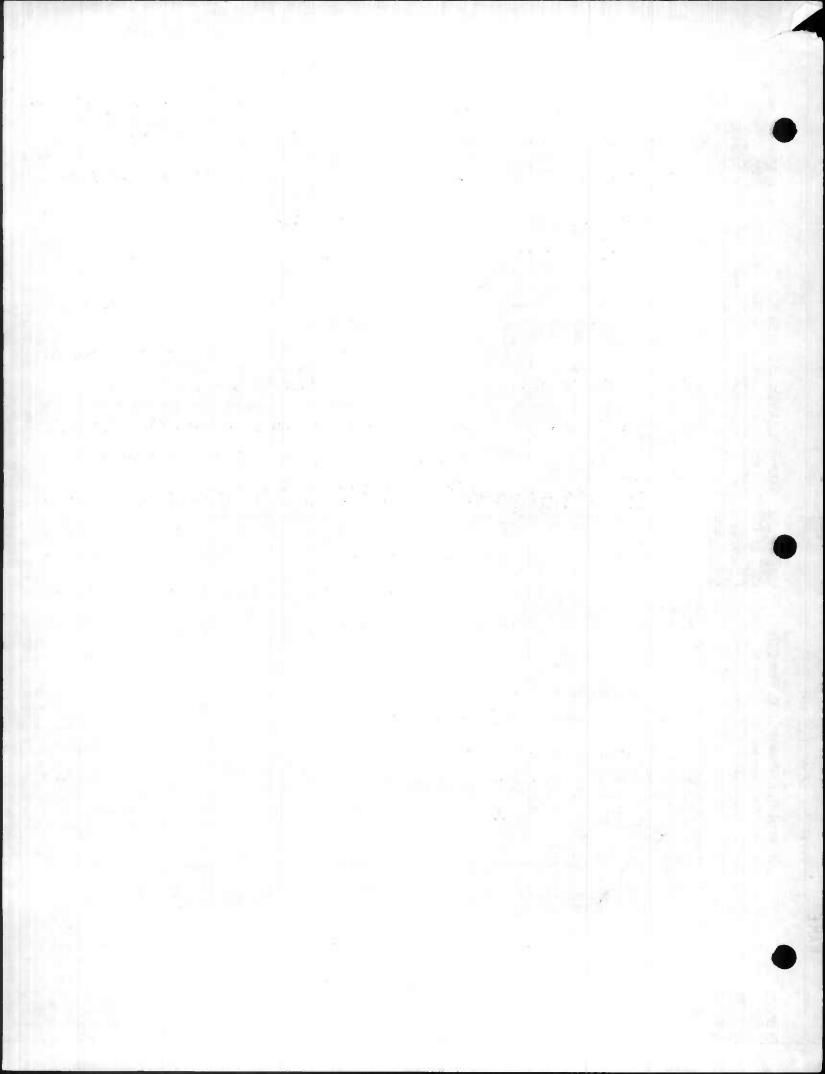
29d. Date signed (Month, Dey, Year) Morrich 09, 1999

30. Nama and address of person who completed causa of deeth (Item 23a) (Type, Print)

PARIKH 31. Data filed (Month, Day, Year) 900 Conton 32, Ragistrar's Signatura

Registrar

State



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** 5.20 Am 1999 MARCH /Medical cility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c, County of Deeth Examiner 5. Social Security Number 396 ASAN IEW NSG AIRY HOME TM If Under 24 Hrs. 8. Date of Birth (Month, Day Yea 7. Age (In yrs. last birthday) If Under 1 Year 6. Sex Birthplace (State or Foreign Country) **Funeral** 10M 2 F Days Months Director West Virginia Usual Residence of Decedent 10a. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits Dundalk 1 ☐ Yee 2 1 No Director Maryland Baltimore 28a-f 10e Street end Number 10f. Zip Code 10g. Citizen of What Country? ŏ Nerna 23a 21222 U.S.A. Funeral 1940 Maxwell Avenue 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien. 11 Marital Status Bleck, White, etc. filed within 72 hours after 1 Yes KNo If Yes, Give Year or Detes: 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 natural, or 1 ☐ Yes XX No Specify: Specify: White þ 3€Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Hygiene. Baltimore City Elementary/Secondary (0-12) College (1-4or 5+) Clerical permit. Pages 1 and 2 should be file.
Department of Health and Mercial Health and Mercial Health and Mercial Health and Mercial Health and Mercial Health and Mercial Health and Mercial Health and Mercial Health and Mercial Health and Mercial Health and Mercial Health and Mercial Health American Amer 18. Mother's Neme (First, Middle, Maiden Sumame) 17. Father's Neme (First, Middle, Last) Be Anna Strauch John Semanick 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informent's Neme/Reletionship (Type, Print) Mr. Carl Poe 1940 Maxwell Avenue Dundalk, MD (Son) 20b. Place of Disposition (Name of cemetery, cremetory or other place)
Baltimore Washington 3/9/99
Crematory 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Removel from State
4 Donetion 5 Other (Specify) Laurel, MD 21. Signature of Furtherst SepricolLicensee 22. Name end Address of Fecility Bradley Ashton Matthews Funeral Home MD 21222 2134 Willowspring Road Dundalk, Part 1. Epter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart teilure. List only one cause on each line. Approximete Intervel Between Onset and Death **Physician** /Medical Immediete Cause (Finel disease or condition resulting in deeth) cardiac arry HWA Examiner Due to (or as e consequence of) Physician/Medical Examiner Athers physician and the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events the death certificate be executed Due to (or is a consequence of) sever Box 68760, athres cherio that initieted events resulting in death) Last Due to (or as e consequence of): Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Did tobacco use contribute to the cause of death? Schzamu. CHROM Drano 1 Yes 2 No 3 Probably 4 Unknown signed t Records, þ 24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Was an autopsy performed? Completed Darkinsma 25 No 1 Yes 2 No 1 Yes Division of Vital Hospital or Attending Physician: 24 hours after death.
 Furnaria Director: After this certification is the funeral director. 25. Was case referred to medicat exeminer? Certification: To Be 26. Place of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Neturel 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 281. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of tnjury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, end due to the cause(s) and menner as stated.

Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) end menner stated. 29e. Certifier Medical (Check only one) Wilhin 2 To the 1 29c. License number 29b. Signeture end title of certifier 29d. Date signed (Month, Day, Year) Korolin Melm tool 006588 99 30. Neme and address of person who completed cause of death (Item 23a) (Type, Print) 211 wet Kordon und Joel DOISEY HALL Drive

Registrar

State

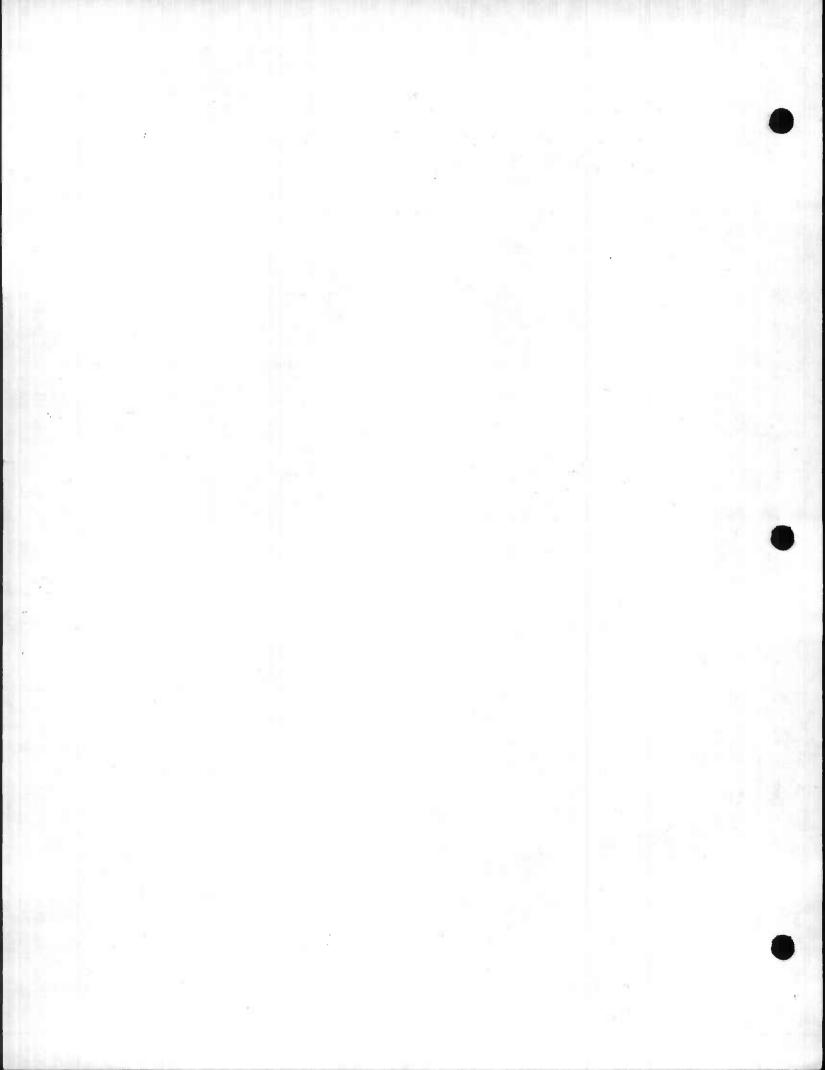
Melvan 31. Dete filed (Month, Day, Year)

2

21042

4801

32. Registrer's Signeture



State of Maryland / Department of Health and Mental Hygiene 9

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** MARIA, PAPADO POULOS 03,40 1999 MARCH 10 - /Medical 4a Facility Nema (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner GOHNS HOPKINS RAYVIEW MEDRAL CENTER BALTIMORE If Undar 1 Year If Undar 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Country) Greece **Funeral** 1□ M 2 F Hours Director 220-66-0032 Dec.11,1924Kastelorizo Usual Rasidance of Deceden 10a. Stata 10c. City, Town or Location 10b. County 10d. Insida City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at the Meryle 1 Yas 2 No Directo Md. N/A Baltimore 10e. Street and Number 10g. Citizan of What Country? 10f. Zip Coda Funeral 633 Umbra Street 21224 Greece deeth 12. Was Decedent Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No if Yas, specify Cuban, Mexican, Puarto Rican, atc.) Rece - Amarican Indian, Black, Whita, etc. permit. Pages 1 and 2 should be filed within 72 hours efter Department of Health and Mental Hygiene. Important: if itam 27 is marked other than "natural", or its marked other than "natural", or its hay injury or other traumatic event, the Medical Examine page. 1 ☐ Yes 2 No ff Yas, Giva Yaar or Datas: 1 Nevar Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2X No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 18a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collaga (1-4or 5+) Seamstress Clothing
18. Mothar's Nama (First, Middle, Meiden Surneme) 6th 17. Fathar's Nema (First, Middla, Last) Michael Antoniov Giannovla Kassapi 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Straet end Number or Rurel Route Number, City or Town, Stata, Zip Code) Asimakis Papadopovlos 20b. Placa of Disposition (Nama of camatary, cramatory or other placa)

An analysis of Data (20c. Location - City or Town, Stete 20a. Method of Disposition 1X Burial 2 ☐ Crametion 3 ☐ Ramoval from Steta 4 ☐ Donetion 5 ☐ Other (Specify) OakLawn Cemetery 3-13-99 Balto., Md. 21224 22. Nama end Address of Fecility 21. Signature of Funeral Service Licansae Bradley-Ashton-Matthews Funeral Home, Inc. 2134 Willow Spring Rd., Balto., Md. 21222

23a. Part1. Enter the disease, or compilications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest.

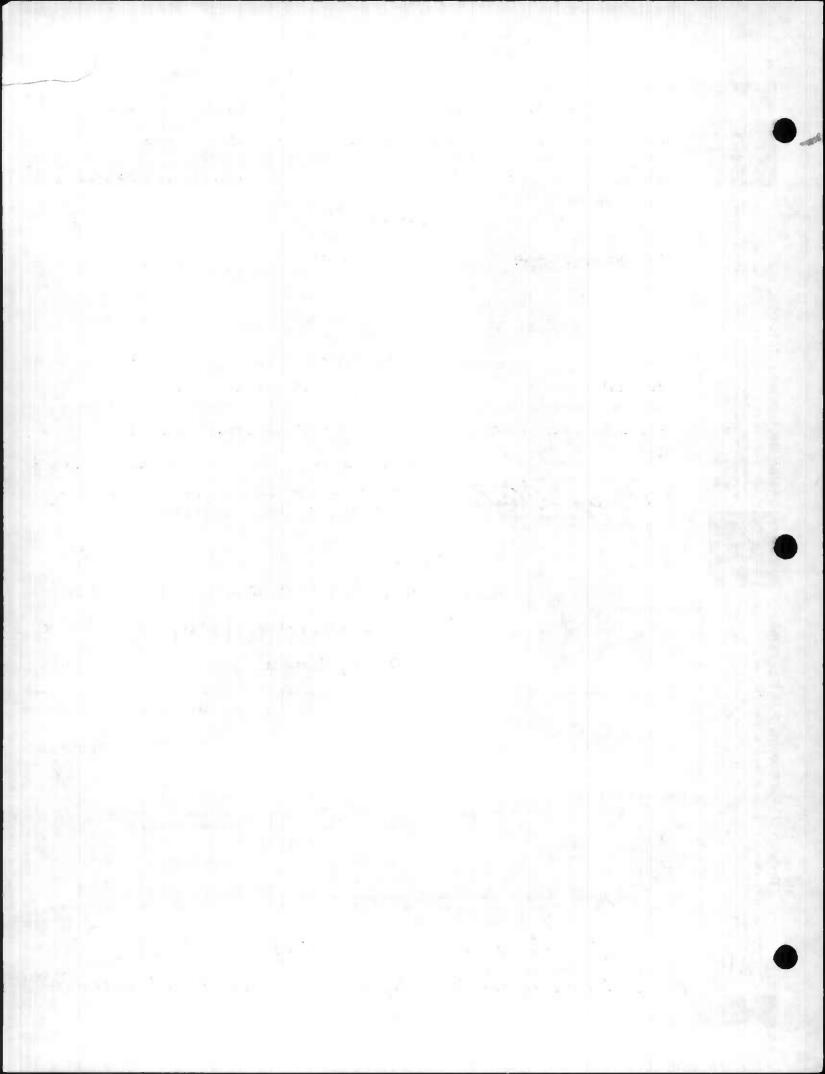
Approximate **Physician** Immediata Ceusa (Finel disease or condition rasulting in daath) /Medical Examiner Examiner bowel Sequentially list conditions, if any, laading to Immadiata causa. Entar Undarlying Causa (Disaasa or Injury that initiated avants resulting in daath) Lest Percutanous coronary angioplary Physician/Medical Dua to (or as a consequence of) Corougny aftery disease 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. Yes 2 No 3 Probably 4 Unknown signed by d be detec Division of Vital Records. þ 24b. Wara autopsy findings availabla prior to completion of causa of death? Completed 24a. Was an autopsy hes 1 ☐ Yas 2 No 1 ☐ Yes 2 No 25. Wes casa refarred to medical examinar? Be 26. Pleca of Deeth (Check only ona) Hospital: 1 Yas 2 No Othar: 4 Nursing Homa 5 Rasidenca 6 Othar (Specify) 1 Inpatiant 2 ER/Outpatient 3 DOA P efter death.

Director: After this d in by the funeral d 27. Manner of Deeth 1 Natural 2 Accidant 28b. Tima of Injury To the Hospital or Attending PP.

Leading 24 hours efter death.

To the Funeral Director: After the 28d. Describe how Injury occurred Certification: 28c. Injury et Work? 5 Panding Invastigation 1 Yas 2 No 6 Could not be datarmined 28f. Location (Straet and Number or Rural Routa Number, City or Town, Steta) 3 ☐ Suicida 28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 4 Homicida 29a. Cartifian 101 Certifying Physician: To the best of my knowledge, death occurred at tha tima, data and placa, and due to the causa(s) and mannar es stated.
2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and mannar stated. Medical 29c. License number 29d. Dete signed (Month, Day, Yaar) 29b. Signatura and titla of portification MID 30. Nama and addrass of person who completed causa of daeth (Item 23a) (Typa, Print) Johns Cophius Raynew 17 C, 4940 Eagen Ave, Ballimore, 17021224 Andreas HERRLICH 31. Data filed (Month, Day, Year) 32. Registrar's Signetura State MAR 1 2 1999

Registrar



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month **Physician** Howard C. Paul, Sr. 1999 March /Medical 4b. City, Town, or Location of Death 4c. County of Deeth 4e Facility Name (If not Institution, give street and number) Examiner Kosec Franklin Sa 1timore enter G. Sex HOSP. tay If Under If Under 24 Hrs 5. Social Sacurity Number 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) **Funeral** Deys Hours 120M 2□ F Months 214-26-6878 Director 78 Feb. 10,1921 Usuel Residenca of Deceden 72 hours after death with the Merylend 10c. City, Town or Location 10a. State 10b. County th end Mental Hygiene. 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examiner must be notified at Director Maryland Baltimore Dundalk 10e Street and Number 10f. Zio Coda 10o. Citizen of Whet Country? 2949 Liberty Parkway 21222 United States Funeral 12. Was Decedant Evar in U.S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Ricen, atc.) 14. Race - Amarican Indian, Bleck, White, etc. 11. Maritel Stetus 12 Yes 2 No If Yes, Giva Yaer or Detes: WWII 1 ☐ Never Married 2 ☐ Married 1 Yes 2 No Specify: Specify: 2 3- Widowed 4 □ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Peges 1 and 2 should be filed within Elementery/Secondery (0-12) College (1-4or 5+) 12 Years Steel Observer/Record Keeper Steel Industry 17. Fathar's Nama (First, Middla, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be Department of Heaith end Mental Important: If Item 27 Is marked of Herbert Paul Ida Warfield 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informent's Name/Reletionship (Type, Print) P.O. Box 277 Donna M. Varley / Daughter Boonsboro, MD altimore, 20b. Plece of Disposition (Nama of 20c. Location - City or Town, Sleta 20a. Method of Disposition Dete cametery, crematory or other place) 0 1 Buriai 2 Cremetion 3 Removel from Stata 4 Donetion 5 Other (Specify) Sacred Ht. of Jesus Cem. 3/12/99 Dundalk, Maryland 21. Signature of Juneral Service Licensee 22. Neme end Address of Fecility Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland implications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, one cause on each line. **Physician** /Medical Immediate Ceuse (Final phocytic Leykemia diseese or condition resulting in death) Examiner Examiner Sequentielly list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting In deeth) Lest Due to (or es a consequenca of) Kena Physician/Medical Due to (or es a consequence of

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

Dete of Injury (Month, Day Year)

Hospitel: 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28b. Time of

28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)

the ed by the a been signed by should be detect by Completed hes

page 2 director

Be

Certification: To

edicai

certificate this

Division of Vital Records. P.O. Box 68760. Hospital or Attending Physician: funerai After aftar death. Director: Aft

To the Hosp within 24 hou To the Fune completely fi

24 hours a

30. Neme and eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)

MAR

5 Pending investigation

6 Could not be

25. Wes case referred to medical

29b. Signeture end title of certifian

1 Yes 2 No

27. Menner of Deeth

1 Naturel 2 Accident

3 Sulcide

29e. Certifier

4 ☐ Homicide

28c. Injury at Work?

10 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. Licensa number

1 Tyes

2 No

29d. Data signed (Month, Day, Year)

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24e. Wes en autopsy

performed?

1 Tyes

28d. Dascribe how injury occurred

Other: 4 Nursing Home 5 Residenca 6 Other (Specify)

26. Piece of Deeth (Check only one)

2 No

Localion (Straet and Number or Rural Route Number, City or Town, State)

3. Tima of Death

103 am

6

Birthpleca (State or Foreign Country)

Pennsylvania

White

21222

Approximete Interval Between Onsat and Deeth

month

months

24b. Were autopsy findings aveilable prior to complation of ceusa of death?

1 ☐ Yas 2 ☐ No

10d. Inside City Limits

1 ☐ Yes 2 ☐ No

Dr. Chung H. Par K 31. Data filed (Months Day, Yeal) Square 9000 Franklin Drive, Ballimore 32. Registras Signeture

Registrar

And of the line

State Registrar

**DHMH 16 Rev 6/95** 

MAR 1 2 1999

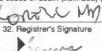
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

29b. Signatura and titla of certifiar

31. Date filed (Month, Day, Year)

white

DILYAMAR



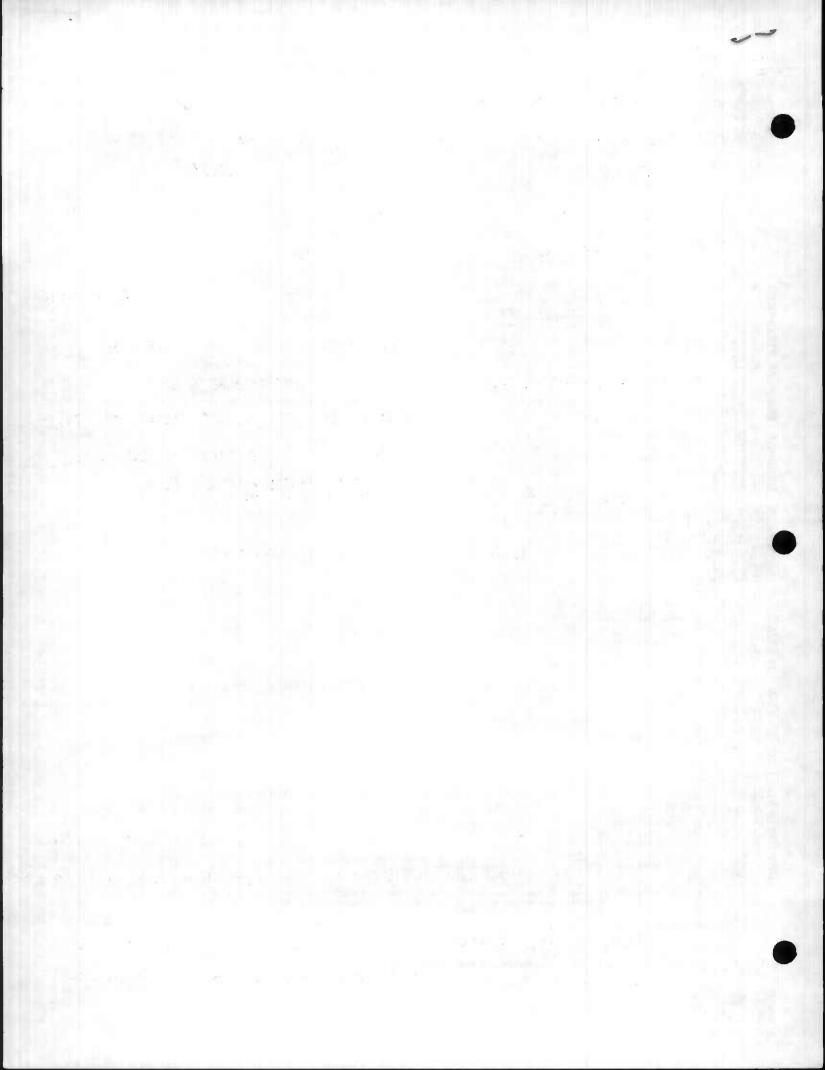
29c. Licansa number

O.C.M.E.

111 Penn Street, Baltimore, Maryland 21201

29d. Data signed (Month, Day, Year)

March 08, 1999



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death PRITCHETT JOANNE 3:32 AM MARCH. 4a. Facility Nama (If not institution, giva street and number 4b. City, Town, or Location of Death Church Hospital Baltimore N/A 5. Social Sacurity Number if Undar 24 Hrs. Hours Min. 7. Aga (In yrs. last birthday) If Undar 1 Yaar 8. Data of Birth (Month, Day, Year) Nov. 27, 1944 Birthplaca (Stata or Foraign Country) MD Months Days 1□M 2X7F 217-40-1017 54 Yrs Usual Rasidance of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Baltimore MD Rosedale 1 ☐ Yas 2 No 10e. Street and Number 8115 Woodhaven Rd. 10f. Zip Coda 21237 10g. Citizan of What Country? USA 12. Was Decedant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian. Black, Whita, atc 1 ☐ Yas 2 ☐ No If Yas, Give Yaar or Datas: 1 Navar Marriad 2 Marriad 1 ☐ Yas 2 🗓 No Specify: specify: white 3 ☐ Widowad 4 ☐ Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collaga, (1-4or 5+) Draftsman Dept. of Transportation 17. Father's Nama (First, Middla, Last) 18. Mothar's Name (First, Middla, Maldan Sumama) Havolin S. Pritchett Loretta E. Deacon 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Havolin S. Pritchett/father 8115 Woodhaven Rd. Rosedale, MD 21237 20b. Placa of Disposition (Nama of cematery, cramatory or other place) Gardens of Faith 20a. Mathod of Disposition 20c. Location - City or Town, State Data 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) 3-13-99 Baltimore, MD 21. Signature of Funeral Service License 22. Nama and Addrass of Facility Cvach/Rosedale Funeral Home 1211 Chesaco Ave. Rosedale, MD MIRE 21237 23a. Part1. Enter the disease, or complications that caused the user shock, or heart failure. List only one cause on each line. Do not antar tha moda of dylng, such as cardiac or raspiratory arrast, Approximata Intarval Between Onsat and Death Immediata Causa (Final disaasa or condition rasulting in daath) CIRRHOSIS OF LIVER Dua to (or as a consaquance of): Sequantially list conditions, if any, leading to immediata cause. Entar Undarlying Cause (Disaasa or injury that initiated evants rasulting in death) Last Dua to (or as a consequence of): Part II. Other eignificant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? CHRONIC OBSTRUCTIVE LUNG 1 Yee 2 No 3 Probably 4 Unknown 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? DRUG ABUSE. 1 Yas 2 No 1 Yas 2 No 25. Was casa refarred to medical axaminar? 26. Placa of Daath (Check only ona) Hospital: 1 Inpatiant 2 ER/Outpatiant 3 DOA Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No 27. Manner of Death Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 1 Natural 5 Panding invastigation 1 Yas 2 No 2 Accident 3 Sulcida 6 Could not be 28a. Placa of Injury - At homa, farm, straat, factory, office building, etc. (Spacify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, State) 4 Homicide

P.O. Box 68760, Records,

To the Hospital or Attending Physician: The law requires that the death certificate be asscuted within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completaly filled in by the funeral director, page 2 should be deteched for use as the buriel-transit physician a Division of Vital

Physician/Medicai ð Completed Be Medical Certification: To

**Physician** 

/Medical

Examiner

Director

Funeral

þ

Completed

Be

**Funeral** 

Director

288-1

8 must be

Items 23a

"natural", or

Mental

marked

rlant: If Nem 27 i

**Physician** /Medical

Examiner

Examiner

Itimore, Maryland 21215-0020

State

Registrar

29a, Certifian

1 Certifying Phyeicien: To the bast of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29b. Signatura and titla of certifiar Nazemi no

29d. Data signed (Month, Day, Year)

30. Name and addrass of person who complated cause of death (Itam 23a) (Type, Print)

vazem no U17322 MARCH, 11, 1999

erson who completed cause of death (Itam 23a) (Type, Print)

(A) BM, M-D. 100 N. BNOADWAY. CHUNCH GOSP, TAL

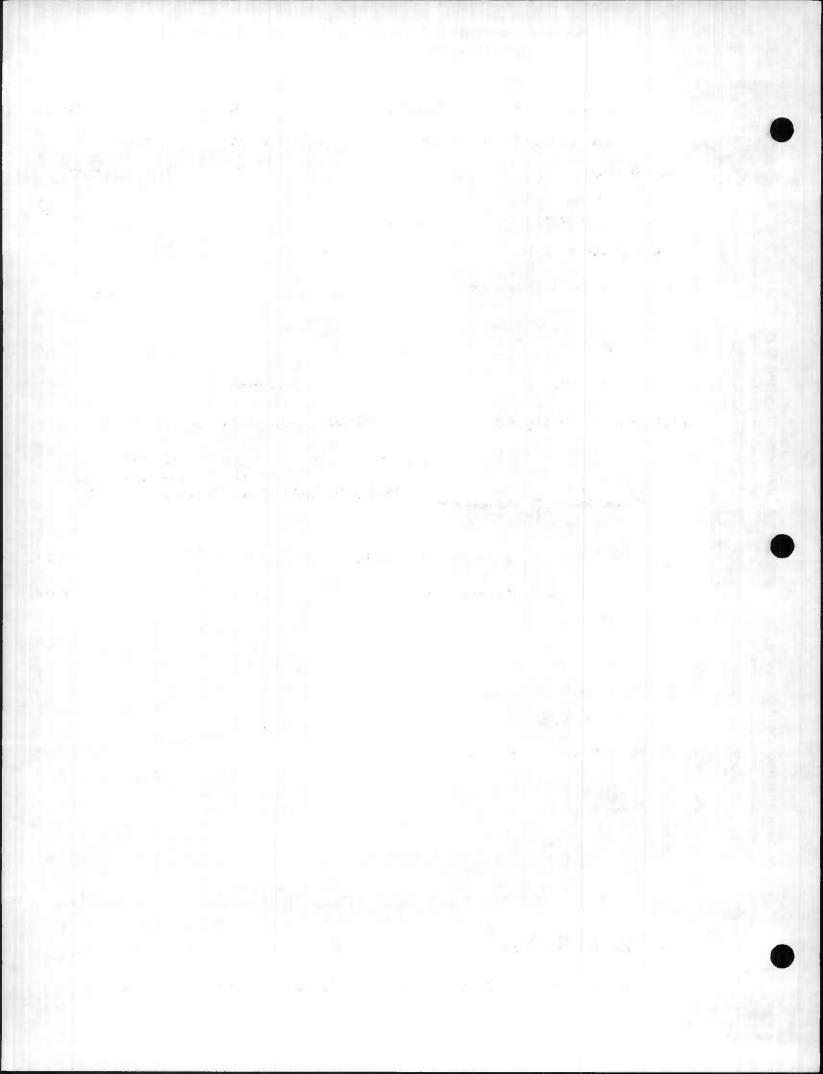
Year)

182. Repleter's Simplified.

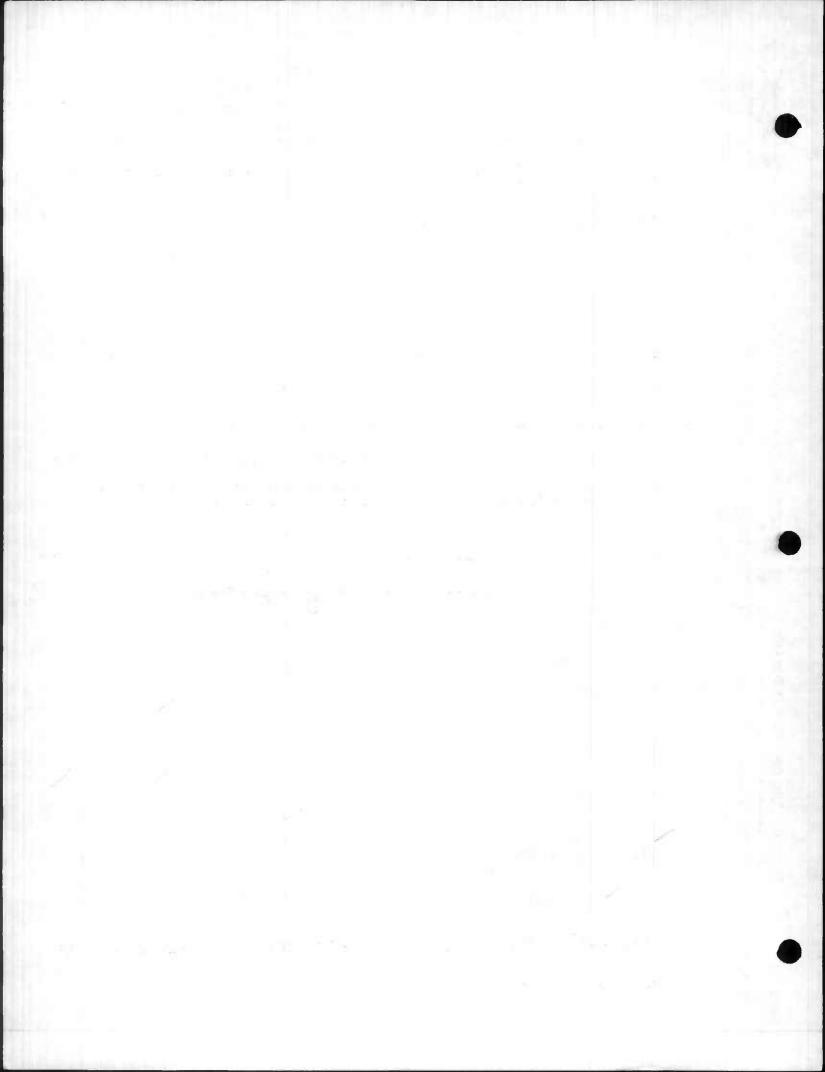
31. Data filed (Month, Day, Year) 82. Registrar's Signature

State of Maryland / Department of Health and Mental Hygiene

					Certifi	icate of	Death	F	leg. No.	U	1939	
		1. Decedent'a Neme (First, Middle, Li	ist)					2. Dete of Dee		Yeer	3. Tima of Deeth	
Physic /Med		Lillian	Ruth	Purc	cel1			March 8	March 8, 1999			
Exami		4e Fecility Neme (If not institution, gi	re street and number)				4b. City, Town, or	Location of Deeth	4c. County	of Deeth	7	
44		St. Agnes Nurs	ing & Rehab	. Ctr.			Ellicott		How	vard		
Funera Director		402-09-1059	THE WALL	(In yrs. lest bird		Under 1 Yea onths Dey:			, Year)	9. Birthp Cour Ken	biece (Stete or Foreign htry) tucky	
pu *		Usual Residence of Decedent  10a. State 10b. County		10c. City, Town	n or Locatio	on			10d. înside			
Ba-f sho	ector	MD Howar				1 ☐ Yes 2 ☐ No						
1th with the 23e or 2	Funeral Director	10e. Street and Number 5159 Downwest 1	Ride		1	of, Zip Code 2104			USA	Whet Cour	itry?	
NOTE, Maryland 21215-0020 ges 1 and 2 should be filed within 72 hours after death with the Maryland if of Health and Mental Hyglene. If them 27 is marked other than "natural", or items 23a or 28a-f show or other traumatic event, the Modical Examinant familiae in officed at	þ	11. Marital Status  1 □ Never Married 2 □ Married  3 ☑ Widowed 4 □ Divorced	12. Was Decedent Ev Armed Forces? 1 ☐ Yes 2 ☐XNo If Yes, Give Yeer or Dates:		If Ye	Decedent of s, specify Cu Yes 2 12 No	ben, Mexican, Pue	Specify Yes or No- rto Rican, etc.)	Bled	e - Americ ck, White, /: Whi		
5-0 72 ho	Be Completed	15. Decedent's E (Specify only highest gr		16a.	Decedent'	s Usuel Occi	upation e during most of we	orking	16b. Kind of Bu	usiness/Inc	dustry	
within ene.	uple	Eiementery/Secondary (0-12)	College (1-4or 5+	)	(Give kind of work done during mo life. DO NOT use retired)				0 "			
filed w	S	17. Fether's Neme (First, Middle, Las.	1		Homer	naker	10. Mathada Na	eme (First, Middle,	Own Hom			
Maryland to 2 should be file th and Mental Hy If Is marked othe traumatic event	To Be	William Raven	,				unkı		Melderi Surrieii	10)		
shoul Man	F	19a. Informent's Name/Relationship	a. Informent's Name/Relationship (Type, Print)					Rurel Route Numbe	r, City or Town,	Stete, Zip	Code)	
Mand 2 seath ar		William E. Purcel	1 (Son)	5	5159 1	Downwe	st Ride.	Columbia	MD 2	1044		
or Health of Health fillem 27		20a. Method of Disposition		20b. Piece of	Dispositio			Dete 20c. Location - City or Town, State				
Pages Pages net if the		1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Speci				Cemete		3/12/99 Louisville, Ky			Kv.	
Baltimore, permit. Pages 1 a Department of Has Important: if item any injury or othe once.		21. Signeture of Funerel Service Lice	Ses of Feelihy Witzke Funeral Homes, Inc. Knolls Road, Columbia, MD 21045									
		23a. Peñ¹. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line.										
/Medical Examiner un and en-fransit	edical Examiner	Immediate Ceuse (Final disease or condition resulting in death)  Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse, (Disease or injury	b. Hyperte	oue to (or es a d	consequen	ca of):				1	Wo Weeks. Years.	
fords, P.O. BOX 68/60, requires that the death cardificate be executed seen signed by the attending physician and hould be detached for use as the burial-transit	Physician/Medical	Couse (Dissass or injury that initiated events resulting in deeth) Lest										
the dae	Sic	Pert II. Other significant conditions	23b. Did t	23b. Did tobacco use contribute to the cause of								
ad by		Senile Dement		1 ☐ Yes 2 ☒ No 3 ☐ Probably 4 ☐ Uni								
C	Completed by	Degenerative		24e. Wes	24b. Were eutopsy performed? 24b. Were eutopsy eveilable prior completion of confetch?							
The law ate has be	E O							1 🗆 Y	es 2XNo	1[	☐ Yes 2X No	
VICAL  siclan: 1 cartifical irector, p	Be	25. Wes case referred to medical exeminer?					26. Plece of De	eath (Check only o	ne)			
Of VITA Physician: rthis cartific ral director,	0	1 ☐ Yes 2 ☒ No	Hospital: 1 Inpatient		tpetient 3	DUA		Home 5□ Resid			<i>'</i> ሃ)	
Afta funa	Certification:	27. Manner of Deeth  1   Neturel  2   Accident  S   Pending investigation		Year) 28b. T	Fime of njury	28c. Inj W M 1[	ury et ork? Yes 2 No	28d. Describe how injury occurred				
DIVISION  at or Attending s after death.  N Director: After ed in by the funa	Certific	3 Suicide 6 Could not to determined	28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)									
To the Hospital or Attend within 24 hours after death To the Funeral Director:	edical		nysician: To the best of ninar: On the basis of e end menner stets	xaminetion end								
To th To th comp	M	29b. Signeture end title of certifier	00 L.	_		29c. Lice	nse number		29d. Dete signe	d (Month,	Dey, Yeer)	
0		M.P. 06	No.			D30	469.	M	arch, 9	th 19	999.	
11/1	0	30. Neme and address of person who	completed cause of dea	ath (Item 23e) (	(Type, Prin	_						
w C	4		9055, Chevi	rolet D	rive,	#100	Ellicot	t City,	MD 2104	2.		
	ate	31. Dete filed (Month, Dey, Yeer)	32. Registrer	's Signature		1						
· Regist	rar	MAR 1 2 1999	30 com	D.	his	and Kay						



				nai yiai		tificate			d Mental H	Reg. No. 9	0	7940	
Physic	ian	1. Decadant's Nama (First, Middla,							2. Deta of D Month	Deeth Dey	Year	3. Tima of Deeth	
/Medi		Marie Agnes Qui							March	11	1999	9:03 A.M	
Exami	ner	4e. Feclifty Name (If not Institution, g		•			4		or Location of Dea		y of Deeth		
	М	Mariner Health  5. Sociel Security Number 6			I and blief alous	If Undar 1	Vaar	Forest			ford		
Funeral Director	_	220-03-2873 Usuel Residence of Decedent	1□ M 2XF 8		lest birthday) Yrs.		Deys		in. (Month, L	19, 1911	9. Birthp Coun Mar	elece (Stete or Foreign stry) yland	
fand		10a. State 10b. County		10c. Cit	y, Town or Lo	cation					1	0d. inside City Limits	
death with the Maryland ms 23a or 28a-f show	ğ	Maryland Harfor	1	Bo	1 Air							1 ☐ Yas 2 ☑ No	
the Mi	5	10e. Street and Number 10f. Zip Code								10g. Citizen of	Whet Cour	ntry?	
23a or	Funeral Directo	1301 Darley Cour	Ė			210				U.S.A.		,	
death me 2	Jera	11. Marital Status	12. Was Deceden Armed Forces	t Ever in U	,S. 13. V	Ves Decede	nt of His	spanic Origin?	(Specify Yes or N		ca - Americ	an Indian,	
or he	by Fur	1 Never Married 2 Married 3 X Widowed 4 Divorced	i? ] No :	H	Yes, specif	y Cuber	Specify:	èrto Rican, atc.)		ck, White, by: Wh	etc. nite		
72 hours natural,		15. Decedant's	Education		16e. Deced	lent's Usuel	Occupe	tion		16b. Kind of B			
within 7 ene. than "n	Completed	(Specify only highest s Elamantary/Secondary (0-12)	54)	(Give	kind of work OO NOT usa	done d retired)	tion uning most of a	vorking					
777 777 344	E	8th grade	College (1-4or	34)	Floor	Manag	er			Sewin	g Com	pany	
# \$ £ £	Be	17. Fether's Neme (First, Middla, La	st)					18. Mother's N	lam <i>e (First, Midd</i>		_	1	
should by and Menta	10 E	Louis Lind						Agnes	Butz				
2 should be fi end Mental I is marked of aumatic eve	ľ	19a. informant's Name/Ratationship	(Type, Print)		19b. Mailin	g Addrass (	Street a	n <i>d Number</i> or	Rural Route Num	ber, City or Town	, State, Zip	Coda)	
1 end 2 s Health en em 27 is		Rosalie Murphy (1	aughter)					ourt,	Bel Air	, MD. 2	1015	015	
t of He if Iten or oth		20e. Method of Disposition	Domewal from State	20b. P	Plece of Disposemetery, crem	sition (Neme	of er plece	9)	Date	20c. Location	- City or To	wn, Steta	
Peg nent int: ii		1 N Burlal 2 □ Cremetion 3 4 □ Donetion 5 □ Other (Spec		0	rdens o				3/15/99	15/99 Baltimore, Maryla			
permit. Peges 1 en Department of Heal Important: if item 2 any injury or other		21. Signeture of Funaral Service Lic	ens <i>ee</i>		22	. Name end	Addras	s of Fecility					
Depariment in poor		Buan a. Wellem Schimunek Funeral Home of Bel Air, MD 610 W. MacPhail Road, Bel Air, MD											
_		23e. Part1. Enter the disaasa, or co shock, or haart failure. List on		-	h. Do not ente	or tha mode	Mac of dvine	Phall I	KOad, Be	el Alr,M	D. 2	1014 Approximete	
Physician		shock, or haart failure. List on	y one ceuse on eech	line.								Interval Between Onset end Death	
/Medical	г	Immediate Ceuse (Finet		420000								42 0	
Examiner		disease or condition rasulting in deeth) e.										- we ky	
	e	Due to (or as a consequence of):									LZ wely		
المعاملة	Examiner	Sequentially list conditions	ь	Due to (o	r as a conseq	uence of:	po-	7 m	futio	77		Cemer	
an el		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury		100000000000000000000000000000000000000	Settle of the Set of t	00000000000		0					
flicate be exectly physician east the buriel-tr	edicai	thei initiated avents	el initiated avents southing in death) Lest										
S G S		resulting in obatin) Lest											
death certif e ettending ed for use e	an		l d										
0 0	Physician/M	Part II. Other eignificant conditions	contributing to death	but not res	ulting in the un	ndarlying cau	ıse give	n in Pert I.	23b. Di	d tobacco use co	ntribute to	the cause of deeth	
thet the ed by th detache	Phy							10	Y00 21 No	3 Prot	bably 4 Unknow		
es the	by												
he law requires t hes been signe age 2 should be	Completed									s en eutopsy formed?	eve	ere eutopsy findings eileble prior to	
e law r hes be ge 2 sh	pie								-			mpletion of cause deeth?	
The la	NO.								1 🗆	Yes 200	1 [	Yes 2 No	
rsician: The s certificate director, peg	Be	25. Wes casa referred to madical examiner?						26. Plece of D	Deeth (Check only	one)			
Physician: The this certificate ral director, pe	2	1 ☐ Yas 2 ☐ No	Hospitel: 1 ☐ Inpat	ient 2	ER/Outpatient	t 3□ DOA	Otha	r: 45 Nursing	Home 5 □ Re	sidence 8 🗆 Ott	ner (Specif)	y)	
ding Phys h. After this funeral di		27. Manner of Death  1 Natural 5 □ Pending	28e. Date of Inj (Month, D	ury ey Year)	28b. Time of Injury	280	. Injury Work			how Injury occur			
I or Attending efter death. Director: After d in by the fune	ati	2 ☐ Accident Invastigati				М		es 2□No					
r Att	Certification:	3 ☐ Suicide 6 ☐ Could not 4 ☐ Homicida determine	288. PIECE OF IT	njury - At ho		et, fectory,	office			(Street end Numi	ber or Rure	I Route Number,	
is ef													
To the Hospital or Attending I within 24 hours efter death: Within 24 hours efter death: Completely filled in by the funer completely filled in by the funer in t	edicai	29a. Certifier (Check only one)  Certifying Physician: To the best of my knowladga, daath occurred at the time, dete and place, and the coursed and place, and manner stated.								e ceusa(s) and m e, date end placa,	annar as st and due to	tated. The cause(s)	
vithir To th	X	29b. Signatura and title of certifier	_			29c. l	Licensa	number		29d. Date signe	d (Month,	Day, Year)	
		Danses	Die		,	Q	26	2299		Ma:	/	CRA	
3		30. Name end eddrass of person wh	complated cause of	daath (Item	23e) (Tuna I		-	1		more	11)	1271	
			Dune 6			- 1	2 4						
Sta	ate	31. Data filed (Month, Day, Yaar)		mar's Signe		70	4.						
Regist		MAD 1 9	1000	المتحتادات	es la	1. 1	000	62					



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene-Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month 3 Arthur W. :55PM OS 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth N/A RAdams Couley Shock Wayno Center Ba Hours Min. If Under 1 Year 9. Birthpiece (State or Foreign Country, Maryland 5. Sociel Security Number 8. Dete of Birth 06/11/16 Months Deys 1 DXM 2□ F 218-05-9297 82 Yrs Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. inside City Limits N/A Maryland Baltimore 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 3709 MacTavish Avenue 21229 United States 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No if Yes, Give Yeer or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indien, Black, White, etc. 1 Never Merried 21 Merried 1 ☐ Yes 2 No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry Baltimore Sanitation Elementary/Secondary (0-12) Coilaga (1-4or 5+) Laborer Department 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) William Helen Mills 19e. informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Coda) Louise K. Rapp/ Wife 3709 MacTavish Avenue Baltimore, Maryland 21229 20e. Method of Disposition 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 X Buriel 2 ☐ Cremetion 3 ☐ Ramovei from State Most Holy Redeemer Ceme. 3/10/99 4 ☐ Donetion 5 ☐ Other (Specify) Baltimore, Maryland 21. Signet of Funerei Service License 22. Name end Address of Fecility Hubbard Funeral Home, Inc. homas 4107 Wilkens Avenue Baltimore, Maryland 21229 23a. Part. Inter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cardiac or respiretory errest, shock or hear feilura. List only one ceuse on each line. Palestales the Manches Estimates

**Physician** /Medical Examiner

The law requires that the death certificate be axecuted

signed by the attanding physician d be detached for use as the buria

After this certificate has

filled in by the funeral Certification:

or Attending Physician: after death.

Director: After this certifica

Te the Hospital of within 24 hours af To the Funerel D complately filled [

þ

Completed

Be

2

edical

29b. Signeture and title of certifler

MAR 12

P.O. Box 68760,

Division of Vital Records,

**Physician** 

/Medical

**Examiner** 

10e Stete

**Funeral** 

Director

ns 23s or 28s-f show

ò

treumatic event, the Medical Examiner

permit. Pages 1 and 2 should be filed within 7 Department of Health and Mental Hygiene. Important: If itam 27 is marked other than "na eny injury or other treumatic event

Maryland

Director

Funeral

þ

Completed

Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated avants resulting in deeth) Last Physician/Medical

immediate Causa (Finai diseese or condition resulting in deeth)

Due to (or es a consequence of): 12/01 Due to (or es e consequence of): Due to (or es e consequenca of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

pertersion, peripheral vosalor diferse

MD

32. Registrer's Signeture

23b. Did tobacco use contribute to the cause of death?

1 Yes 2 No 3 Probably 4 Unknown

24b. Were autopsy findings available prior to 24e. Wes en eutopsy performed? completion of cause of death? 1 Yes 2 □ No 25. Wes case referred to medical 26. Piece of Death (Check only one) Othar: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No inpatient 2 ER/Outpatient 3 DOA 27. Mennar of Deeth 28e. Dete of injury (Month, Dev Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 1 Neturel 5 Pending investigation 02/26/99 1 Yes 2 No Stairs 2 Accidant Folldown 28f. Location (Street end Number or Rural Routa Number, City or Town, Stata) 3 ☐ Suicide 6 Could not be determined 28e. Piece of Injury - At home, farm, street, fectory, offica building, etc. (Spacify) 4 Homicida 29a. Certifier 1 Certifying Physician: To the bast of my knowledge, death occurred et the tima, date end piece, end due to the causa(s) and menner es stated.

2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, daeth occurred at tha time, date end pieca, end due to the cause(s) end menner stated.

30. Name and accress of person who completed cause of deeth (Itam 23e) (Type Print) 22 South Gree

1999

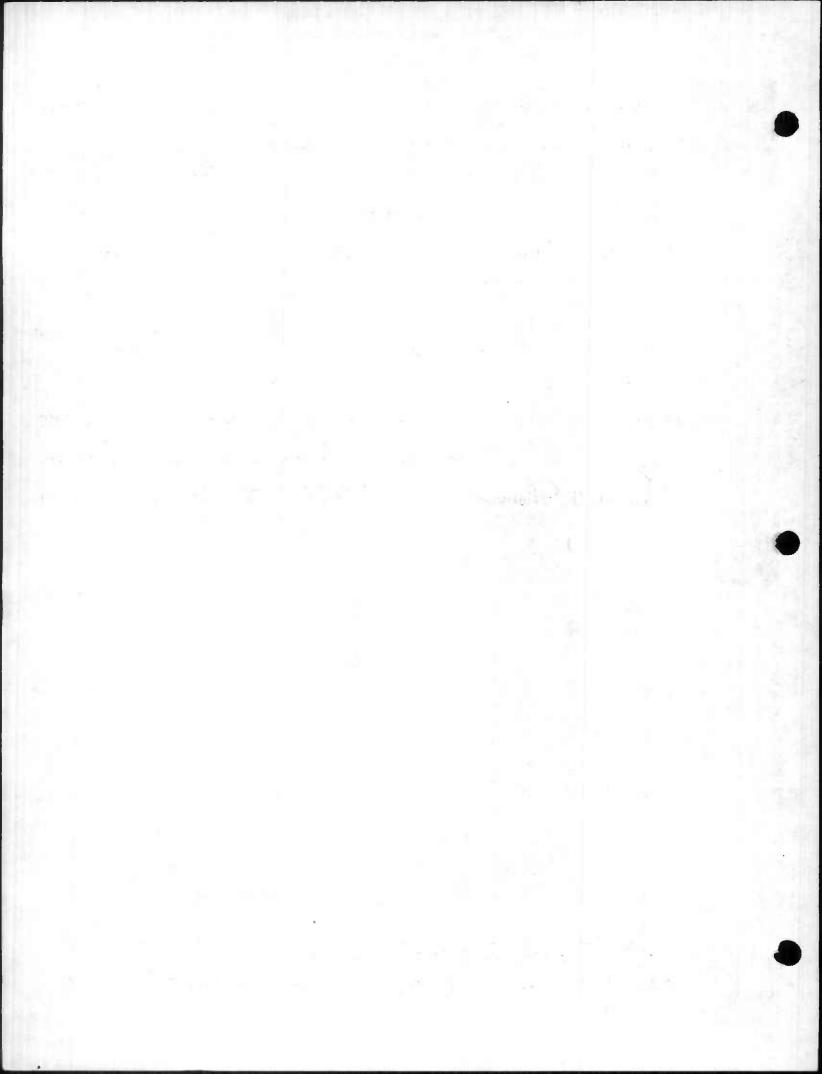
(1)

29c. License number 29d. Date signed (Month, Dey, Year)

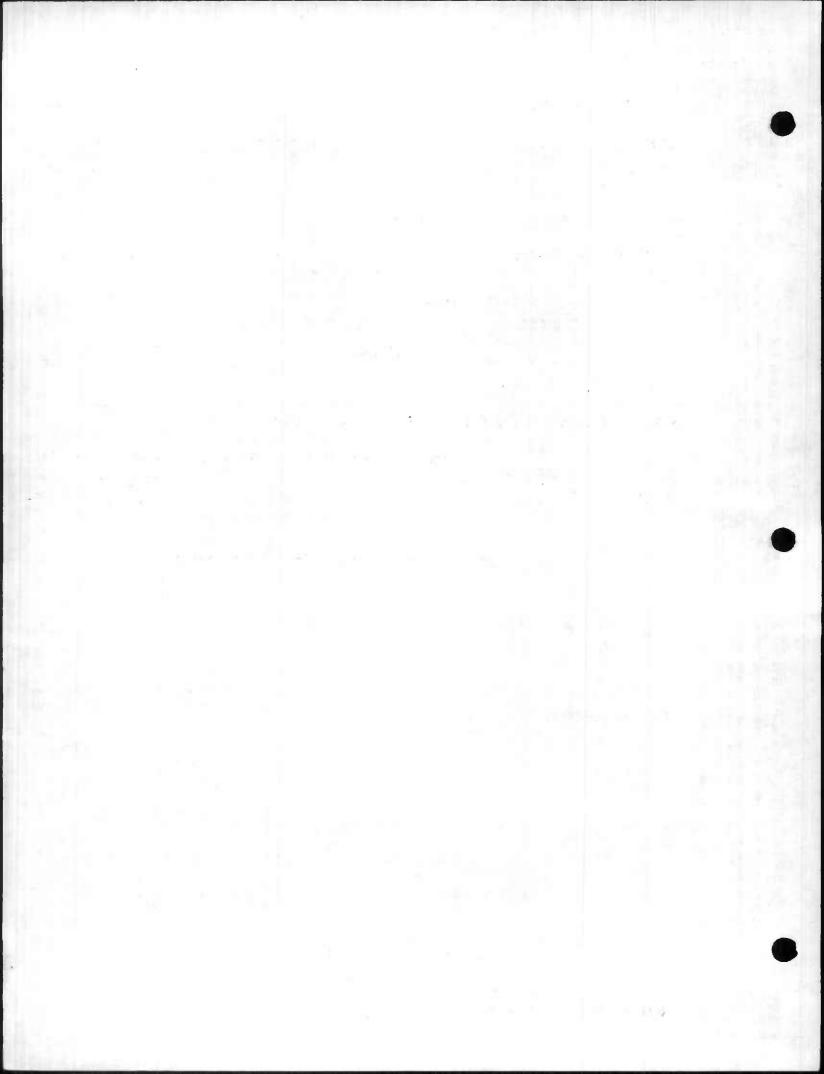
est Baltomore

State Registrar

**DHMH 16 Ray 6/95** 



oinette	_	I. Decedent's Name	a (First, Midd	le, Last)			Се	rtificat	te of	Death	2. Data of D		7	9-0		of Death
Physician /Medical	1_		hn G.		binett						Month 3	Dey 9,			4:48	PM
Examiner	r 4	la Facility Nama (/			reet and numb	ber)				4b. City, Town, o		81 / 8				
Funeral Director		4409 World Security N 215-28-4	iumber	6. Sex	ex 7. Aga (In yrs. last birthday) If Under 1 Y					Baltimon   Hunder 24 Hr   Hours   Mir	s. 8. Data of B	Birth Day, Year) 12, 1931  N/A  9. Birthplace (State or Fore Country) Maryland			or Foreig	
ž ==		Jsuel Rasidence of Oa. Stata	Decedent 10b. County	,		10c. Ci	ty, Town or L	ocation						10	d. Inside	City Limit
find and	N	Maryland		N/A			Balti	more							1 (X) Y8	s 2 N
or 28a-f	1	Oe. Street and Nur	mber					10f. Zip	Code			10g. Citize	en of W	/hat Countr	y?	
			loodlea				10	144 - D	d4 -4 I	21206	0 4 V	. 4		ited		es
L', or Items 23s Examiner must by Funeral	70.0	<ol> <li>Meritel Stetus</li> <li>Never Merri</li> <li>Widowed</li> </ol>		ried	<ol> <li>Wes Deceded</li> <li>Armed Force</li> <li>Yas 2</li> <li>Yas, Given</li> <li>Yaar or Date</li> </ol>	as? □No		tf Yas, spec	4.0	lispanic Origin? ( an, Mexican, Pue Specify:	specify vas or N rto Rican, atc.)			e - America k, Whita, at Whit	c.	
ical ical	701	(Sner	15. Deceder				16a. Dece	dent's Usua	al Occup	eation	odkina	16b. Kind	d of Bu	siness/Indu		
hygiene. her than 'natur nt, the Medical.		Elementary/Seco	ndary (0-12)		Collega (1-4	lor 5+)		(Give kind of work done during most of works life. DO NOT use retired)  Unknown							cery	Stor
sed of	Ď	7. Fathar's Nama ( Arthur			nette					Corne				a)		
A Marie	•	19a. Informant's Na					19b. Mail	ing Address	s (Street	and Number or F				Stata, Zip (	Code)	
allh a	F	Roland W.	Freem	nan,	Jr. /	Friend	270	1 Sec	ond	Avenue	Baltimo	re, M	D	21234		
ant: If item uny or oth	2	20a. Method of Disp 1 ☑ Buriel 2 [ 4 ☐ Donation	☐ Crametion		moval from St	ara	Place of Dispondering Comments of Dispondering				3/23/99			more,		ylan
Depart Import any in	21. Signetura of Funaral Sarvice Licensae Michael E. Canapp  Mica C. Canapp  22. Name and Address of Facility  LEONARD J. RUCK, INC. Baltimor										Harfo	rd R	oad			
ysician Medical	li d	23a. Part1. Enter the shock, or haar limmediete Cause (disease or conditions sultion in death).	(Final		ations that cau causa on aac	used the dee th lina.		itar the mod	da of dyir	ng, such as cardi	ac or raspiretory	arrast,			Approxim nterval B Onset an	2121 ata etween
Medical caminer properties of the second sec		Immediete Cause (	Final nditions, nmadiata riying injury		ations that cau causa on aac	tensiv Due to (d		eriosc quence of):	lerc		ac or raspiretory	arrast,			Approxim nterval B	2121 ata etween
Medical caminer properties of the second sec		Immediate Cause ( disaasa or condition resulting in death) Sequentially list con if eny, leading to im cause. Entar Unde Cause (Disease or that initiated evants	Final nditions, nmadiata riying injury		ations that cau causa on aac	tensiv Due to (d	re Arte or as a conse or as a conse	eriosc quence of):	lerc	ng, such as cardi	ac or raspiretory	arrast,			Approxim nterval B	2121 ata etween
by the attending physician and inched for use as the burial-transit and inched for use as the burial-transit hysician Medical Examiner		Immediate Cause ( disaasa or condition resulting in death) Sequentially list con if eny, leading to im cause. Entar Unde Cause (Disease or that initiated evants	Final nditions, madiata rhying injury Last	b d one contri	ations that causa on aac	Due to (c	re Arte or as a conse or as a conse or es a conse	eriosc equence of): quence of):	clerc	ng, such as cardi	diovasci	arrast,	ise cor	ase	Approxim nterval B Donset an	2121 ata etween d Death
gned by the attending physician and important be detached for use as the burial-transit or a by Physician Medical Examiner		Immediate Cause ( disaasa or condition resulting in daath)  Sequentially list con- figure (leading to im- cause. Entar Unde- Cause (Disease or that initiated events resulting in daath) I	Final nditions, madiata rhying injury Last	b d one contri	ations that causa on aac	Due to (c	re Arte or as a conse or as a conse or es a conse	eriosc equence of): quence of):	clerc	ng, such as cardi	23b. Die	d tobacco u Yes 20	ise cor	ase	Approximaterval Bonset and the cause ably 4 autops labla pricipation pletion of the cause autops labla pricipation of the cause autops labla prici	2121 ata etween d Death  of deat
has been signed by the attending physician and inpope 2 should be deteched for use as the buriat-transit on property of the physician/Medical Examiner		Immediate Cause ( disaasa or condition resulting in daath)  Sequentially list con- figure (leading to im- cause. Entar Unde- Cause (Disease or that initiated events resulting in daath) I	Final nditions, madiata rhying injury Last	b d one contri	ations that causa on aac	Due to (c	re Arte or as a conse or as a conse or es a conse	eriosc equence of): quence of):	clerc	ng, such as cardi	23b. Die	d tobacco u Yes 20	dise cor	ase  ase  arribute to  aprobe  24b. Wer aver aver of de	Approxim nterval B Onset an	e of deat Unknowy findings
benificate has been signed by the attending physician and inpoportion, page 2 should be detached for use as the burial-transit on property. Be Completed by Physician/Medical Examiner		Immediate Cause ( disaasa or condition resulting in daath)  Sequentially list con- figure (leading to im- cause. Entar Unde- Cause (Disease or that initiated events resulting in daath) I	ricant conditions, madiata whying injury i. Last	b. c. d. d. d. itus	Hyper	Due to (c	re Arte or as a conse or as a conse or es a conse	eriosc equence of): quence of):	da of dyir	otic Car ven in Part I.	23b. Die	d tobacco u  Yes 2  s en autops formed?  ection	dise cor	ase  ase  arribute to  aprobe  24b. Wer aver aver of de	Approximately and the cause about the cause about the cause about the cause about the cause about the cause about the cause autops labla pricipletion of eath?	e of deat Unknowy findings
his certificate has been signed by the attending physician and in positive controlled to the burner of the burner	Sincord Examination of the state of the stat	Immediate Cause ( disaasa or condition resulting in death)  Sequentially list con if eny, leading to im cause. Entar Unde Cause (Disease or resulting in death) I  Part II. Other algniff  Diabetes  25. Was casa rafari	red to medica	b. c. d. d. d. itus	Hyper  ibuting to deal	Dua to (c	or as a consecutive of as a consecutive of a consecutive	eriosc quence of): quence of): quence of): underlying c	clerc	otic Car.  otic Car.  ven in Part I.  26. Place of D.	23b. Did 24a. We per Inspectory  Beeth (Check only)	d tobacco u  Yes 2  Is en autops formed?  PCTION  Yas 2  Sidenca 6	ise corn	ase  24b. Weight aveing of displayed at (Specify)	Approximately and the cause about the cause about the cause about the cause about the cause about the cause about the cause autops labla pricipletion of eath?	e of deat
After this certificate has been signed by the attending physician and inportant director, page 2 should be detached for use as the bural-transit on profilem: To Be Completed by Physician/Medical Examiner	Sincord Examination of the state of the stat	Immediate Cause (disassa or condition resulting in death)  Sequentially list confirmed from the cause. Enter Under Cause (Disease vantat initiated events resulting in death) I	red to medica	b	Hyper-	Dua to (c	re Arte or as a conse or as a conse or es a conse sulting in tha	eriosc quence of): quence of): quence of): underlying c	causa giv	otic Car.  otic Car.  ven in Part I.  26. Place of D.	23b. Did 10 24a. We per Inspectory	d tobacco u  Yes 2  Is en autops formed?  PCTION  Yas 2  Sidenca 6	ise corn	ase  24b. Weight aveing of displayed at (Specify)	Approximately and the cause about the cause about the cause about the cause about the cause about the cause about the cause autops labla pricipletion of eath?	e of deat
After this certificate has been signed by the attending physician and inportant director, page 2 should be detached for use as the bural-transit on profilem: To Be Completed by Physician/Medical Examiner	Sincord Examination of the state of the stat	Immediate Cause (disaasa or condition resulting in death)  Sequentially list configure, leading to impresse. Enter Under Cause (Disease or that initiated evants resulting in death) I  Diabetes  25. Was casa rafari examiner?  1 1 1 2 3 2 2 2  77. Mennar of Death  1 Natural	nditions, madiata riviving injury Last tcant conditions Melli	b	ations that cause on each cause on each cause on each cause of each cause of the ca	Due to (continue)  Due to (continue)  Due to (continue)  Due to (continue)  Due to (continue)  Due to (continue)	or as a consector as	eriosc equence of): quence of): quence of): quence of):  underlying c	causa giv	otic Car  otic Car  oen in Part I.  26. Place of D.  eer: 4 □ Nursing	23b. Did 10 24a. We per In Spe 11 Check only Homa 5 [XRa: 28d. Describe	d tobacco u  Yes 20  s en autops formed?  ection  Yas 20  yone)  sidenca 6 how injury	ise cor	ar (Specify)	Approximaterval Bonset and Approximaterval Bonset and Approximater and App	e of death Unknown to fi cause
After this certificate has been signed by the attending physician and inportant director, page 2 should be detached for use as the bural-transit on profilem: To Be Completed by Physician/Medical Examiner		Immediate Cause (disease or condition resulting in death)  Sequentially list configure, leading to impause. Enter Unde Cause (Disease or hat initiated evants resulting in death) I  Diabetes  25. Was casa rafari examiner?  11  Yas 2 2 2  27. Mennar of Deatt 1  Natural 2  Accidant 3  Suicida 4  Homicida  29a. Certifier (Check only)	red to medica No h 5   Pendir invasti 6   Could datam	b c d d tus  Horizona contri	ations that cause on acceptable to deal cause on acceptable to deal cause of acceptabl	Due to (c)  Dua to (c)	or as a consector as	atter the modern treet, factory the occurred	causa give	otic Car  otic Car  oen in Part I.  26. Place of D.  eer: 4 □ Nursing	23b. Did 24a. We Per In Spe 1 28d. Describe 28d. Location City or To	d tobacco u  Yes 2  See a autops formed?  Cti OT  Yas 2  Sidenca 6 See how injury  (Street and own, Stata)	No Numb	at (Specify) ar (S	the cause about the cause abou	e of death Unknow y findings if to if cause
After this certificate has been signed by the attending physician and inportant director, page 2 should be detached for use as the bural-transit on profilem: To Be Completed by Physician/Medical Examiner		Immediate Cause (disaasa or condition resulting in death)  Sequentially list configure, leading to immediate (leading to leading lead to lea	red to medical No h 5 Pendir invasti 6 Could datam	d. d. d. d. d. d. d. d. d. d. d. d. d. d	ations that cause on each cause on each cause on each cause on each cause of each cause of the c	Due to (c)  Dua to (c)	or as a consector as	erioscopena de la companya de la com	DA Otto	otic Car  otic Car  ven in Part I.  26. Place of D.  186": 4 \( \text{Nursing} \)  y at k? Yas 2 \( \text{No} \)  me, date and place.	23b. Did 24a. We Per In Spe 1 28d. Describe 28d. Location City or To	d tobacco u  Yes 2  Is en autops formed?  PCTION  Yas 2  Yone)  sidenca 6 b how injury  (Street and own, Stata)  e cause(s) a  d, date and g	No Other occurrence of Number of Num	at (Specify) ar (S	Approximaterval Bonset and Approximaterval Bonset and Approximater and App	e of death Unknown to f cause No
n 24 hours after death.  No Euneral Director: After this certificate has been signed by the attending physician and in properly filled in by the funeral director, page 2 should be detached for use as the builat-transit in property filled in by the funeral director, page 2 should be detached for use as the builat-transit in property filled for the funeral director in the funeral director for the following property in the funeral director for t		Immediate Cause (disaasa or condition resulting in death)  Sequentially list configure, leading to impresse. Enter Under Cause (Disease or that initiated evants resulting in death) I  Diabetes  25. Was casa referrexaminer?  1   Yas 2   2   4   4   4   4   4   4   4   4	red to medical No h 5 Pendir invasti 6 Could datam	d. d. d. d. d. d. d. d. d. d. d. d. d. d	ations that cause on acceptable to deal cause on acceptable to deal cause of acceptabl	Due to (c)  Dua to (c)	or as a consector as	erioscopena de la companya de la com	Causa give Causa give	ren in Part I.  26. Place of D.  18. 4 Nursing yat k?  Yas 2 No	23b. Did 24a. We Per In Spe 1 28d. Describe 28d. Location City or To	d tobacco u  Yes 2  Is en autops formed?  PCTION  Yas 2  Yone)  sidenca 6 b how injury  (Street and own, Stata)  e cause(s) a  d, date and g	lese correction occurrent Number occurrent Number occurrent number occurre	ar (Specify) red  ar (Month, D	Approximaterval Bonset and Approximaterval Bonset and Approximater and App	e of deat Unkno



#### Please Type or Print in Black indelible lnk. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Daath 3. Time of Death Month 3 14017 PM HOWARD E ROEMER 99 08 4a. Facility Nama (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death VAMC BALTEMORE BALTEMBRE CITY BALTEMORE Hours Min. 8. Dete of Birth (Month, Dey, Year Dec. 6, 1 5. Social Security Number If Undar 1 Yeer 7. Age (In yrs. lest birthday) Birthplaca (Stata or Foreign Country) Days XXM 2 F 70 Yrs. 217-26-3539 1928 Maryland Usual Rasidance of Dacedant 10h County 10c. City, Town or Location 10d. Insida City Limits Baltimore Maryland Baltimore 1 Yes ZENo 10g. Citizan of What Country? 10e. Streat and Number 10f. Zip Code 2123 Souththorn Road 21220 U.S.A. 12. Wes Decedent Evar In U,S. Armed Forcas? MXyas 2 □ No If Yes, Give Year or Dates; 14. Race - Amarican Indian, 11. Marital Status Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) Black, White, etc. 1 ☐ Navar Married 2 ☐ Married 1 Yes 2 No White Spacify: 3 ☐ Widowed 4 ☑ Divorcad 15. Decedent's Education (Specify only highest grade complated) 18e. Decedent's Usual Occupation 16b. Kind of Business/Industry (Giva kind of work done during most of working life. DO NOT use retired) Eiamantary/Secondary (0-12) Collaga (1-4or 5+) 8 Machinist Paper Company 17. Father's Name (First, Middle, Last) 18. Mothar's Nema (First, Middla, Maidan Sumama) William E. Roemer Lydia Engel 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) Mark H. Roemer 2123 Souththorn Road, Baltimore, Maryland 21220 (son) 20b. Place of Disposition (Name of cematery, cremetory or other piece) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 ☐ Cremetion 3 ☐ Ramoval from State Parkwood Cemetery 3/12/99 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Finaral Service Licansee 22. Neme end Addrass of Facility Bruzdzinski Funeral Home, P.A. 1407 Old Eastern Avenue, Essex, Maryland 21221 23e. Part1. Enter the disease, or complication that owined the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate interval Batween Onset end Deeth Immediate Causa (Final SEPSIS DAYS diseasa or condition rasuiting in daeth) EMPYEMA 1 WOUK Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or Injury that initiated avents resulting in death) Lest Dua to (or as a consequence of): Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 TNo 3 Probably 4 Unknown 24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 2 No

Physician /Medical **Examiner** 

permit. Page Department of Important: If any Injury or once.

**Physician** 

/Medical

Examiner

10a. Stata

Director

þ

Completed

0

Examiner

**Funeral** 

Director

Pages 1 and 2 should be filed within 72 hours efter death with the Maryland need of Heelth and Mental Hyglene. Intel if item 27 is marked other than "naturel", or items 23s or 28s-f show any or other transmit to which transmit be notified any or other transmit be notified at any or other transmit be notified as

altimore, Maryland 21215-0020

ettending physician and for use as the buriel-transit Physician/Medical 88 signed by the el à page 2 should Completed this certificate hes Hospital or Attanding Physician: 44 hours after death. Funeral Director: After this certifica director. Be 2 funeral Certification:

Division of Vital Records, P.O. Box 68760,

25. Was casa rafarrad to medical

Tras casa ratarrau to medicar	26. Placa of Death (Check only ona)										
axaminar? 1 ☐ Yes 2 X No	Hospital:	2 ER/Outpatient	3□ DOA Othar:	4 ☐ Nursing Home 5 ☐ Residence	6 Other (Specify)						
Mannar of Death	28a. Data of Injury	28b. Tima of	28c, Injury at	28d. Describe how Ini	ury occurred						

Naturel 2 Accidant 5 Pending Investigation 3 Sulcida 6 Could not be datamined (Month, Day Year)

Work? Injury 1 Yes 2 □ No

28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 ☐ Homicide 29a. Certifian

28f. Location (Streat and Number or Rural Route Number, City or Town, Stata)

29b. Signetura end title-of certific

(Check only one)

1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. Licensa number 29d. Date/signed/(Month, Day, Year)

30. Name and addrass of person who completed causa of death (Item 23a) (Type, Print)

MICHAEL

PALOSE, MD, 10 North Greene St., 21201

State Registrar

filled in by

Medical pletely

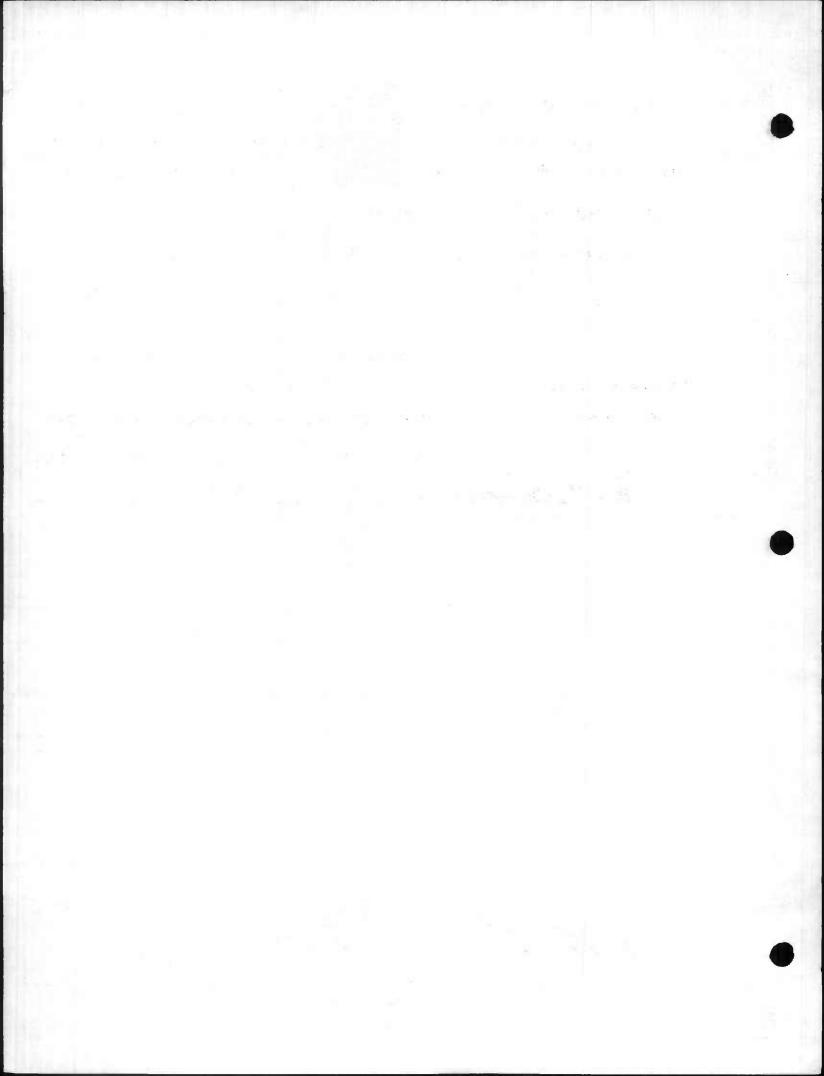
24 hours

To the To the

31. Data filed (Month, Day, Year)

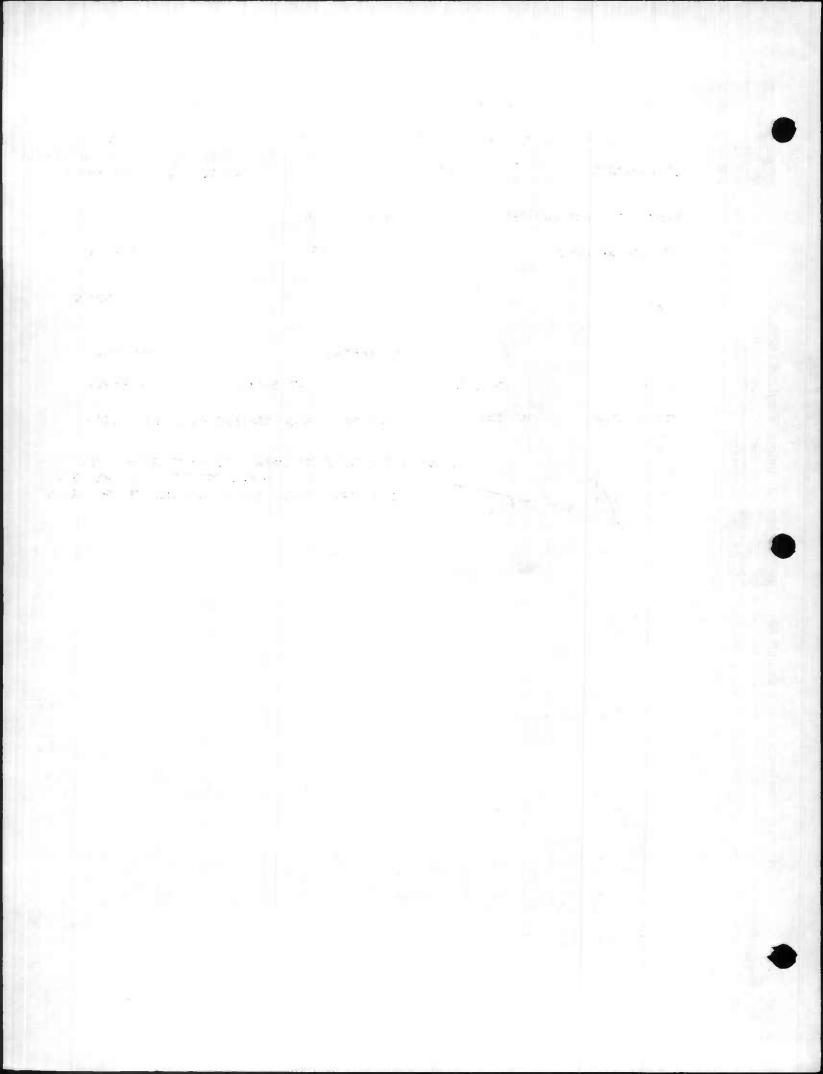
BALTEMORE

VAMC 32. Ragistrar's Signature



State of Maryland / Department of Health and Mental Hygiene 9 9 0 7 9 4 4

					Certifica	ate of	Death		Re	ng. No.	U	1044	
	Physician	1. Decedent's Neme (First, Middle, GRACE	RAWLEY						Dete of Deet Month MARCH		Year	3. Time of Deeth	
1	/Medical Examiner	4a Fecility Name (If not institution,					4b. City, Tov		ition of Death	4c. County			
A	LAdillitei	HARBOR HOS	PSTAL CE	NTER			BALT	IMOI	RE		N/A	A	
	Funeral Director			ge (In yrs. lest birt			If Under 2 Hours	Min.	Dete of Birth (Month, Dey, AY 26,	Year)	9. Birthp Coun	lece (Stete or Foreign try) NOIS	
	pue M.	10a. Stete 10b. County		10c. City, Towr	or Location						1	0d. Inside City Limits	
	n 72 hours after deeth with the Maryland "nature!", or items 23a or 28a-f show edical Examinar must be notified at	MARYLAND ANNE	ARUNDEL									1 ☐ Yes 2♥ No	
		10e. Street end Number 278 LAGUNA CIRCI	Œ		101. 7	Zip Code 2114	16		1	10g. Citizen of What Country? U.S.A.			
21215-0020		3 CXWidowed 4 □ Divorced	12. Was Decedent Armed Forces? 1 Yes 2 X If Yes, Give Yeer or Detes:		If Yes, s	cedent of lipecify Cub	an, Mexican,	gin? (Speci , Puerto Ric	ty Yes or No- can, etc.)		e - Americ k, White, WI		
5-0	"naturel",	15. Decedent's (Specify only highest		16e.	Decedent's U	work done	during most	of working		16b. Kind of Bu	us <b>iness/in</b> c	dustry	
121	ed within 72 horygiene.  Yer than "nature of, the Medical of the M	Elementary/Secondery (0-12)	College (1-4or	5+)	HOMEM	use retire	d)			OWN	HOMI	2	
	Hygie Hygie Ather ont, II	17. Fether's Neme (First, Middle, La			помем	HILER	18. Mother	r's Name (/	First, Middle, M	Aeiden Sumem		3	
lan	thould be filed within the Mental Hygiene.  merked other than imatic event, the Mental To Be Comp		FOSDI	CK				RLOTT			ORBE	T	
Maryland	" 5 - 3	19a. Informant's Neme/Relationship	(Type, Print)					er or Rurel Route Number, City or Town, State, Zip 6 SEVERNA PARK, MD. 2114					
	Haalt Haalt Jun 27 ther	20a. Method of Disposition	(21100112211)		Disposition (A		IRCLE,			20c. Location -			
Baltimore,	Ddallmiore, Mi pemit. Pages 1 and 2 Department of Health a Important: If then 27 in any Injury or other tre once.	1 Buriel 2 Cremetion 3 4 Donetion 5 Other (Spe		cemeter	y, cremetory o	or other ple				ELKRID			
Balt	permit. Departimport. any inj	21. Signature of Funeral Service Us	Derisee	_								E, P.A., D. 21061	
		23a. Part1 Enter the director trick shock or head failure. List or	omplications that cause ily one ceuse on each li	d the deeth. Do r	not enter the m	node of dy	ng, such es	cardiac or r	respiretory erro	est,		Approximete Interval Between Onset end Deeth	
	Physician / /Medical / Examiner	Immediate Ceuse (Final disease or condition	. BRA	INSTEM	Hei	MOR	RHAG	€ .				20 HRS	
L	<u> </u>	resulting In deeth)		Due to (or es e	consequence	of):					1		
0,	death certificata be associted a attending physician and of for use as the bufal-trensit sician/Medical Examiner	Sequentielly list conditions, if any, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury the Initiated events	b	Due to (or es e consequence of):  Due to (or es e consequenca of):									
68760,	ficeta be physicia as the bu	resulting in death) Lest	C										
Box	anding use a		d										
	death e atte ed for	Pert II. Other significant conditions	ort II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.							tobacco use contribute to the cause of death?			
P.0	iles that the death cert signed by the attendin d be detached for use d by Physician/IV		MER'S D						1 🗆 Y	es 2 No	3 Prol	bably 4 Dunknown	
Records,	v requ								24a. Wes e		ev	ere autopsy findings ellable prior to mpletion of cause death?	
A.	certificata hes rector, page 2								1 □ Ye	s all No	10	Yes ZONo	
Vital	ysiclan: is certifica director, I	25. Wes case referred to medicat exeminer?					26. Place	of Deeth (	Check only on	Θ)			
of V	2 0 0 D	1 Yes PNo	Hospitel:	ent 2 ER/Ou	tpetient 3	DOA O	her: 4 Nu	rsing Home	5 Reside	enca 6 Oth	er (Specit	y)	
ouo	Attending Photocompactor: After the by the funeral Hication:	27. Menner of Deeth  Naturei 5 Pending  Accident investiga	28e. Dete of Inju (Month, Da	ay Year) 28b. T	ime of njury M	28c. Inju	ry et ork? ] Yes 2 □ N		d. Describe ho	ow injury occur	red		
Division	Dir Dir	3 Suicide 6 Could no determin	ad 286. Placa of In	De co Discretion Athense (see and Alexander)							er or Rure	I Route Number,	
	the Hospital hin 24 hours the Funsition npletely filled		Physician: To the best saminer: On the basis o and menner st	f examinetion en									
	To the Hor within 24 h to the Ful completely	29b. Signature end title of cartifier	Intern		1	29c. Licen	se number		2	9d. Dete signe	d (Month,	Dey, Year)	
3	11/	Us Cante				P	1313	2_	/	Yarch,	10,	1999	
	MN	30. Neme end eddress of person with SRIKANTH RAME	no completed cause of o	death (Item 23e) (	Type, Print)	HAN	OVER.	STRE	ET B	ALTIM	ORE	21225	
	State	31. Dete filed (Month, Dey, Yeer)	JZ, negisti	rer's Signature	10	2.1	,						



Physician /Medical Examiner

signed by the a

certificate has b lirector, page 2 s

funeral

or Attending Physician:

death.

Hospital 24 hours

efter death Director:

To the Hosp within 24 hor To the Fune completely fi

þ

Completed

Be

To F

Medical

**Physician** 

/Medical

**Examiner** 

10a State

Director

Funeral

p

Completed

Be

**Funeral** 

Director

the Marylend

permit. Pages 1 and 2 should be filed within 72 hours after death with 1 Department of Health and Mental Hygiene.
Department of Health and Mental Hygiene 23a or 3 morticath: If them 21 a marked other than "natural", or fleme 23a or 3 may injury or other traumatic event, the Medical Example meather.

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

Examiner Physician/Medicai

Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Lest Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

24b. Were autopsy findings available prior to 24a. Was an autopsy performed? completion of ceuse of death?

1 ☐ Yes 2 1 No

20 No 25. Was cese referred to medical examiner?
1 ☐ Yes 2 ☑ No 26. Place of Death (Check only one) Hospitel: 1 prinpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28a. Dete of Injury (Month, Dey Year) 27. Menner of Death 28c. Injury at Work? 28d. Describe how Injury occurred 28b. Time of 1 Natural 5 Pending

MOD,

1 Yes 2 No 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

to Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier (Check only one) 29d. Dete signed (Month, Day, Year)

29b. Signature and title of certifiar

investigation

6 Could not be

29c. License number 23300

MARCH

30. Name and address of person who completed ceuse of death (Item 23e) (Type, Print) PATE 2 SUDHIR. 2600 Liberty Ledical Br Rd.

Registrar

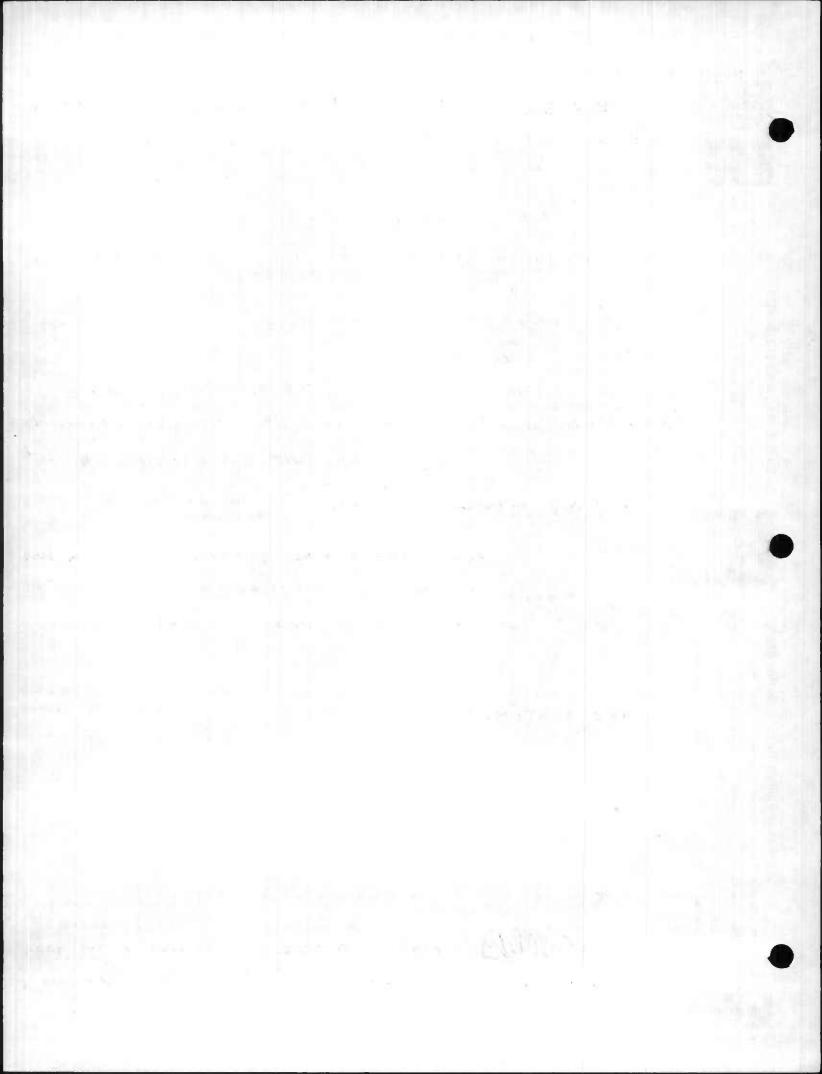
31. Date filed (Month, Dey, Year) MAR 1 2 1999

2 Accident

3 Suicide

4 Homicide

32.º Registrar's Signatura



	Certificate	e of Death	Re	eg. No.	0/946		
Physician	1. Decedent's Name (First, Middle, Last)		2. Data of Deat MARCH 9	h	3. Time of Death		
/Medical	William A. Rockwood  4a Facility Name (If not institution, give street and number)	4b. City, Town, or L		4c. County of	6:05 AM		
Examiner	VA MHCS FORT HOWARD DIVISION	Fort Howa	rd	more			
Funeral Director	5. Social Security Number 217-12-0433 6. Sex 10 M 2 F 7. Age (In yrs. last birthday) 1 f Under Months  Usual Residence of Decedant		8. Date of Birth (Month, Day, Oct. 30	Year) ,1924	9. Birthplace (State or Foreign Country) Canada		
hend /lend	10a. State 10b. County 10c. City, Town or Location				10d. Insida City Limits		
e Man tarfet uned	MD Baltimore Butler				1 □ Yas 2 No		
On the Manufacture of the Manufa	10e. Street and Number 10f. Zip 3444 Black Rock Road POB 144 21	Code LO23		-	izen of What Country? ted States		
o20 urs by	1 Nover Married 2 Married 1 Nove 2 No	ent of Hispanic Origin? (Sp ify Cuban, Mexican, Puarto 2 XNo Specify:	ecify Yes or No- Rican, atc.)	Black,	- Amarlcan indian, White, etc. White		
72 h 72 h natu	15. Decedent's Education (Specify only highest grade completed)  16a. Decedent's Usua (Give kind of work)  (Give kind of work)	i Occupation k done during most of work e retired)	ring	16b. Kind of Busi	iness/Industry		
d withir d withir reference.	Eiementary/Secondary (0-12) Coilege (1-4or 5+) Salesma			Constru	action		
Maryland 21215-0. d 2 should be filed within 72 ho th end Mental Hygiene. 7 is marked other than 'nature traumatic event, fre Medical To Be Completed	17. Father's Name (First, Middle, Last) William S. Rockwood	18. Mother's Nam Lima Sol	ne (First, Middle, Maiden Surname)				
Maryla nd 2 should alth end Men 27 is marke or traumatic	19e. informent's Name/Reletionship (Type, Print)  Eric B. Rockwood/Son  19b. Mailing Address 238 E. Tir						
Baltimore, permit. Pages 1 et Department of Hea Important: If Item: any Injury or other page.	20e. Method of Disposition  1  Burial 2 Cramation 3 Ramoval from State  4  Donalion 5 Other (Specify)	osition (Name of matory or other place)  Date 20c. Location - City or					
Physician /Medical Examiner			Dr., Ba	altimore	Approximate Interval Between Onset and Death		
Box 68760, asther certificate be executed strending physician end for use as the bunel-transit slan/Medical Examiner	Sequentially list conditions, if any, leading to immediate causa. Enter Undarlying Cause (Disease or Injury that Initiated events resulting in death) Last  b. Due to (or as a consequence of):  c. Dua to (or as a consequence of):						
that the death cert edby the attending detached for use	Part II. Other eignificant conditions contributing to death but not resulting in the underlying contributing to death but not resulting in the underlying contribution of the conditions contributing to death but not resulting in the underlying contribution of the conditions are contributing to death but not resulting in the underlying contribution of the conditions are contributing to death but not resulting in the underlying contribution of the conditions contributing to death but not resulting in the underlying contributions contributing to death but not resulting in the underlying contributions contributing to death but not resulting in the underlying contributions contributing to death but not resulting in the underlying contributions contributi	ause given in Part I.	**		ribute to the causa of death? 3 Probably 4 Unknow		
ords, requires the seen signer should be deted by			24a. Wes a perform	n autopsy ned?	24b. Were autopsy findings available prior to completion of cause of death?		
of Vital Reconstruction: The law is certificate hest director, page 2 s			1 🗆 Ye	s 2 Dino	1 ☐ Yes 2 ☐ No		
/ital	25. Was case referred to medical examiner?	26. Piace of Dee	th (Check only on	6)			
of V hysic his ce al dire	1 Yes 2 No Hospital: 1 Impatient 2 ER/Outpatient 3 DC	-	ome 5 Reside				
Division o tal or Attending Ph is affer death. el Director: Affer th led in by the funeral Certification:	27. Manner of Death  1	8c. Injury at Work? 1 Yas 2 No		28d. Describe how injury occurred  28f. Localion (Street and Number or Rural Route Number,			
Division To the Hospital or Attant within 24 hours after deal To the Funerel Director: completely filled in by the Medical Certifical	29a. Certifier  1 Certifying Physician: To the best of my knowledge, death occurred (Check only 2 Medical Examiner: On the basis of examinetion and/or investigation,	et the time, date and place, in my opinion, death occur	and due to the co	eusa(s) and man	ner as staled. nd due to the cause(s)		
To the within 2 To the comple	29b. Signature and title of certifier  29b. Signature and title of certifier  And And And And And And And And And And	(Month, Day, Year)					
1	30. Neme end eddress of parson who completed cause of deeth (Item 23a) (Type, Print)  AURORA C. TAN, M.D. 9600 NORTH POINT ROP	AD FORT HOWAF	ED, MD 2	21052			
State Registrar	31. Dete filed (Month, Day, Year)  MAR 1 2 1999  37. Registrar's Signeture	KN					

Plant to the fact 

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1 Decedent's Nama (First Middle I ast) 2 Date of Death 3. Time of Death **Physician** 4a Facility Nama (If not institution, give street and number) 8:45Am Kogers 1999 arch /Medical 4c. County of Death 4b. City, Town, or Location of Death Examiner Bayview Special Care Unit Balto N/A Months Days Hours Min. 8. Date of Birth (Month, Day Year) 1956 5. Social Sacurity Number Birthplace (State or Foreign Country)
 MD 6 Sav 7. Aga (In yrs. last birthday) **Funeral** 10 M 2 □ F Months 42 214-84-5293 Yrs. Director Usual Rasidanca of Decedant the Maryland permit. Peges 1 and 2 should be filed within 72 hours efter death with the Marylan Department of Health and Mental Hydiene. Important: if Itam 27 is marked other than "natural", or frams 23a or 28a-f ahow any fourty or other treumatic avant, the Medical Examination must be notified at page. 10a State 10b County 10c. City, Town or Location 10d, Inside City Limits X Yas 2 No MD N/A Director BALTO 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 2214 E. Biddle St U . S . A .

14. Race - American Indian, Black, White, etc. 21213 Funeral 12. Was Decedent Ever In U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 1 ☐ Yas 2 ☑ No If Yas, Giva Year or Datas: 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12th Hospital N/A Cook 18. Mothar's Nama (First, Middla, Maidan Sumeme) 17. Fathar's Nama (First, Middla, Last) James Rogers Coleen Wardell 19a. Informent's Name/Reletionship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stete, Zip Coda) James Rogers/Father 2214 E. Biddle St Balto, Md 21213 20b. Placa of Disposition (Nama of camatary, cramatory or other placa) 20a. Mathod of Disposition Data 20c. Location - City or Town, State Buriai 2 Cramation 3 Removal from Stata 3-13-99 Balto, Md MT. Zion Cem 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatury of Funaral Sarvica Licaria 22. Nama and Addrass of Facility Betts Funeral Home 1129 N. Caroline St Balto, Md 21213 Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or haert failure. List only one cause on each line. Approximata Interval Batween Onset and Death **Physician** Immediata Cause (Final disaasa or condition rasulting in death) /Medical Encephalopath
Due to (or es e consequence of): **Examiner** Physician/Medical Examiner DEFICIENCY SYNDrome and I-trensit law requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata causa. Entar Undarfying Cause (Disaase or Injury that initieted avants rasulting in daeth) Last physician ar Division of Vital Records, P.O. Box 68760 Due to (or as a consaquance of). Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? ed by the a signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Onknown meningitis, Mycobacterium avium þ 24b. Wara autopsy findings availabla prior to complation of cause of daath? been signated 24a. Was an autopsy performed? Completed Ethanol abuse has 1 Yas 2 No certificata or Attending Physician: director, 25. Was casa rafarrad to medical axaminar?

1 Yes 2 No Be 26. Placa of Daath (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Residence 6 Other (Specify) To 1 Inpatiant 2 ER/Outpatient 3 DOA this 27. Manger of Deeth 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 28a. Data of tnjury (Month, Day Year) Certification: After 1 Natural 5 Panding death. 1 ☐ Yas 2 ☐ No Invastigation 2 Accidant Diractor: A 6 Could not be datarmined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 3 ☐ Sulcide 28a. Place of Injury - At home, farm, straat, factory, office building, afc. (Specify) 4 Homicida 24 hours aft Funeral Di-letely filled in 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, end due to the causa(s) and manner as stated. 29e. Certifier edical (Check only one) 2 Medical Examiner: On the basis of examination end/or invastigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. To the F 29b. Signature and tile of certifian 29c. Licansa number 29d. Date signed (Month, Day, Year) Sardelth Bayview Midical Record Centr 30. Name and addrass of person who completed cause of death (Item 23a) (Type, Print) Johns Hopkins

5200 Eastern Ave

(timole, MDZ1124

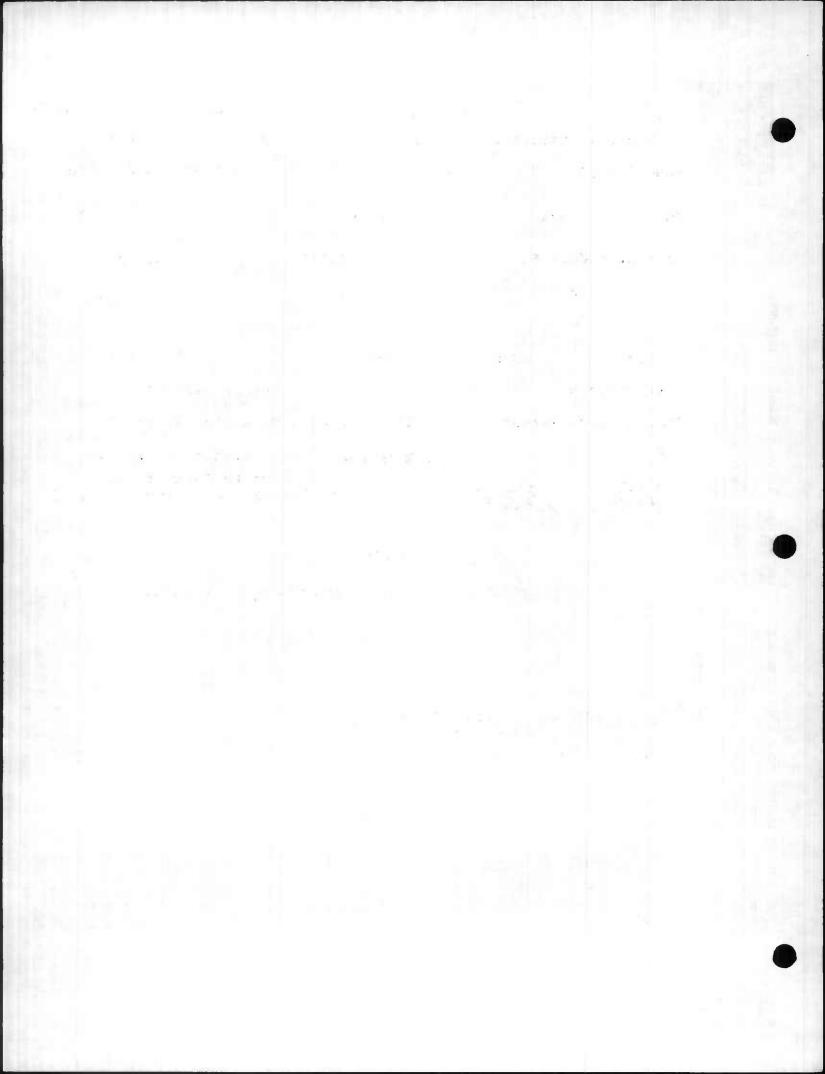
-ditch

32. Registrar's Signature

tricia

0 31. Data filed (Month, Day, Yeer)

State Registrar

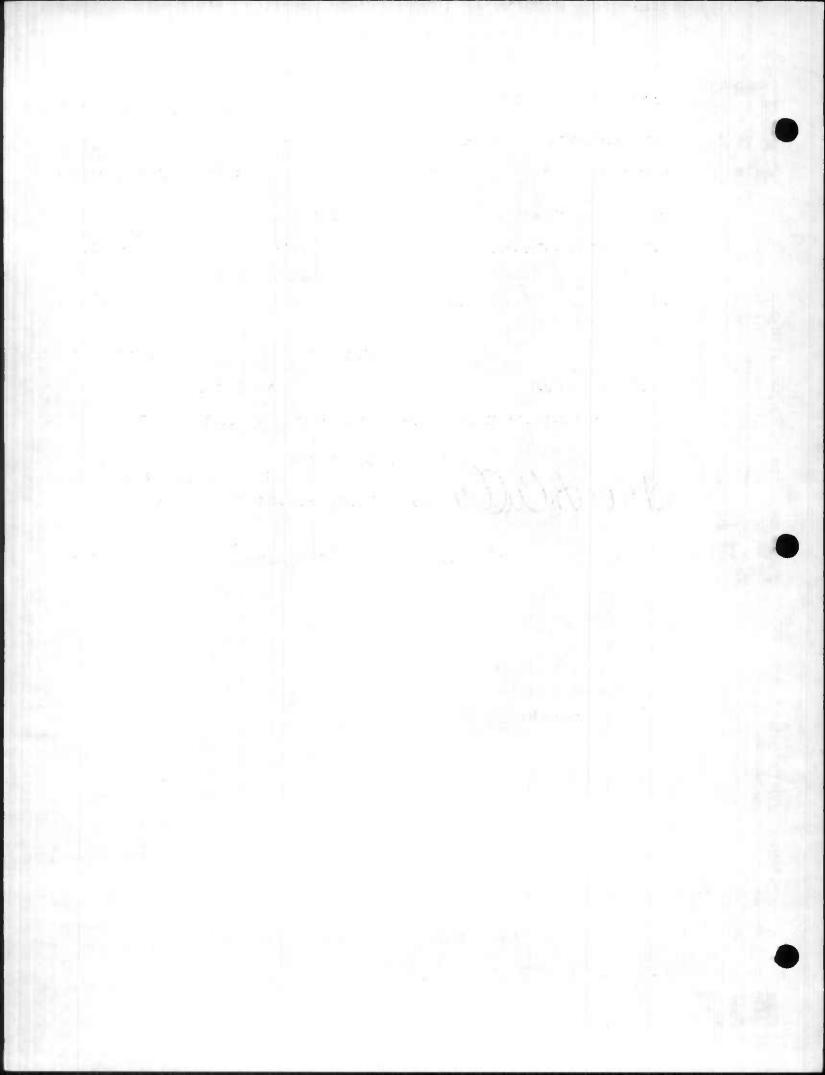


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Dey V. **Physician** JOHN RICKLE MARCH 1999 3:15 PM · /Medical 4b. City, Town, or Location of Deeth 4e Facility Neme (If not institution, give street and number) 4c. County of Deeth Examiner ST. ELIZABETHS NURSING HOME BALTIMORE 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Dey, Year) Birthplece (Stete or Foreign Country) **Funeral** 1**⊠**M 2□F Months Deys Hours Min 79 Yrs. Director 220-01-6258 JULY 22, 1919 MARYLAND Usual Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23s or 28s-f show treumstic event, the Modical Examiner must be notified at MD HOWARD ELLICOTT CITY 1 ☐ Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? with 10228 BRISTOL CHANNEL 21042 U.S.A. deeth Funeral 12. Wes Decedent Ever in U,S.
Armed Forces?

1 ☑ Yes 2 ☐ No
If Yes, Give
Yeer or Detes: WWII Was Decedent of Hispenic Ongin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Rece - American Indian. Bieck, White, etc. permit. Pages 1 end 2 should be filed within 72 hours efter Department of Heelih and Mental Hygiene. Important: If frem 27 is marked other than "naturel; or the any injury or other treumsite event. Its the second of the present of the second of the secon 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: WHITE þ 3 ₩ Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) SUPERVISOR C & P TELEPHONE CO. 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Fether's Neme (First, Middle, Last) Be JOHN W. RICKLE ANNIE LOUISE (VAETH) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Neme/Reletionship (Type, Print) ELLICOTT CITY, MD MARY LYNN PRESSLER (DAUGHTER) 10228 BRISTOL CHANNEL 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 20e. Method of Disposition 1 Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 3/11/99 BALTIMORE, MD NEW CATHEDRAL CEMETERY 22. Name end Address of Fecility WITZKE FUNERAL HOMES, INC. e of Funeral Service I 2 1630 EDMONDSON AVE CATONSVILLE, MD 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or hear failure. List only one ceuse on each line. Approximete Intervel Between Onset end Deeth **Physician** Atheroscleestic Caldis vascular Disease /Medical Immediate Cause (Finel disease or condition resulting in deeth) Examiner Examiner attending physician end for use es the buriel-trensit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequenca of): Box 68760. certificete be Physician/Medicai Due to (or es e consequence of): signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Records, P.O. 1 Yes 2 No 3 Probably W Unknown Serile Dementia þ 24b. Were eutopsy findings eveileble prior to been si 24e. Wes en eutopsy Completed completion of cause of deeth? has 2 No 1 Yes Division of Vital 25. Wes case referred to medical examiner? Be 26. Place of Deeth (Check only one) Other: Nursing Home 5 Residence 6 Other (Specify) 10 1 ☐ Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Dete of Injury (Month, Day Year) 28c. Injury et Work? funeral 28d. Describe how injury occurred 27. Menner of Deet! 28b. Time of Certification: 5 Pending investigation After 1 Neturel 2 Accident death. 1 Tes 2 No al or Attendi s after death. il Director: A ed in by the fi 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 8 Could not be 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide Funerai Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es stated.

2 Medical Examiner: On the bests of exeminetion end/or investigetion, in my opinion, deeth occurred et the time, dete end plece, and due to the ceuse(s) end menner stated. 29a. Certifier To the Hos
Within 24 hc
To the Funa
completely fi Medicai (Check only one) 29c. License number 29d. Dete signed (Month, Day, Year) 29b. Signature and Hijle-of certifier 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) Parikh up 821 N. Entaw Steet, suite 467, Baltimore, MD 2/20/. Tyoten 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State MAR 1 2 1999 Registrar



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death 99 Mawio urmer 4a Facility Name III not institution, give street and number) Genesis Long Green Center Baltimore County Baltimore County Baltimore County Baltimore o Md If Undar 1 Year Months Genesis Long Green If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) Baltimore Ba Ito 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) 5. Social Sacurity Number 1 | M) 2 | F 218-16-540 unknown 9/19/22 Usual Residence of Decedent 10c. City. Town or Location 10a. Stata 10b. County 10d. fnsida City Limits Maryland Baltimore Baltimore County 1 ☐ Yas 2 ☐ No 10e. Street and Numbe 10f. Zip Coda 10g. Citizan of What Country? 21212 U.S.A. 115 East Melrose Avenue 13. Wes Decedant of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 12. Was Dacedent Ever In U,S. Armed Forcas? 1⊠ Yas 2 □ No If Yas, Giva 14. Rece - American Indian, 11. Marital Status Bleck, Whita, atc 1 Navar Marriad 2 Married White 1 ☐ Yas 2 ☐ No Specify: Specify If Yas, Giva Year or Datas: WWII 3 Widowad 4 Divorced 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry 15. Decedant's Education (Specify only highest grade complated) Elamantery/Secondary (0-12) College (1-4or 5+) unknown unknown steel unknown 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumema) unknown unknown 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) unknown Eileen Hughes/sister 20b. Place of Disposition (Nama of cematary, cramatory or other pleca) 20a. Mathod of Disposition Data 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from State 4 □ Donation 5 ☑ Othar (Specify) in state 21 Signature Ruperah Service Licensede, Director 25 tate Anatomy Board, 655 W. Baltimore Street Baltimore, Maryland 21201 nefications thet caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between Onset and Death Enter tha diseese, or com, or heart failura. List only Immediate Causa (Final -2 days veumonia - Viral disease or condition rasulting in death) Due to (or es e consequence of) Sequantially list conditions, if eny, leading to immediata cause. Enter Underlying Cause (Disease or Injury that Initiated avents rasulting In deeth) Last Dua to (or as a consequance of): Due to (or as a consaquanca of) 23b. Did tobacco use contributs to the cause of death? 1 Yas 2 No 3 Probably 4 Unknown Carcinoma of luna up 24b. Wara autopsy findings available prior to 24a. Was en autopsy completion of causa of death? 1 Yas 2 No 1 ☐ Yas 2 ☐ No 26. Plece of Death (Check only ona) Hospital: Other: 4 Nursing Homa 5 ☐ Rasidanca 6 ☐ Othar (Specify) 1 | Inpatiant 2 | ER/Outpatiant 3 | DOA 27. Mannar of Death 28d. Dascribe how Injury occurred

**Physician** /Medical Examiner

Examiner

Physician/Medicai

þ

Completed

Be

To

Certification:

edical

permit. Pages 1 and 2 should be file Department of Health and Mentel Hy Important: If Item 27 is marked other any Injury or other traumatic event, pages.

**Physician** 

/Medical

Directo

Funeral

by

Completed

Examiner

**Funeral** 

Director

7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Experies must be notified at

the Maryland

death

filed within 72 hours after Hygiene.

Baltimore, Maryland 21215-0020

physician and s the bunal-transit ed by the datached been signed by should be datac has certificate

The lew requires that the daath certificate be asscuted

or Attending Physician:

To the

Division of Vital Records, P.O. Box 68760

After this certifical funeral director, j death. after death Director: within 24 hours after dea To the Funeral Director completaly filled in by the

Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part f.

25. Wes casa rafarred to medical axaminar? 1 Yes 2 No

31. Data filed (Month, Day, Year)

5 Panding investigetion

6 Could not be datermined

28a. Data of Injury (Month, Day Year)

28b. Tima of

28a. Piaca of fnjury - At homa, farm, straet, factory, office building, etc. (Specify)

28c. Injury at Work? 1 ☐ Yas 2 ☐ No

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

29a, Cartifian (Check only one)

1 Naturel

2 Accident

3 Suicide

4 Homleide

12 Cartifying Physician: To tha best of my knowledge, daath occurred et tha time, data and pleca, end due to tha causa(s) and mannar as stated. 2 Medical Examinar: On the basis of aximination end/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner steted.

29b. Signature and title of g

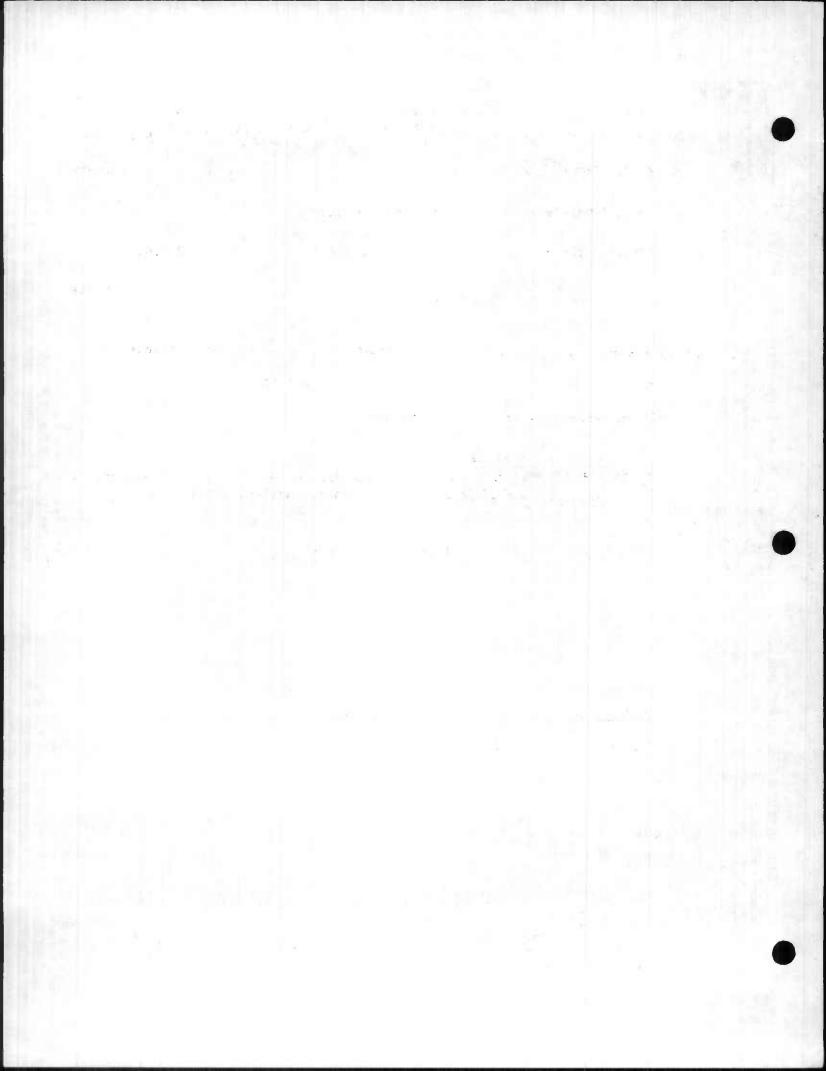
29c. License number

29d. Date signed (Month, Day, Year)

30. Namil'and address of person who completed cause of death (from 23a) (Type, Print)

State Registrar



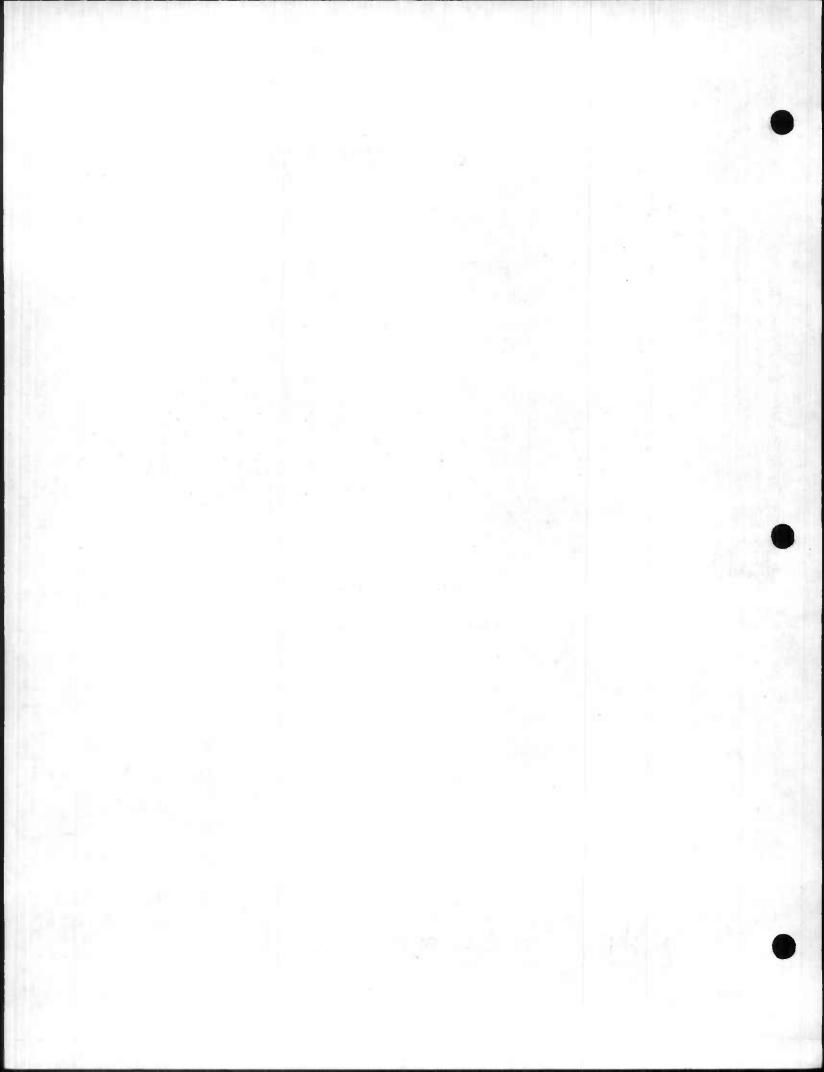


State of Maryland / Department of Health and Mental Hygiene

	1. Decedent's Neme (First, Middle, L	of Death			Reg. No. 3. Time of Dea							
Physician	The second second second						Month		onth Day Yes		7:35 pm	
/Medical	Pernell S  4e Fecility Neme (If not institution, g	pruill	205)			4b Ci	h. Town or	March Location of Deet		7 1999 4c. County of Death		
Examiner	North Arunde								,			
			Age (In yrs.	last hirthday)	If Under 1 Y		JIEN Inder 24 Hrs.	Burnie			undel	
Funeral Director	212-16-3090 Usuel Residence of Decedent	Sex 7.	8		Months De		ours Min.	8. Date of Bir (Month, Da 5-12-1	iy, Year) 2	Coun N.	lace (Stete or Foreign try) C.	
Maryland H ahow	MD. 10b. County	y, Town or Loc TIMORE						1	0d. Inside City Limits			
after death with the Marylar or items 23a or 28a-f show miner must be modified at Funeral Director	10e. Street and Number 2440 SEABURY R	D.			10f. Zip Coo				10g. Citizen of V USA			
5 - S	11. Marifal Status  1 Never Merried  3 Widowed 4 Divorced	12. Was Deceded Armed Force 1  Yes 2 If Yes, Give Year or Date	es? ☑ No		Vas Decedent Yes, specify ( ☐ Yes 2)()			pecify Yes or No o Rican, etc.)		e - Americ ck, White, BLAC	etc.	
within then the months	15. Decedent's (Specify only highest g Elementary/Secondery (0-12) -5-	Education rade completed)  College (1-4	or 5+)		ent's Usuel Ockind of work do NOT use re	ccupation one during most of working etired)  16b. Kind of Business/Industry  LONG SHOREMAN						
	17. Father's Neme (First, Middle, Las						Mother's Ner	me (First, Middle	Maiden Suman		MAN	
12 should be filed h and Mental Hygh I Is marked other traumatic avent, To Be Co	LEVY SPRUILL						ANN	IE OLDES			- 56	
D = 12	19e. Informent's Neme/Reletionship ALMA SPRUILL(W.			The second second				IMORE, M	er, City or Town, D 21207	Stete, Zip	Code)	
	20a. Method of Disposition    WBurial 2   Cremation 3   4   Donetton 5   Other (Special Control of		310		sition (Name of setory or other			Dete	20c. Location -			
parmit. Pages Department of Important: If it any injury or once.	21. Signature of Funeral Service Lice	1	100			idress of	Fecility PI		FUNERAL ALTIMORI	HOME	,	
	23e. Pert1. Enter the disease, or con shock, or heart feilure. List only	mplications that cau	sed the deet	n. Do not ente						,	Approximete Interval Between	
Physician /Medical Examiner	Immediate Cause (Finel disease or condition	Se	eptice	emia						2	Onset and Death	
	resulting in deeth)	d	Due to (o	r as e consequ	uence of):							
line in	P 1 4 5	Co	rona	y Art	ery D	isea	ase			4	years	
executed in and ial-transit Examiner	Sequentially list conditions, if any, leading to immediate										1	
physician and the buriel-transit the buriel-transit	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	c. Di	abete	es Mel	litus	Tyr	e_I			13	30 years	
5 00	thet initieted events resulting in death) Last	Cł	Chronic Renal Failure 3 years									
at the death cert by the attending etached for usa a		d								o jours		
the a the a	Pert ff. Other significant conditions	ns contributing to death but not resulting in the underlying cause given in Pert 1. 23b. I							Did tobacco use contribute to the cause of death?			
as that the de igned by the a be deteched to by Physic	Periphe	eral Vas	cular	Dise	ease			10	Yes XXNo	3 Prot	bably 4 Unknow	
aw requires to been so a should pleted	Essent	ial Hype	ertens	sion					an autopsy ormed?	ava	ere eutopsy findings ailable prior to mpletion of cause death?	
Tha is								10	Yes 2 No	10	Yes 2□ No	
cartificate rector, pag	25. Wes case referred to medical examiner?					26.	Place of De	eth (Check only	one)			
Physician: this cartificant director,	1 Yas 2 No	Hospitel: Inp	atient 2	ER/Outpatient	3□ DOA	Other: 4	☐ Nursing H	lome 5 Resi	dence 6 Oth	er (Specif	y)	
Aftar fune fune	27. Menner of Deeth  12 Neturel 5 □ Panding 2 □ Accident investigeti		njury Dey Year)	28b. Time of Injury		njury et Work? 1 ☐ Yes	2 🗆 No	28d. Describe how injury occurred				
copital or Attanding P I hours after daath. Underal Director: After the My filled in by the funeral ical Certification:	3 Suicide 6 Could not determined		ome, ferm, stre	et, fectory, off	office 28f. Location (Street end Number or Rural Route Num City or Town, Stete)					I Route Number,		
Hospi hou ly fill	29e. Certifier (Check only one) Certifying P	hysician: To the be miner: On the basi end menne	s of examine	wledge, deeth ion and/or inv	occurred et the estigation, in r	e time, de ny opinion	ete end place , deeth occu	, and due to the irred et the time,	cause(s) and ma dete end plece,	inner es st and due to	lated. the cause(s)	
To the Med Med	29b. Signature and title of certifier	1	)		29c. Lic	ense nun			29d. Date signe			
ill	> Hary	mamer		MD.		D14	160		03/	08/9	9	
1 11/2	On Many of the Advanced to the	completed cause	of death (Item	23a) (Type. F	Print)							
YM	30. Nama end address of person who Harjit Sind											

DHMH 16 Rev 6/95

ORIGINAL

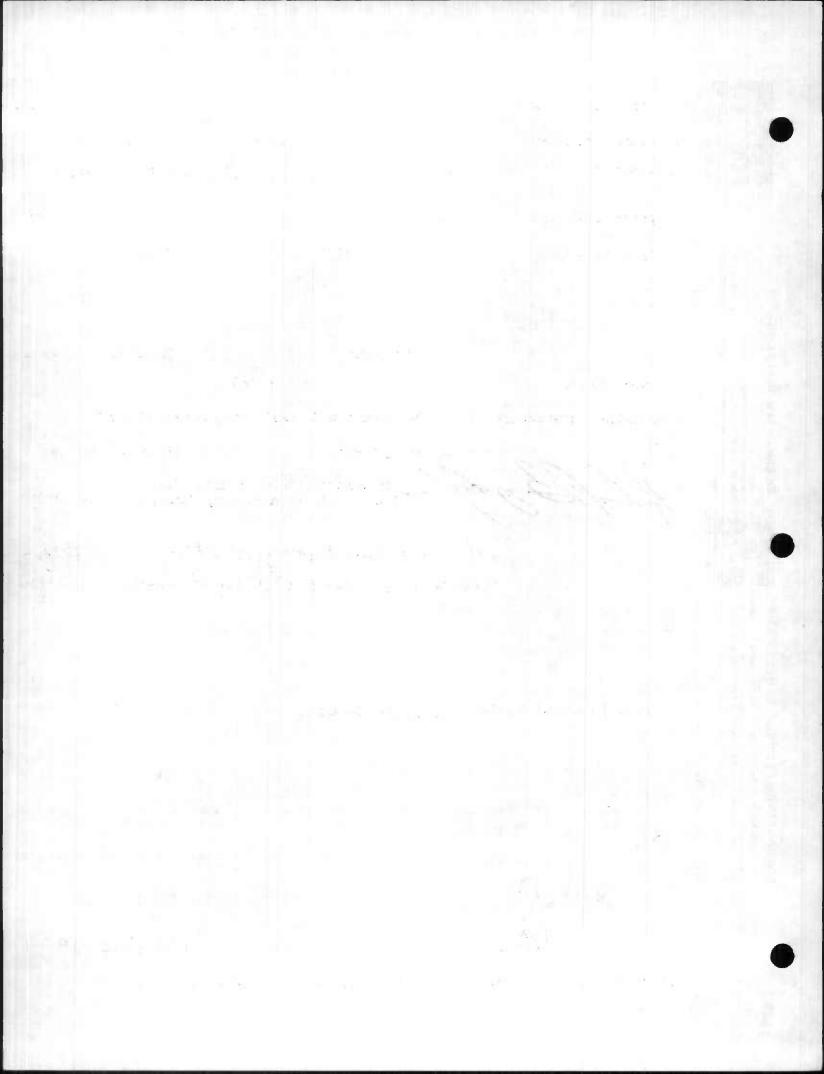


### Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

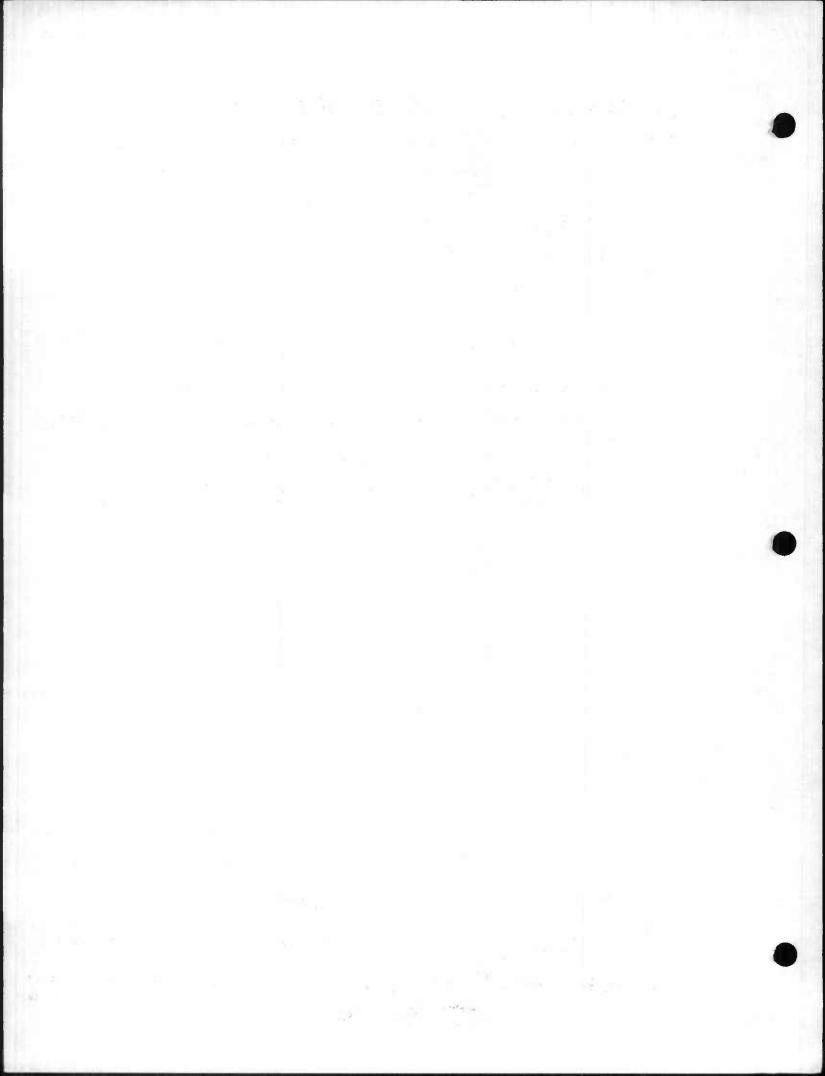
Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month March 9, Day 1999 **Physician** Janice Arlean Sutton 8:02 a.m. /Medical 4e Fectlity Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner 14 Clear Lake Lane Baltimore Baltimore 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In vrs. last birthdev) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 1□M 25 F Months Deys Hours Min 220-24-0330 Yrs. July 21, 1928 West Virginia Director 70 Usual Residence of Decedent the Marylend 10c. City, Town or Location 10a Stafe 10b County 10d. Inside City I Imits ral', or items 23s or 28s-f show Examinet must be notified at 1 Yes 2 No Baltimore Baltimore Maryland Director 10e. Street and Number 10f. Zip Code 10g. Clfizen of What Country? 14 Clear Lake Lane 21220 U.S.A. Funeral Pages 1 end 2 should be filed within 72 hours after deeth tent of Heelth and Mentel Hygiene. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien. 11. Marital Status Black, White, etc. 1 Never Married 2 Married "natural", or Baltimore, Maryland 21215-0020 1 Yes 2 No Specify If Yes, Give Year or Detea: White þ 3K Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) traumatic event, the Medical 16e. Decedent's Usual Occupetion 16b, Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) nd Mentel Hygiene. merked other than College (1-4or 5+) Elementery/Secondary (0-12) Assembler Cosmetic Manufacture 8 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) h and Mentel H Emerson Cooper Estie Dolly 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) nt of Heelth a : If item 27 is or other tra 26 Mango Trail, Baltimore, Maryland 21220 Joan Gilles (Daughter) 20b. Place of Disposition (Name of cemetery, cremetory or other place of Faith 20a. Method of Disposition 20c. Location - City or Town, State place) Buriel 2 Cremetion 3 Removal from State permit. Page Department o Important: If any Injury or 3/12/99 Baltimore, Maryland 4 Donatio 5 Other (Spec 22. Name and Address of Facility
Bruzdzinski Funeral Home, P.A. 1407 Old Eastern Avenue, Essex, Maryland 21221 Enter to disease, or complications that odused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, or hear failure. List only one cause of each line. Approximate fnterval Between Onset end Deeth **Physician** emic Cardiomyoha ue to (or as a consequence ot): cre Covarany artery /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner The law requires that the death certificate be executed ettending physician and for use es the bunel-tran Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting In death) Lesf Due to (or as e consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): ed by the e Pert ff. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco usa contributa to tha cause of death? signed by t 3 ₹ Probably 4 ☐ Unknown 1 ☐ Yes 2 ☐ No by 24b. Were autopsy tindings evailable prior to Completed 24e. Was en eutopsy completion of ceuse of death? page 2 s is certificate h 1 Yes 2 No 1 Tyes 2 No Hospital or Attending Physician: 24 hours after death. Be 25. Was case referred to medical 26. Place of Deeth (Check only one) Other: 4 ☐ Nursing Home 5 K Residence 6 ☐ Other (Specify) 1 ☐ Yes 2 ☑ No P 1 Inpatient 2 ER/Outpatient 3 DOA this funeral 27. Menner of Death 28e. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred Certification: After 5 Pending Investigation 1 Netural 1 ☐ Yes 2 ☐ No 2 Accident Director: / 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide in 24 hours the Funeral Directory 150 Certifying Physician: To the best of my knowledge, death occurred et the time, date end plece, end due to the ceuse(s) and manner as stated.

2 Medical Exampler: On the basis of exemination and/or investigation, in my opinion, death occurred et the time, date and place, and due to the ceuse(s) and menner stated. edical 29a. Certifier To the Hosp within 24 ho To the Fune completely fi 29d. Date signed (Month, Day, Year) 29c. License number 29b. Signefure end fitle of certifier D16444 30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print) 2112 Belair Road Suites Fallston, MD DR. VIJAY S. Nair 31. Dete tiled (Month, Day, Year) Registrer's Signature State MAR 1 2 1999 Registrar



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			State of Mary		Certifica				Reg. No.	07	952	
Physic /Medi	cal	1. Decedent's Name (First, Middle, Las FRENERIC/	F	50	HRY		SNER 4b. City. Town, or L	2. Dete of D Month MARCH	06 19		3. Time of Dec 2:43 A	M
Exami	ner	4a. Facility Neme (If not institution, give Catonsville E.					Catonsv			or Death	e	
Funeral Director		5. Sociel Security Number 6. Sociel Security Number 6. Sociel Security Number 6. Sociel Security Number 1. Sociel Security		yrs. lest birti	hdey) If Und Month	er 1 Yeer Deys		8. Dete of B		9. Birthpie	ece (Stete or Fo	reigi
72 hours after death with the Meryland neturel; or items 23s or 28s-f show dost Examiner must be notified at		Usuei Residenca of Decedent  10a. Stete 10b. County	100	. City, Town	or Location					10	d. Inside City Li	mits
a-f sh	ctor	MD Baltimore Catonsville									1 ☐ Yes 2X	No
or 28	Director	10e. Street and Number			10f. Z	ip Code			10g. Citizen of	What Countr	ry?	
23	Funeral	333 Harlem Lan	12. Wes Decedent Ever	in II C	12 Was Dag	2122		acity Vac or N	USA	a - America	n Indian	
"haturel", or items 23a or 28a-f show edical Examiner must be notified at	by	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☒ Divorced	Armed Forces?  1 2 Yes 2 10 10 11 Yes, Give WW Yeer or Detes:			ecify Cub	lispenic Orlgin? (Spen, Mexican, Puerto Specify:	Rican, etc.)		ck, White, e	tc.	
plane.	Completed	15. Decedent's Ed (Specify only highest gra- Elementery/Secondery (0-12)	ucation de completed) Coilege (1-4or 5+)			vork done use retire	during most of world)	king	16b. Kind of B		ustry	
		17. Father's Name (First, Middle, Last)		ŀ	Bakers	Ass	sistant 18. Mother's Nam	o /First Middle		ery		_
a la b y	To Be	Fred Schi	caunder					Linh		110)		
ges 1 and 2 sho t of Heelth end if frem 27 is mu or other traum	-	19a. Informant'a Name/Relationship (1) Rita M. Harmic/				ing Address (Street and Number or Rui 7 Chesaco Ave.						3
		20a. Method of Disposition  1 ☐ Buriai 2 ☒ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify	20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece)						20c. Location Baltim			
Department Important: eny injury once.		21. Signeture Funeral Service Licen			22. Name Crem	atic	sa of Facility on Socie lerick R	ty of	Maryla	nd,	Inc.	Ī
hysician		23a. Part1. Enter the disease, or comp shock, or heart feilure. List only of	0		ot enter the mo	ode of dyir	ng, such es cardiec	or respiretory	arrest,		Approximate Interval Between Onset end Deet	n
/Medicai Examiner		Immediate Cause (Final disease or condition resulting in deeth)	a		VEOL		CARCII	vom A		i	YK	_
and I-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	b. — Due to (or as a consequence of):									
rificate be executed ng physician and es the buriel-transit	edical	Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of):										
the deeth certify the attending sched for use e	Physician/M		d							i		
		Pert il. Other eignificant conditions co	ACHOLIC	~	the underlying	-			Yee 2□ No		the cause of de ably 4 ☐ Unk	
lew requires thei as been signed I s should be det	Completed by								s en autopsy omed?	com	re autopsy findir lieble prior to apletion of causi eath?	_
0 - 0	Com							1□	Yes 20 No	10	Yes 20 No	
s certificata director, pag	Be	25. Wes case referred to medical exeminer?	Hospital			011	28. Piace of Dea					
S 80 D	tlon: To	1 Yes 25 No  27. Manner of Death 1 Natural 5 Pending 2 Accident investigation	28a. Dete of injury (Month, Day Year) 28b. Time of injury 28c. Injury at Work?  1 Yes 2 No					tome 5 ☐ Residence 8 ☐ Other (Specify)  28d. Describe how injury occurred				
2 4 4 4	Certification:	3 Suicide 6 Could not be determined						28f. Location (Street end Number or Rural Route Number, City or Town, State)				
n 24 hours and Funeral I	edical (	29a. Cartifier (Check only one) Cartifier 2 Medical Exam	vaician: To the best of my liner: On the basis of exam and menner steted.	knowledge, ninetion and	deeth occurre /or investigation	n, in my o	pinion, death occur	red et the time	, dete and place,	and due to	the cause(s)	
within 2 To the	M	29b. Signature end title of certifier  E Cam	~		2	9c, Licens	29d. 1 20641 M			Dete signed (Month, Day, Year)		
Sta Registi		30. Name and eddress of person who can be seen as a second seed of the seen as a second seed of the se	ompleted cause of death ABA ATA 32. Registrer's S	1	Type, Print) SV   TG	30	08 82	-1 N	- EVTN	w ss	BALSON	N



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Speller March **Physician** Albert /Medical 4e Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth Examiner Balmore If Under 1 Yeer 5. Sociel Security Number 7. Age (In yrs. last birthdey) 100 M 2□ F Deys 090-42-735' Usuel Residence of Decedent North Carolina Vrs Director permit. Pagas 1 and 2 should be filed within 72 hours aftar death with the Maryland Department of Haaith and Mental Hygiena. Important: If Itam 27 is marked other than "natural; or items 23s or 28s-f show 10a. Stete 10b. County 10c. City, Town or Location 10d. fnslde City Limits 7 is marked other than "natural", or items 23s or 28s-f shor traumstic avent, the Ned cal Examinat must be notified at Maryland 1 Yes 2 No Itimore Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 22 Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ⚠ Yes 2 ☐ No If Yes Give Was Decedent of Hispenic Origin? (Specify Yes or No. If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American I Bleck, White, etc. American Indian. 11. Marital Status 1 □ Never Married 2 □ Married 1□ Yes 2 No Baltimore, Maryland 21215-0020 Specify: Specify:B þ 3 ☐ Widowed 4 ☑ Divorced 0 Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) bore 18. Mother's Neme (First, Middle, Maiden Sumeme) 17. Fether's Neme (First, Middle, Last) Be Kascoe 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Hattie 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition /Date important: If it, any injury or o once. 1 Buriel 2 □ Cremetion 3 □ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Jar 22. Name end Address of Equility Toseph L., Ru of Funerel Service/Nicenses tunera S WINOrth Ave. the distance, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** Immediate Cause (Finel disease or condition resulting in deeth) /Medical nensclenotic Examiner ardiovascular Drisease Examiner requires that the death cartificate be executed physician and s the bunal-trans Sequentially list conditions, if eny, leeding to Immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting In death) Lest Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): 88 USB 8 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco uss contribute to the causs of death? 1 Yss 2 2 No 3 Probably 4 Unknown Sarvoidosos p 24b. Were autopsy findings eveileble prior to completion of ceuse of deeth? 24e. Wes en eutopsy performed? Chronic curticosteroid use cartificata has b lirector, page 2 s 1 | Yes 2 200 No 1 Yes 25 No or Attanding Physician: 25. Wes cese referred to medical exeminer? Be 26. Plece of Deeth (Check only one) 1 Yes 275 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funarai 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Certification: Neturel 5 Pending investigation after death. Director: Aft 1 Tyes 2 □ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide within 24 hours a To the Funeral ( Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edicai (Check only one) 29d. Date signed (Month, Dey, Year) 29b. Signeture end title of certifier museumo 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) Wendy C. MODYE, MD (08 N. 6 Veene S+

State Registrar

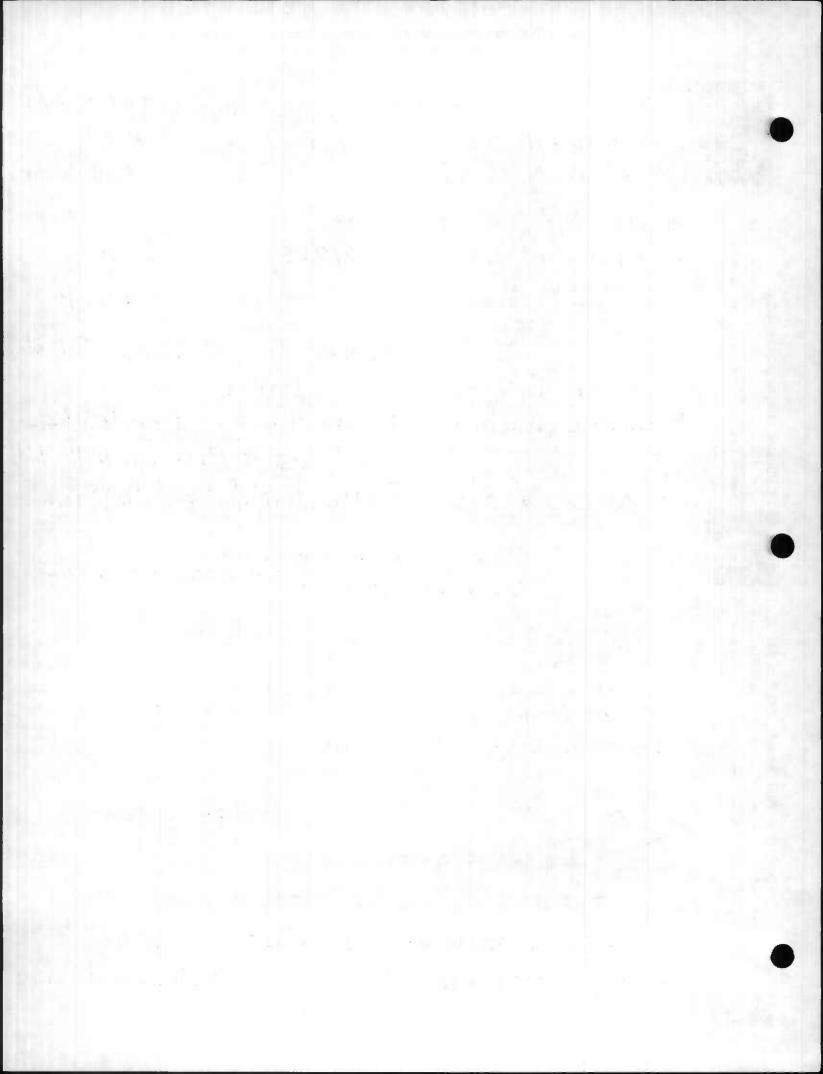
**DHMH 16 Rev 6/95** 

MAR 1 2 1999

32. Registrer's Signeture

31. Dete filed (Month, Day, Year)

MD 21201



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Data of Daath Month

**Physician** /Medical **Examiner** 

**Funeral** Director

the Maryland 28a-f show the Medical Examiner must be notified at items 23a death permit. Peges 1 and 2 should be filed within 72 hours efter a Department of Health end Mentel Hygiene. Important: If frem 27 is marked other than "neturel", or inspirit, or other treumatic events.

**Physician** /Medical Examiner

physicien end s the burial-transit The law requires that the death certificate be executed ate has been signed page 2 should be de this certificate

Box 68760

P.0.

Records,

Division of Vital

Mospital or Attending Physician: 124 hours efter deeth.

Funeral Director: After this certifica Within 2 To the

1. Decedant's Nama (First, Middla, Last) EDNA SENIOR 1999 March 4a. Facility Nama (If not institution, giva street and numbar) 4b. City, Town, or Location of Death 4c. County of Daath 2 Baltimore University Hey brd Baltmore If Undar 24 Hrs. 5. Social Security Number If Undar 1 Yaar 7. Aga (In yrs. last birthday) Birthplaca (State or Foreign Country) Days 1□ M 20XF 72 Yrs. 219-20-6931 MARYLAND MARCH 28, 1926 Usual Rasidance of Decedent 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Director 1 ☐ Yas 2 No MARYLAND ANNE ARUNDEL GLEN BURNIE 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 313 7TH AVENUE, N.E. U.S.A. 21060 Funeral 12. Was Dacedant Evar in U,S. Armed Forcas?

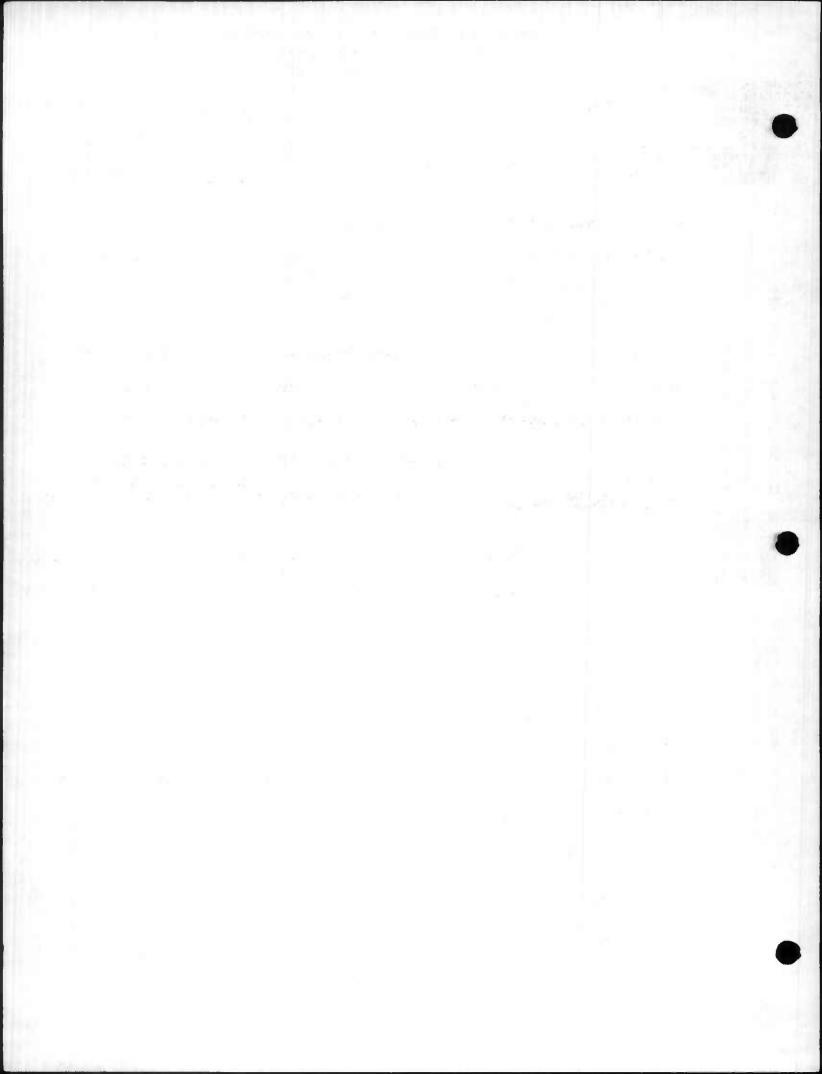
1 ☐ Yas 2 ∑ No If Yes, Giva Yaar or Datas: Was Decadant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 □ Navar Married 2 □ Marriad 1 ☐ Yes 2 No Specify: WHITE by 3 ☐ Widowad 4 ☑ Divorced Specify: Completed 15. Dacedant's Education (Specify only highest grada completed) 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elamantary/Sacondary (0-12) College (1-4or 5+) SECURITY SPECIALIST 12 CIVIL SERVICE 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Surname) GEORGE COOPER **ELVIRA** 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zlp Code) 19a. Informant's Name/Reletionship (Type, Print) THERESA ANN WILLIAMS (DAUGHTER) 1051 GENINE DRIVE, GLEN BURNIE, MD. 21060 20b. Placa of Disposition (Name of cemetery, crematory or other placa) 20c. Location - City or Town, Stata 1 X Burial 2 ☐ Cramation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Othar (Specify) GLEN HAVEN MEMORIAL PARK 3/13/99 GLEN BURNIE, MD. 22. Nama and Addrass of Facility SINGLETON FUNERAL HOME, PA, ure of Funeral Service Licensee 1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061 23e. Part1. Enter the iliseesa, or complications that caused the deeth. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Onset and Death Immediate Ceuse (Finel Myelogenous disaasa or condition rasulting in daath) 6 months Physician/Medical Examiner troperic 2 weeks Sequantially list conditions, if any, laading to Immadiata causa. Enter Underlying Cause (Disaasa or Injury that Initioted avants resulting in death) Last Dua to (or es a consequança of) Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? Atrial Abrillation 1 Yes 2 No 3 Probably 4 Unknown Be Completed by 24b. Ware autopsy findings available prior to complation of causa of death? 24a. Was en eutopsy performed? Breast Concer Thyrold Concer 1 ☐ Yas 2 M No 25. Was casa refarred to medical axaminar? 26. Place of Daath (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yas 2 No Certification: To 1 Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28b. Tima of 28d. Dascribe how injury occurred 1 Natural 5 Panding Invastigation 1 Yas 2 No 2 Accidant 6 Could not be datarminad 3 Sulcida 28e. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Certifying Phyalcian: To the best of my knowledge, deeth occurred at tha tima, data end place, and dua to the ceusa(s) and mannar as stated.

2 Madical Examinar: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date end place, and dua to the cause(s) and mannar stated. 29a, Certifian edicai 29b. Signatura and titla of certifian 29c. Licansa number 29d. Data signed (Month, Day, Year) UMP 11734 March 9 1999 MA 30. Nama and address of person who completed causa of daath (Item 23e) (Type, Print) Street Greene Balthmore, Maryland

**DHMH 16 Bev 6/95** 

State Registrar 31. Data filed (Month, Day, Year)

32, Registrar's Signatura



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Fletcher Jerome Smith, Jr. MARCH 11:35 AM /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Doctors' Community Hospital Lanham Prince George's 5. Social Security Number 7. Aga (In yrs. last birthdey) 73 yrs. If Undar 1 Yaar | if Under 24 Hrs. Birthplace (Steta or Foraign
Country) Funeral Days Hours t⊠M 2□F Aug. 3, 1925 Lake Worth Florida 265 30 4431 Yrs. Director Usual Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. insida City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Modical Examiner must be notified at 12 Yas 2 □ No Director Prince George's Maryland Bowie 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? 12309 Winding Lane 20715 United States Funeral 12. Was Dacedant Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Rece - Amarican Indien, Black. Whita, atc 1 Navar Married 2 Married 1 Yas 200No Specify. White þ Specify: 3 ☐ Widowed 4 🖾 Divorced Completed 15. Decedant's Education (Specify only highast grada completed) 18a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry l Hygiene. Elemantary/Secondary (0-12) College (1-4or 5+) 12 Printer G.P.O. 17. Fathar's Name (First, Middla, Last) 18. Mothar's Name (First, Middle, Melden Sumema) Pages 1 and 2 should be facilities of Health end Mental 8 int: if Nem 27 is marked of Fletcher Jerome Smith, Sr. Nellie M. Daniels 19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Conrad E. Smith Son 12309 Winding Lane Bowie Maryland 20715 other i 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) March 8, Date 99 20c. Location - City or Town, Stata 5 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Ramoval from State Department of important: if any injury or 4 □ Donetion 5 □ Other (Spacify) Lakemont Memorial Gardens Davidsonville MD 21. Signatura of Funaral Sarvica License 22. Nama and Address of Facility Robert E. Evans Funeral Home, Inc. **Physician** /Medical Immediete Causa (Final Acute Careliofulmony arrest mucles disaasa or condition resulting in deeth) Examiner Dua to (or as e consequenca of):
MOST likely chie to Acute myocarcual The law requires that the death certificate be executed Sequantially list conditions, if eny, laading to immediata cause. Entar Undarlying Cause (Disaasa or Injury that initieted avants resulting in death) Last Bilateral Records, P.O. Box 68760, Physician/Medical It Sits tem Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contributa to the cause of death? Old Cerchoro vasculer all della Congestino 1 Yas 2 No 3 Probably 4 Dunknown þ 24b. Wara autopsy findings availabla prior to complation of cause of daath? Completed heart failers, partial left leng 24a. Was en autopsy performad? Infected wands certificate 1 ☐ Yas 2 No 1 ☐ Yas 2 No of Vital 25. Was case refarred to medical axaminar? Attending Physician: Be 26. Plece of Deeth (Check only one) Hospitel: 1 Inpatiant 2 ER/Outpatient 3 DOA Othar: 4 Nursing Homa 5 Rasidanca 6 Other (Specify) 2 1 Yas 2 No s after death.

I Director: After this od in by the funeral di this 27. Mannar of Deeth Natural 28b. Tima of Certification: 28c. Injury et Work? 28d. Dascribe how injury occurred 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be 3 Sulcide 28e. Place of Injury - At home, farm, streat, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 ☐ Homicide 5 To the Hospital o within 24 hours aff To the Funeral Di completely filled in Medical 29e. Certifier Cartifying Physictan: To the best of my knowledge, daath occurred et tha tima, data and place, end dua to tha causa(s) and menner as stated.

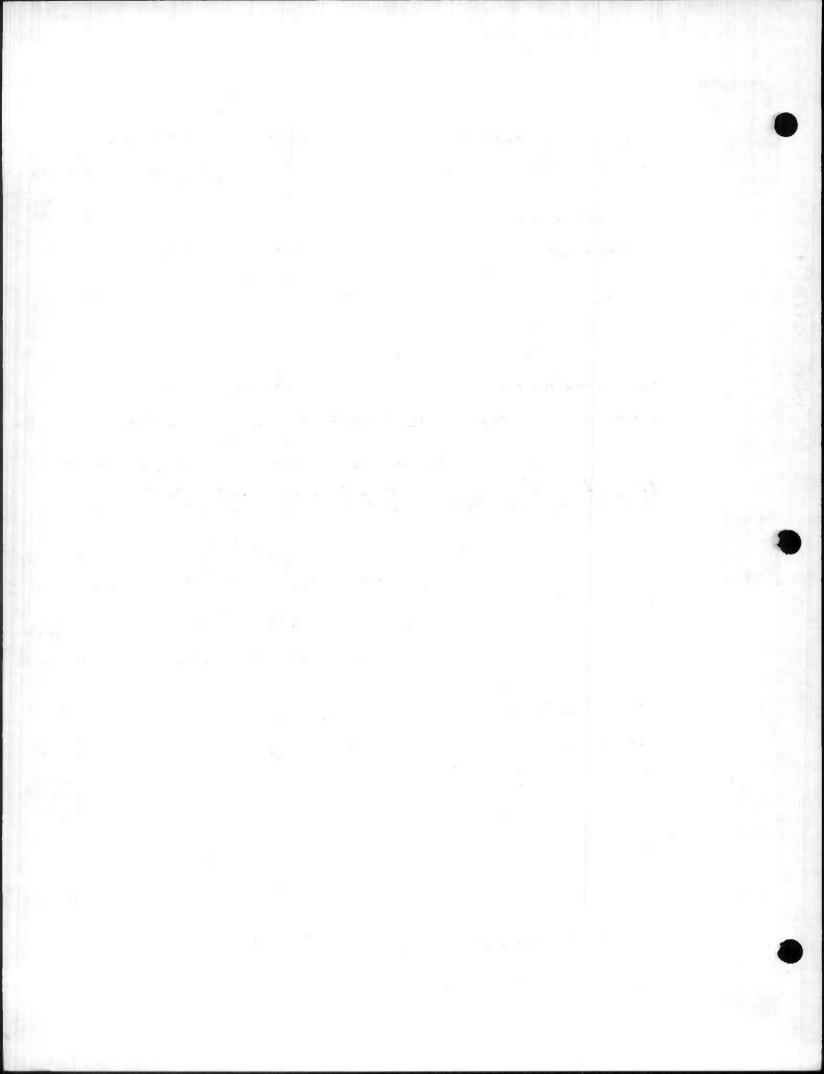
2 Madical Examtnar: On the basis of axamination end/or invastigation, in my opinion, daath occurred at tha tima, data and pleca, and dua to the ceusa(s) and mennar statad. 29b. Signature end titla of certifian 29c. Licansa number 29d. Data signed (Month, Dey, Year) D 24720 3-04-99 30. Nema and address of parson who completed causa oldeth (Item 23a) (Type, Print) RAVINDER K. Rue
6/32 Landover Road, Cheverly RUSTAGI Road 31. Data filed (Month, Dey, Yaer) 32. Ragistrar's Signatura

**DHMH 16 Rev 6/95** 

State

Registrar

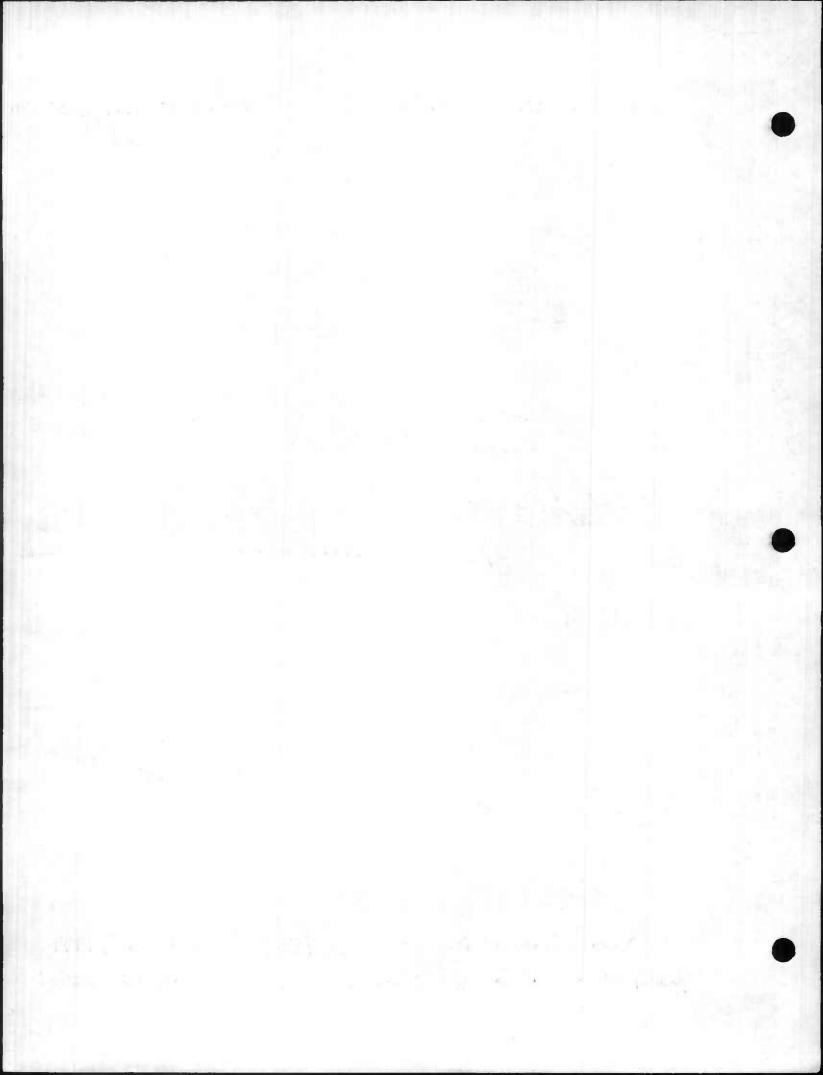
MAR 1 2 1999



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Data of Death 3. Time of Death Month **Physician** Ruth March 50 AM /Medical 4a Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Glen Burnie Anne Arundel North Arundel Hospital If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) **Funeral** Days 1□M <del>2</del>F Months Hours 217 44 6989 82 Yrs. Aug. 30,1916 Director Pennsylvania Usuei Residence of Decedent 10b. County 10c. City, Town or Location 10a State 10d. Inside City Limits must be notified at 1 ☐ Yes 文☑ No Director Maryland Anne Arundel Crofton 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 2306 Fairhaven Lane 21114 Herna 23a United States Funeral 13. Was Decedent of Hispanic Origin? (Specify Yes or Notif Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11 Marital Status 12. Was Decedent Ever in U,S. Armed Forcas? permit. Pages 1 and 2 should be filed within 72 hours after of Department of Health and Mental Hygiene. Important: if item 27 le marked other than "natural", or item any injury or other treumetic event, the Health Engine 1 ☐ Yas 2 ☐ No If Yes, Give 1 Nevar Merried 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 Tho Specify: Specify: White p 3€Widowed 4 Divorced Yaar or Datas: Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamentary/Secondery (0-12) College (1-4or 5+) 4 Teacher P.G. County 18 Mother's Name (First, Middle, Maiden Sumeme) 17. Father's Neme (First, Middle, Last) Laurence Austin Eberhart Edna A. Hovis 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informent's Neme/Reletionship (Type, Print) Martha M. Kluh Daughter 2306 Fairhaven Lane Crofton Maryland 21114 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) March 10, Date 1999 20c. Location - City or Town, Stata X⊠ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete Maryland Veterans Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) Cheltenham Maryland 21. Signetyre of Funeral Service Licansee 22. Neme and Address of Fecility Robert E. Evans Funeral Home, Inc. 16000 Annapolis Rd. Bowie Maryland 20715 23a. Part 1. Enter the disease of complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, mock, or heart feilura. dist only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final ) WKS disaese or condition resulting in deeth) Examine Due to (or as a consequence of) Examiner physician and the burial-transit be axecuted Sequentially list conditions, if any, teading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to for es a consequence of): Box 68760. Physician/Medical Due to (or es e consequence of): P.O. Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yea 2 No 3 Probably 4 Unknown signed b Records, à 24b. Were eutopsy findings available prior to Completed 24a. Wes an eutopsy performed? completion of cause of death? 1 Yes 2 100 1 ☐ Yas 2 ☐ No Division of Vital 25. Wes case referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 papatient 2 ER/Outpatient 3 DOA this 28a. Date of Injury (Month, Dey Year) 27. Menner of Deeth 28d. Describe how injury occurred he Hospital or Attending Plin 24 hours after death.

The Funeral Director: After the pletchy filled in by the funeral 28b. Time of 28c. tnjury at Work? 5 Panding Investigation 1 DNatural 1 ☐ Yes 2 ☐ No 2 Accident 6 ☐ Could not be 3 ☐ Suicide 28e. Plece of tnjury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, end due to the cause(s) and manner as stated.
2 Medicat Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier Medical (Check only one) Within 2 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signatura end titla of certifiar D39505 arrans M.D. 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)
Yudhishtra Markan, 1600 Crain twy, Glen Gunie, MD. 21061 31. Date filed (Month, Dey, Year) 32. Registrer's Signeture State 1 2 1999 Registrar



Examiner or Attanding Physician: The lew requires that the deeth certificate be executed Box 68760. P.O. Division of Vital Records.

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

notified at

ital Hygiene. Id other than "natural", or flems 23e or event, the Medical Examiner must be a

. Pages 1 and 2 should be fit mant of Health and Mental H tant: If Hem 27 is marked oth lury or other traumatic even

Department of Important: If any injury or

**Physician** 

/Medical

physician and the burial-transit

USB BS

signed by the a d be detached f

Examiner

Physician/Medical

Completed by

Be

Director

Funeral

Completed

Be 2

with the Maryland

72 hours after

Baltimore, Maryland 21215-0020

page 2 certificate funeral director, After this after death. filled in by 24 hours a Funeral C Hospital completely within 2 \$

Medical Certification: To

**DHMH 16 Rev 6/95** 

State Registrar

29b. Signatura and titla of certifian

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Data signed (Month, Day, Year) 29c. License number AS 244 1614 AZS

BILTMANE MD

MARCH 10, 1999

30. Name end addrass of person who completed cause of death (Item 23a) (Type, Print)

ASPAN OMSON

5. 3001 HANOVLL

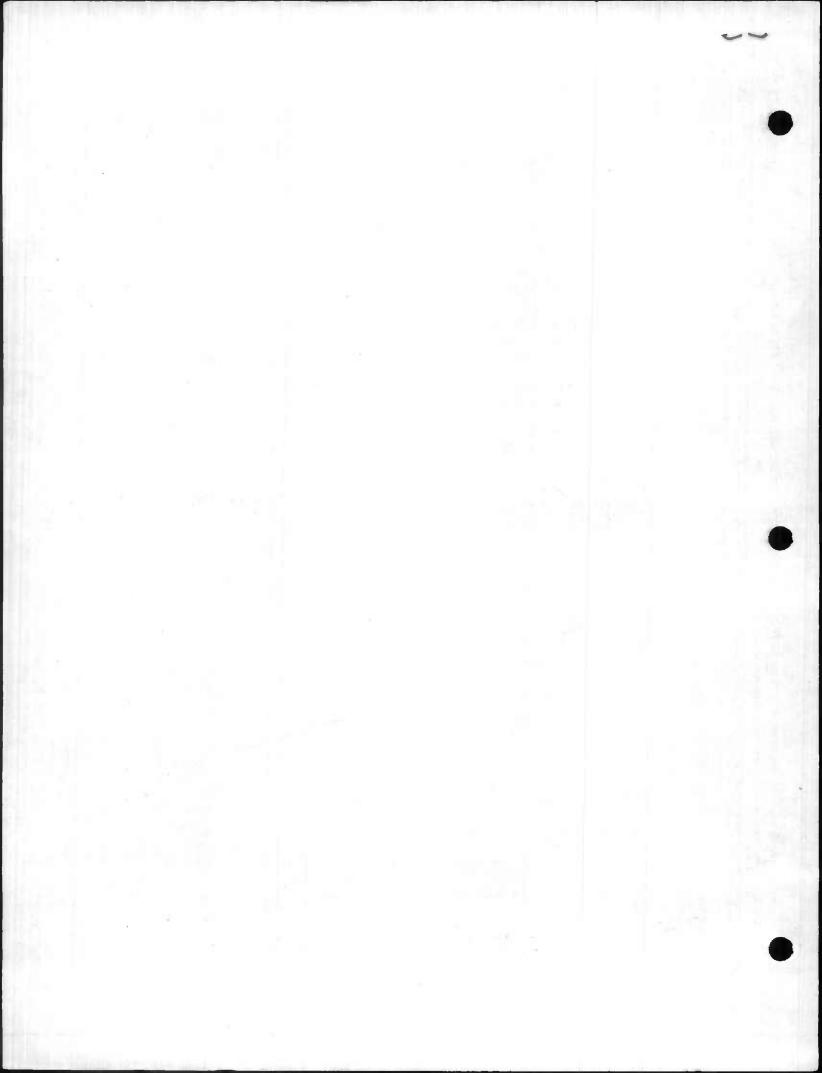
31. Date filed (Month, Day, Year)

(Check only one)

MAR 1



**ORIGINAL** 



Please Type or Print in Black indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedenl'a Nama (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** SASSER ANNIE 6 :11 KM /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner NOSPNAI OlumbiH NOWARI HOWARD COUNT General 7. Age (In yrs. last birthday) If Under 1 Year Months Days Hours Min. Oct Month 22, 1904 5. Social Security Number 6. Sex Birthplace (State or Foreign Country) **Funeral** 1 ☐ M 2 ☑ F 94 Director 415-64-3275 North Carolina Usual Residence of Deceden the Marylend 10e State 10b Counts 10c. City, Town or Location 10d. Inside City Limits ma 23a or 28a-f show MD 1 Yes 2 No Director Howard Columbia 10e Street and Number 10f. Zin Code 10g. Citizen of What Country? "natural", or itama 23a or 10144 Pasture Gate Lane 21044 Funeral USA death \ 12. Wes Decedant Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Rece - American Indian. permit. Pages 1 and 2 should be filed within 72 hours after c Department of Heelth and Mental Hygiene. Important: If Itam 27 is marked other than "natural" any injury or other traumatic event Bleck, White, etc. 1 Never Merried 2 Married Black 1 ☐ Yes 2 ☐ No Specify: Specify: þ 3 ☐ Widowed 4 ☐ Divorced Year or Dates Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry College (1-4or 5+) 5+ Tennessee State University Elementery/Secondery (0-12) College Professor 17. Father's Nema (First, Middla, Last) 18 Mother's Neme (First Middle Maiden Surname) Be Fred Harris (unk) Sanford Margaret 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Earl L. Sasser, Jr. 10144 Pasture Gate Lane, Columbia, MD 21044 (Son) 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition Date 20c. Location - City or Town, Stete XXBuriel 2 Cremetion 3 Removel from Stele 3/15/99 Clarksville. MD Columbia Memorial Park 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Facility Witzke Funeral Homes, Inc. 21. Signeture of Funerel Sarvice Licensee 5555 Twin Knolls Road, Columbia, MD 21045 Lemmer 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feitura. List only one cause on each lina. Approximete Intervel Between Onset and Death Physician b. PNEU MONIA - Community Acquired 2

Due to (or as a consequence of): /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Examiner Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last and that the death certificate be execu P.O. Box 68760. attending physician for use as the burie Physician/Medicai Due to (or es e consequence of Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed be det Records, by 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Wes en autopsy performed? 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No Division of Vital 25. Was cese referred to medical examiner? Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient Certification: To 2 ER/Outpatient 3 DOA this 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of P Hospital or Attending P 24 hours after death. Figureral Director: After I 28c. Injury at Work? Ather 1 Neture 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 6 Could not be determined 3 Suicide 28e. Pleca of tnjury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homlcide To the Hospital
within 24 hours a

To the Egneral
Completing Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, end due to the cause(s) end menner as stated.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. 29a. Certifier edical (Check only one) 29c. License number 29b. Signature end title of certifier 29d. Dete signed (Month, Dav. Year)

State Registrar

DHMH 16 Rev 6/95

10724

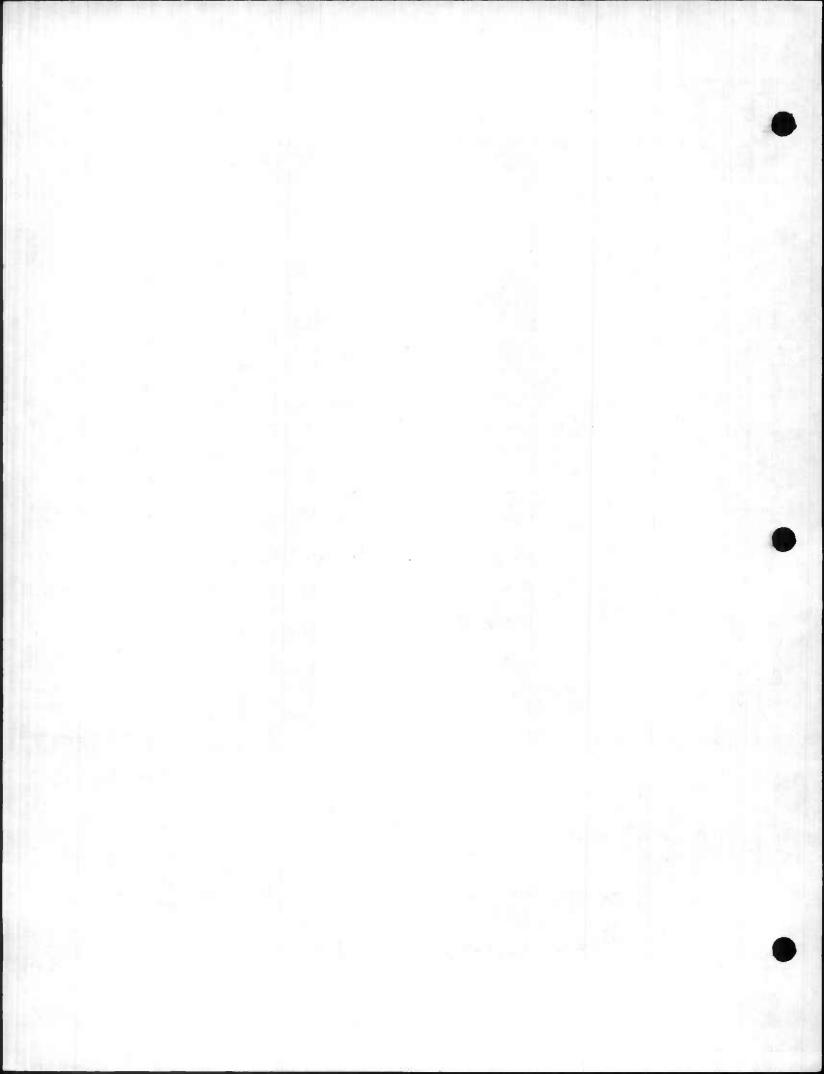
Little Patuxent

parloy columbin MD

who completed cause of death (Item 23a) (Type, Print)

32. Registrer's Signeture

NACUM MA



**Physician** /Medical

Examiner

**Funeral** Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Manyland Department of Health and Mental Hygiene.
Important: if item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Evanting must be notified at once.

Baltimore, Maryland 21215-0020

Be Completed by Funeral Director

10

	Pleas	se Type or P	rint in E	Black In	ndelibl	e Ink	. Assu	re A	II Cople	s Are Leg	alble.	Pilistrenos n
				d / Depa	artmen	nt of H			Mental Hy		9	07959
1. Decedent's Nam			1_						2. Dete of De	Death		3. Time of Death
EV	ElyN	Schw	1A5/2						Month	CH 10,	Year 199	19 300 Am.
4e Fecility Neme	(If not institution, (	give street end numb	ber)				4b. City, Tov	wn, or L	ocation of Dee		nty of Deal	
		6733 Pine Di						Colur	mbia		Ho	oward
5. Social Security N	Number 6		. Age (In yrs. le		) If Under	er 1 Yeer Days	If Under 2	24 Hrs. Min.	8. Date of Bi	Birth Dey, Year)	9. Bir	rthplace (Stete or Foreign
098-38-		1□ M 2 <b>X</b> F	91	Yrs.	JAIOLILI	Duj	Hours	IVI II.		7, 1907		New York
Usual Residence o 10a. State	of Decedent		10c City	Town or I	tion							and toolide City Limite
			106. Gny,	y, Town or Lo	ocation	0						10d. Inside City Limits 1 □ Yes 2 No
Maryland		loward		1,4177	1 : 54 991		olumbia			7		
10e. Street and Nu					10f. ZIF	ip Code	2104	6		10g. Citizen of		
6733 Pine	Drive			140						14.5	U.S	
11. Maritel Status		12. Was Decede Armed Force	es?	3. 13.	Was Dece	dent of H	Hispanic Orig an, Mexican,	in? (Sp	pecify Yes or No Rican, etc.)		Race - Ame Bleck, Whit	erican Indian, Ite, etc.
1 Never Marr 3 Widowed	rried 2 Married 4 Divorced	d 1 Tes 2 If Yes, Give Year or Date	, ,		1□ Yes	2 No	Specify:			Spec	city:	White
(Spe	15. Decedent's acity only highest g			(Give	edent's Usua e kind of wo	ork done	during most	t of work	king	16b. Kind of	Business	/Industry
Elementary/Seco	, , ,	Cottege (1-4	or 5+)	life.	DO NOT u	use retired	nemaker				Ho	ome
17. Father's Name	(First, Middle, La	ist)							e (First, Middle	le, Maiden Sume	eme)	
	Samu	uel Melner							Debo	orah "Unkn	iown"	
	Name/Relati <i>on</i> ship ith M. Staine		ıhter						rei Route Numb Maryland 2	nber, City or Town 21046	m, Stete,	Zip Code)
		3 □Removal from Sta	CO	lece of Dispo emetery, crer	etro Cre	other plac			Date 03/11/99			r Town, State  Dre, MD
21. Signature of Fi	whelle	-Sle		22	22. Name ar SI: 38	and Addre lack Fu 871 Old	ess of Facility uneral He ld Colum	lome, nbia P	ike Ellicoti	tt City, MD 2	21043	
231 Part1. Enter thock, or head hock, or head hock, or head limediate Cause disease or condition resulting in death)	(Final	a. A	used the death.	ER	CAI	NCE		pardiac (	or respiratory	arrest,		Approximate Interval Between Onset and Deeth
		- h	Due to (or	r as a consec	quence of):	:						
Sequentially list co if any, leading to in cause. Enter Under Cause (Disease or	immediate lerlying or injury	С	Due to (or	r as a consec	quence of):							
that initieted event resulting in death)		d	Due to (or	es e conseq	juence of):							1
Part II. Other eignit	•	e contributing to deat	4	,			4		1	d tobacco uae o		te to the cause of death?  Probably 4 Unknown
						/			24a. Wa	as an autopsy rformed?		. Were autopsy findings eveileble prior to completion of cause of death?
									1□	Yes 2 No	,	1 □ Yes 2 No

Be Completed by Physician/Medical Examiner To the Hospital or Attending Physician: The law requires that the death certificate be assicutive within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and despine for the funeral director; page 2 should be detached for use as the bunsi-tran Division of Vital Records, P.O. Box 68760, Medical Certification: To

**Physician** /Medical

Examiner

DRIVE.

28d. Describe how injury occurred 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

25. Wes case referred to medical exeminer?

1 Yes 2 No 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Assidence 6 Other (Specify) Hospitai: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dey Yeer) 28c. Injury at Work? 27. Menner of Death 28b. Time of 1 Natural 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner es stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated.

29b. Signature and the of certifier Balon mo 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

29d. Date signed (Month, Day, Year) 29c. License number

21045

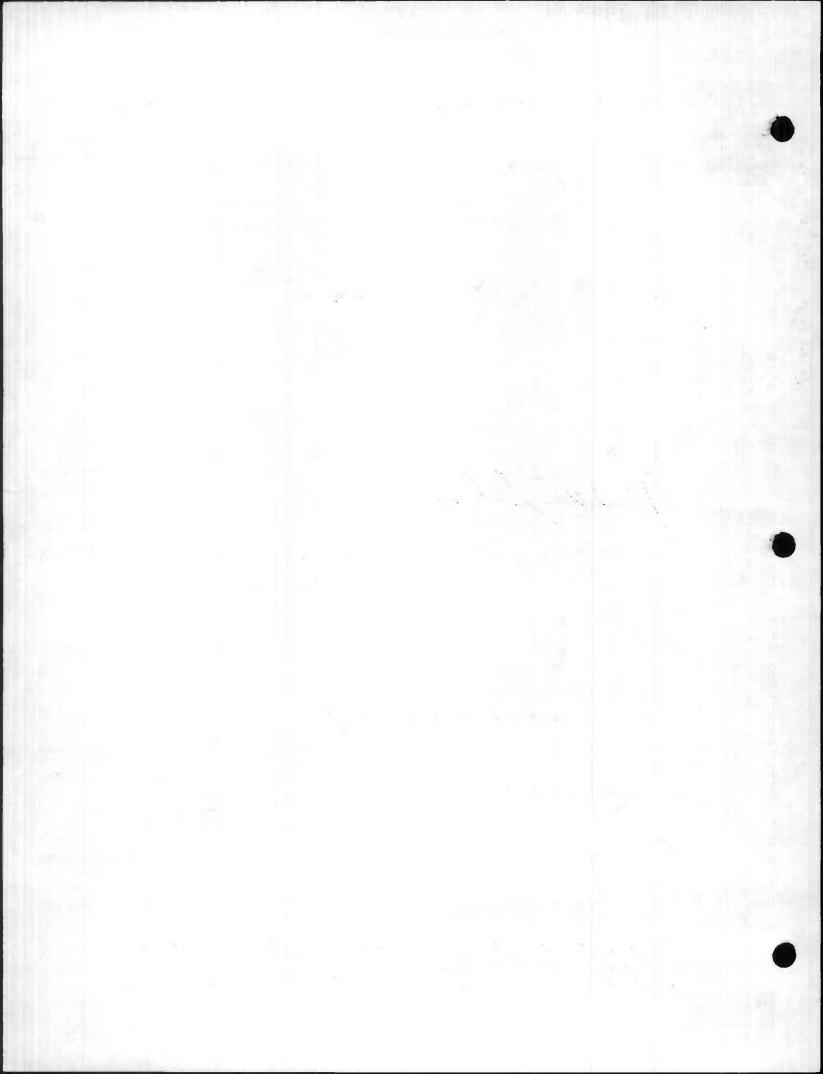
MD

State Registrar

2 Knoll NORTH 31. Date filed (Month, Day, Year) MAR 1 2 1999

29a. Certifier (Check only

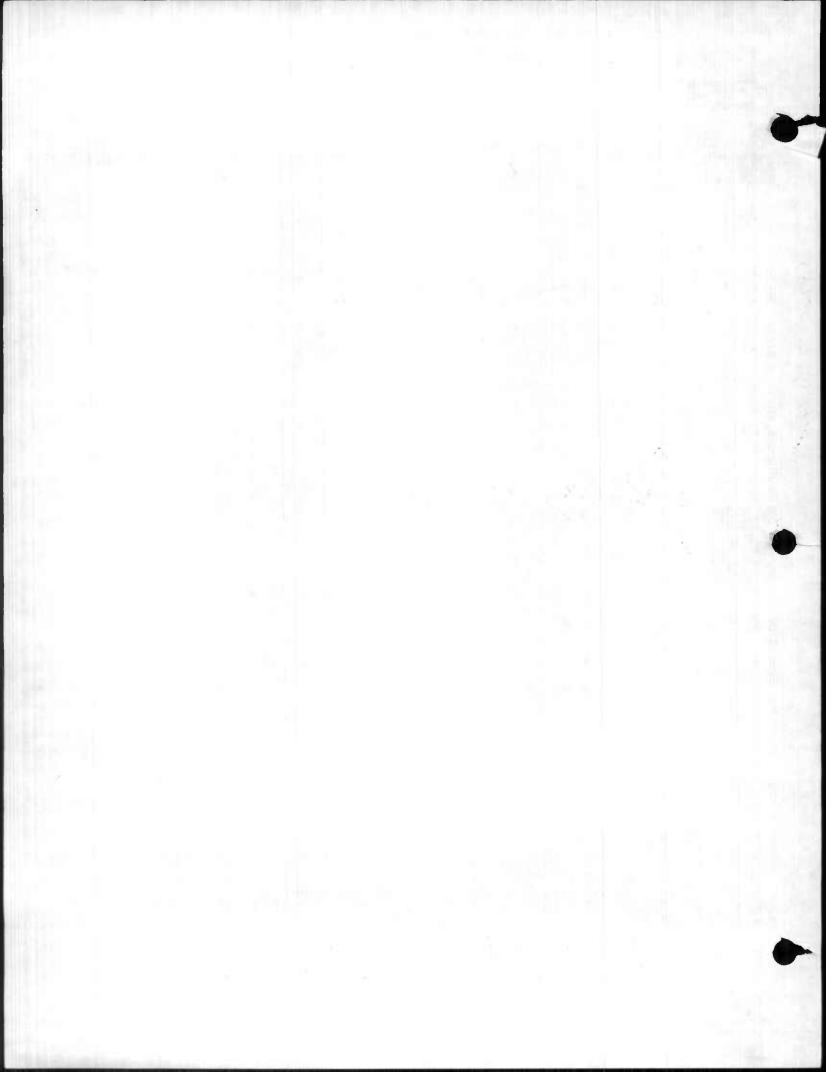
Columbia 324 Registrar's Signeture



1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day **Physician Dorothy Leona Selby** 8:05 PM March 7, 1999 /Medical 4b. City, Town, or Location of Death 4a Facility Name (If not Institution, give street and number) 4c. County of Death Examiner 3335 F North Chatham Road Ellicott City Howard If Under 24 Hrs. 8. Date of Birth (Month, Dey, Yeer) If Under 1 Year 5. Sociel Security Number Birthplace (Stete or Foreign Country) 7. Age (In yrs. lest birthdey) 1□ M 2 F **Funeral** Months Days Director 69 215-26-5429 August 5, 1929 Maryland Usual Residence of Decedent the Maryland 10a. State 10d. Inside City Limits 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show trainmatic event, the Medical Examiner must be notified at 1 Yes 2 No Director Marvland Howard Ellicott City 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 21042 U.S.A. 3335 F North Chatham Road Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 Yes 2 No If Yes, Give 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11 Maritel Stetus 14. Race - American Indian. Black, White, etc. 1 Never Married 2 Married altimore, Maryland 21215-0020 "natural", or 1 Yes 2 No Specify: þ 3 Widowed 4 □ Divorced White Year or Dates: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 about be filed within Department of Health and Mental Hygiena. Important: If Item 27 is marked other than any injury or other trainmatic average. Elementary/Secondary (0-12) College (1-4or 5+) Home Homemaker 17. Father's Name (First, Middle, Last). 18. Mother's Name (First, Middle, Melden Sumeme) Be Clarence Walter Stonesifer Sarah Rebecca Ridgley 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 1615 Irving Avenue Colional Beach, Virginia 22443 Mr. Herbert Stonesifer Brother 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition Burial 2 Cremation 3 Removal from State 20c. Location - City or Town, Stata ation 5 Other (Specify) 03/10/99 Marriottsville, MD Mt. View Cemetery Smuture of Funeral Service Licensee 22. Neme and Address of Facility Slack Funeral Home, P.A. 3871 Old Columbia Pike Ellicott City, MD 21043 mo0535 Part1. Enter the disease, or omplications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. Lit. only one cause on each line. Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical a. Ruspiratory Failure. 14 gare Examiner Small Cell Long Concer of (2) long-recorrent Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Physician/Medical Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. 1 Yee 2 No 3 Probably 4 Unknown Ancrexia - Cachexia p 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed Chronic Animia 1 Yes 2 No 1 ☐ Yes 2 No certificate 25. Was cese referred to medical examiner?
1 ☐ Yes 2 No 86 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA 報 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? After Attending Natural 5 Pending 1 Yes 2 No 2 Accident Investigation I or Attend after death Director: 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital within 24 hours a To the Funeral D To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one) 29c. License number 29d. Date signed (Month, Dey, Year) 29b. Signature end title of certifier 030573 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 11065 hittle Paturent Parkway Columbia MD Minting 31. Date filed (Month, Day, Yeer) MAR 12 1999 32. Registrar's Signature State Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death



#### Please Type or Print in Biack Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Deta of Death Manth Fonces Sieme meemeyer 4a Facility Name (If not institution, giva street and number) 6. City, Town, or Location of Death Armacost Nursing Home Baltimore Idlewylde If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) March 23, 1 If Under 1 Year Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) Days Min. Months Hours 1 M 2 TF 82 Yrs. 219-10-4460 1916 Maryland Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yas 2 ☑ No Maryland Baltimore **Idlewylde** 10e. Street and Number 10f. Zio Code 10g. Citizen of What Country? 1015 St. Albans Road 21239 U.S.A. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indian, Black, Whita, atc. 1 Never Married 2 Married 1 Yes 2 No If Yes, Give X Year or Dates: 1 ☐ Yes 2 ☑ No Specify: Specify: 3 Widowed 4 Divorced White 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) 12 years College (1-4or 5+) Homemaker Own Home 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Siemek Veronica Joseph Yurek 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Walter Schneemeyer (husband) 1015 St. Albans Road Baltimore, Maryland 21239 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a Method of Disposition Date 20c. Location - City or Town, Stete 1 Burial 2 Cremation 3 Removet from State Dulaney Valley Memorial Gardens 3-12-99 Timonium, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licensee 22. Name end Address of Fecility Mitchell-Wiedefeld Home, Inc. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 6500 York Road Baltimore, Maryland 21212 Immediata Causa (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events rasulting in death) Last Due to (or as a consequence of) Due to (or as a consequence of) Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ementia 24b. Were autopsy tindings aveilable prior to completion of cause of death? 24a. Was an autopsy 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 26. Place of Deeth (Check only one) examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b Time of 28d. Describe how injury occurred 28c. Injury at Work? 1 Netural 5 Pending investigation 1 ☐ Yes 2 ☐ No

Examiner The law requires that the death certificate be assocuted P.O. Box 68760, tha signed b Records. page 2 funeral director, this After

**Physician** 

/Medical

Examiner

Director

Funeral

à

Completed

Be

Examiner

Physician/Medical

À

Completed

Be

2 Accident 3 Suicida

4 Homicide

29b. Signature and title of certifie

31. Date filed (Month, Day, Year)

29a. Certifier

**Funeral** 

Director

- worke

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

pernit. Pages 1 and 2 should be filed within 72 hours after to Department of Heelth and Mental Hygiene. Important: if them 27 le marked other then "natural", or the eny Injury or other treumatic event, tre Medical Exercise Anders

**Physician** /Medical

altimore, Maryland 21215-0020

with the Maryland

Division of Vitai Hospital or Attending Physicien: efter death. In by pelli

Medical Certification: To To the Hospital of within 24 hours a To the Funeral D completely filled I

**DHMH 16 Rev 6/95** 

State Registrar

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Tarles F

MAR 1 2 1999

6 Could not be determined

onnellen ONNE

32. Registrar'a Signature

28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify)

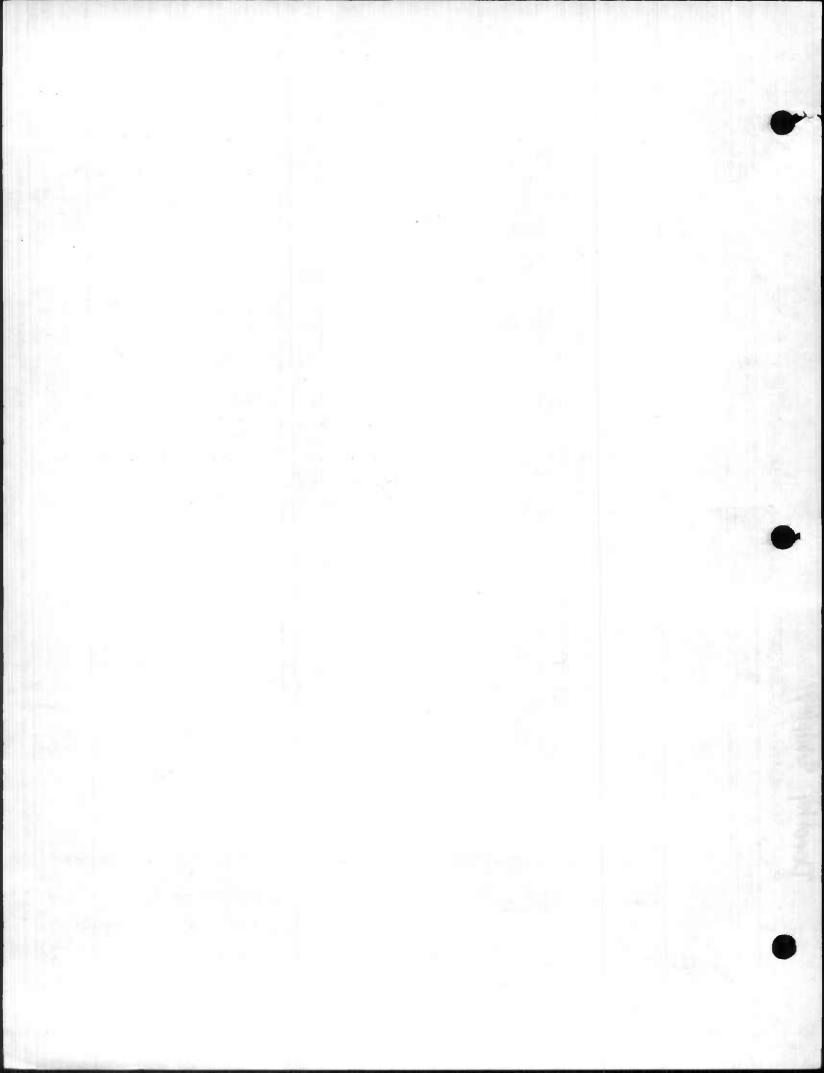
1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner es stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated.

29c. License number

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29d. Dete signed (Month, Dey, Year)



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death Day **Physician** Month Dorothy Shipley 06,1999 04:20PM MARCH /Medical 4e. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** BALTIMORE GREATER BALTIMORE MEDICAL CENTER TOWSON 7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Dey, May 20, 9. Birthplace (State or Foreign Country) Maryland 5. Sociel Security Number 6. Sax **Funeral** 1□ M 24□ F Deys 217-03-4242 85 Yrs. Director Usuel Rasidence of Decedent with the Marylend 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "nature!", or items 23a or 28a-f show treumstic event, i'rs Madical Examiner mast be notified at MD N/A Baltimore 1 □XYes 2 □ No Director 10e. Straet end Number 10f. Zip Code 10g. Citizan of Whet Country? 3302 Kenyon Avenue 21213 U.S.A. death Funerai permit. Pages 1 and 2 should be filed within 72 hours after deat Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural" once. 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yes 2 ②No If Yes, Give Year or Datas: 13. Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 □ Naver Married 2 □ Merrled 1 Yes 2 XNo Specify: White þ 3 X Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedant's Usual Occupetion 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use ratired) Elementary/Secondary (0-12) Collega (1-4or 5+) Sales Clerk 12 Clothing 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Maiden Sumeme) George Herchenrother Arabella Benser 19a. informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) June M. Bocek 5625 Daybreak Terrace Baltimore, Maryland 21206 20b. Pleca of Disposition (Name of camatary, crematory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 Peurial 2 Cremation 3 Removal from State Oaklawn Cemetery 3/10/99 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Personal Service License 22. Name and Address of Facility John C. Miller Inc. 6415 Belair Road Baltimore, Maryland 21206 23a. Part1. Entar the disease, or comparations thet caused the death. Do not entar tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List or prome cause on each line. Interval Between Onset end Death **Physician** /Medical Immediate Cause (Final 72 hours UREMIA disease or condition resulting in deeth) **Examiner** Dua to (or es a consequence of): Examiner TUBULAR NECROSIS days ACUTE physician and the buriel-transit Sequentially list conditions, if any, laading to immediate cause. Enter Undarlying Cause (Disease or Injury that Initieted events resulting in deeth) Lest Due to (or as a consequence of): CARDIOGENIC SHOCK days Physician/Medical Due to (or as a consequence of) MYOCARDIAL INFARCTION days ACUTE is certificata has been signed by the ettending director, page 2 should be datached for use as Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown C.O.P.D., GASTROINTESTINAL BLEEDING by 24b. Ware autopsy findings evailable prior to completion of cause of daeth? Completed 24e. Wes an autopsy performed? After this certificate hes 1 ☐ Yes 2 ☐ No 1 Yes 2 No Be 25. Was casa referred to medical examiner? 26. Place of Deeth (Check only one) Othar: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 Monpatiant 2 ER/Outpetient 3 DOA 2 1 Yes 2 No illed in by the funeral 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Tima of 28c. Injury at Work? 28d. Describe how Injury occurred Certification: Injury 5 Pending Investigation 1 Neturel death. -1 = ¥0€ -2 = No-NA----2 Accidant or Attend after death Director: 28f. Location (Street end Number or Rural Route Number, City or Town, State) NA3 Suicide 6 Could not be 28e. Pleca of Injury - At home, farm, streat, factory, office building, atc. (Spacify) 4 Homicide NAHospital c 24 hours a 11 Certifying Physician: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. edicai 29a. Certifian 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, data and placa, and due to the cause(s) end manner statad. To the Within 2 To the 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Yaar) R. Nolan MS 3/7/99 D25010 30. Name and address of person who completed causa of death (Item 23e) (Type, Print) 8035A Harford Rd., Baltimore, Md. M.D.21234 Serena R. Nolan, 31. Dete filed (Month, Day, Year) 32. Registrar's Signatura State Registrar

DHMH 16 Rev 6/95

Shipley

Jonothy )

David in Jove C

#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death HAZEL STRAW MARCH 4e Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Columbia Howard Lorien Nursing Home If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) 5. Social Security Number Birthplace (State or Foreign Country) 1□M 20 F Months Days Yrs. 308-10-0002 June 7, 1911 Indiana Usual Residence of Decedent 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Ohio **Athens** Athens 10e. Street and Number 10f. Zio Code 10g. Citizen of What Country? 45701 U.S.A. 226 West Washington Street 12. Was Decedent Ever in U,S. Armed Forces? 1 Yes 2 No If Yes, Give Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: 3 Widowed 4 □ Divorced White 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Home Homemaker 12 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Will Armstrong Laura Hedges 19e. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9309 Meadow Hill Road Ellicott City, Maryland 21042 Mr. Philip Straw Son 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 03/08/99 Athens, Ohio Athens Memorial Gardens 21. Signatura of Funeral Service Licensee 22. Name and Address of Fecility Jagers Funeral Home 24 Morris Avenue Athens, OH 45701 M00535 and 1. Enter the disease, o complicetions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Death Alzherner's dementia Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury thet initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 ☐ Yes 2 No 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Sursing Home 5 Residence 6 Other (Specify) 1 Yes No 27. Manner of Death

**Physician** /Medical Examine

**Physician** 

/Medical

Examiner

Director

Funeral

þ

Be

**Funeral** 

Director

r than "natural", or items 23a or 28a-1 the Medical Examiner must be notifit

Hygiene.

permit. Pages 1 and 2 should be lilled Department of Health and Mental Hygii Important: If Nem 27 is marked other: any injury or other treumatic event. It

Baltimore, Maryland 21215-0020

Box 68760

P.O.

Records.

Division of Vital

Physician/Medicai ò Completed Be 10 this Certification: : After t To the Hospital or Attending within 24 hours after death. To the Funeral Director: After

28b. Time of 28a. Date of Injury (Month, Day Year)

5 Pending Investigation 2 Accident 6 Could not be determined 4 Homicide

28c. Injury at Work?

28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28d. Describe how injury occurred 1 Yes 2 No

28f. Location (Street and Number or Rural Route Number, City or Town, State)

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. 29b. Signature and title of certifier

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

9501 Old

29d. Date signed (Month, Day, Year) March 4, 1999 Auropalia Rel Elleworther MD

OLO DRUBE 31. Date filed (Month, Day, Year)

3 Suicide

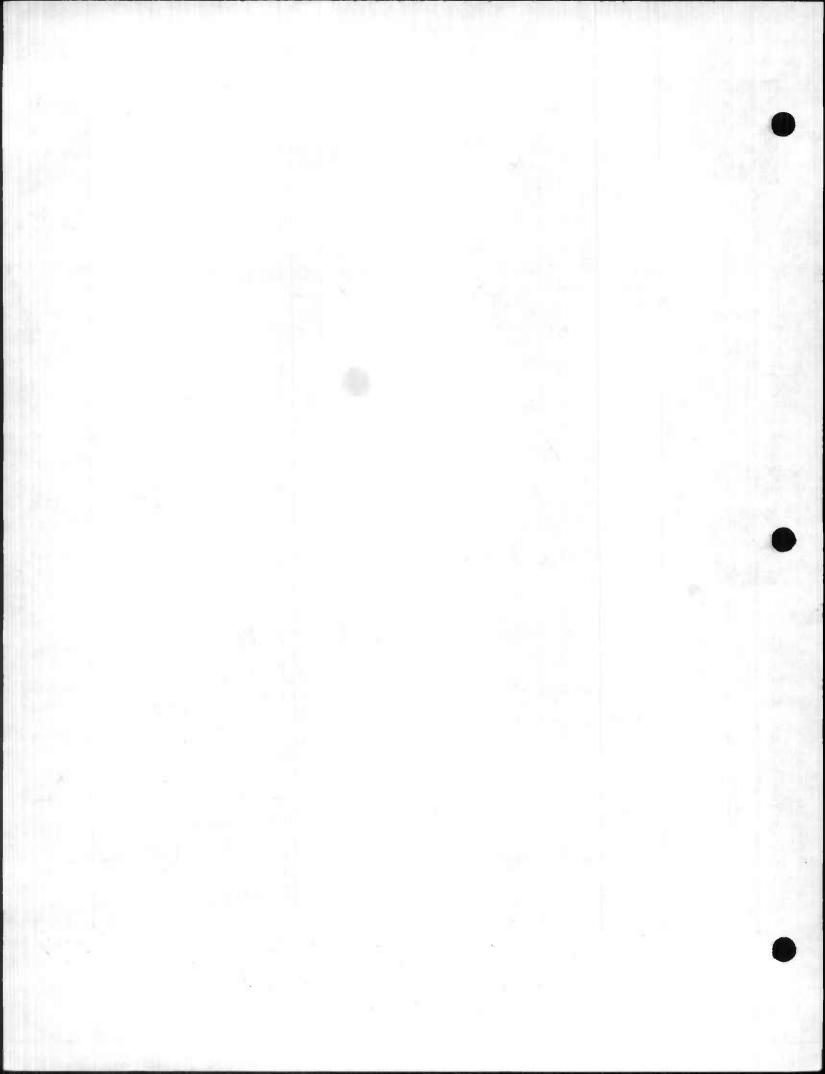
(Check only one)

29a. Certifier

edicai

State Registrar

32. Registrar's Signature



Baltimore, Maryland 21215-0020

		State	e of Marylai		•			ind N	lental Hyo	giene	99	1	700	
	(m) . 0 E.J.A			C	ertificat	e or i	Deatn		2. Date of Dea	Reg. No.	22	(_)	1 21	12
1. Dece	1. Decedent's Nama (First, Middla, Last)									Day	100	Year	3. Time	
I	Robert Samuel Webster									11;			5:	30A
4a Fac	cility Name (If not institution					4			ocation of Death	1.5		of Death		
	MARYLAND HE				* * Ledo	- News	PERRY				CEC:			
	al Security Number	6. Sex	7. Age (In yrs		Months	1 Year Deys	If Undar 2 Hours	24 Hrs. Min.	8. Date of Birth (Month, Day NOV. 24	h y, Year)	-	Coun	lace (Stai	
	10 9242	,X		3 Yrs.					Nov. 24	, 192	25	Penns	SATA	anı
Usual F	Residence of Decedent tate 10b. County		10c. C	ity, Town or	Location							10	Od. inside	Clty I
	Zeni		100.											es 2
2	yland Baltim	ore		Ess	7					ON	41	7.0		00
	treat and Number	2			10f. Zip		19			10g. Citiz		What Coun	itry?	
	Walnut Grove	e Road				2122	21				USA			
11. Ma	rital Status		Decedent Ever in I	J,S. 13			lispanic Orig		ecify Yes or No-	. 1		e - Amaric		),
	Nevar Married 2 Marr	ried 1 🔀 Ye	es 2 No		1 Yes		Specify:	,	I those of C		Specify	7. 70		
	☐ Widowed 4 ☑ Divorced		or Dates: WW2		10.	ZIATIO	Specif.				Specing	V: ****	LLC	
Elem	15. Decedent	nt's Education	to di	18a. De	cedent's Usu	occup	pation	· of work	vina	16b. Kir	nd of Bu	of Business/Industry		
Elen	nentary/Secondary (0-12)		ge (1-4or 5+)	life	e. DO NOT u	se retired	d)		lity					
			2	Sa	fety S	uper	rvisor	-		Re	efir	nery		
17. Fat	ther's Name (First, Middle,								e (First, Middle,	Maiden	Sumam	ne)		
	Edward S.	Webste	er				Hil	Lda	Batema	an				
19a. in	nformant's Name/Relations				-				ral Route Numbe					
Patr	ricia Haught	. (daught	ter)	9304	Beowl	1f (	Tirele	- Ba	ltimore	, Mai	ryla	and 2	1237	
20a. M							CIICIC		TCTMOTC					
1 Burial 2 □ Cremation 3 □ Removal from State cematery, crematory or other place)													wn, Stata	1
	Burial 2 Cremation		rom State	cematery, c	sposition (National or of communications)	ne of ther plac	ce)	T	Date	20c. Lo		- City or To		
4		Specify)	rom State	cematery, c	sposition (Narcrematory or co	ne of other place Men	ce) m. Gar	rd.	Date 3/15/99	20c. Lo		- City or To		
4	Burial 2 Cremation Donation 5 Other (S	Specify)	rom State	cematery, c	sposition (Nai crematory or o Valley 22. Nama ar Bruzdz	me of other place Men od Addre	m. Gar	rd.	3/15/99 1 Home 1	Bal PA	tim	- City or To	o. M	ary
21. Sig	Burial 2 Cremation Donation 5 Other (S)	Specify)	rom State Dul	cematery, c	valley 22. Nama ar Bruzdz 1407	me of other place. Men od Addresins old H	m. Gar ess of Facility ki Fun Easter	rd.	3/15/99 1 Home I	Bal PA ssex	tim	- City or To	o. M	ary
4	Burial 2 □ Cremation □ Donation 5 □ Other (S) profilers of Funeral Service	Specify) License	om State Dul	cematery, c	valley 22. Nama ar Bruzdz 1407	me of other place. Men od Addresins old H	m. Gar ess of Facility ki Fun Easter	rd.	3/15/99 1 Home I	Bal PA ssex	tim	- City or To	o. M	ary
21. Sig	Burial 2 □ Cremation □ Donation 5 □ Other (S) □ Thurs of Funeral Service □ Inter the disease, or now, or heart failure. List	Specify) License	om State Dul	cematery, c	valley 22. Nama ar Bruzdz 1407	me of other place. Men od Addresins old H	m. Gar ess of Facility ki Fun Easter	rd.	3/15/99 1 Home I	Bal PA ssex	tim	- City or To	o. M	ary
21. Sig	Burial 2 ☐ Cremation ☐ Donation 5 ☐ Other (S) ☐ The disease, or the disease, or heart failure. List diate Cause (Final se or condition	r comhlications th	om State Dul	Laney  Laney	sposition (Nai rematory or c Valley 22. Nama ar Bruzdz 1407 C enter tha mod	me of ther place Men d Addre insi- old I	ce) m. Gar ess of Facility ki Fun Easter ng, such as	rd.	3/15/99  1 Home I venue E: or respiretory en	Bal PA ssex rrest,	timo	- City or To	o. M	122 mate Betwee
21 Sig	Burial 2 ☐ Cremation ☐ Donation 5 ☐ Other (S) ☐ Cremation 5 ☐ Other (	r comhlications th	Dul	laney  Laney  HRONIC	sposition (Nai rematory or c Valley 22. Nama ar Bruzdz 1407 C enter tha mod	me of ther place Men d Addre insi- old I	ce) m. Gar ess of Facility ki Fun Easter ng, such as	rd.	3/15/99  1 Home I venue E: or respiretory en	Bal PA ssex rrest,	timo	- City or To	nd 2 Approximately a conset a	122 mate Betwee
21 Sig	Burial 2 ☐ Cremation ☐ Donation 5 ☐ Other (S) ☐ The disease, or the disease, or heart failure. List diate Cause (Final se or condition	r complications the tonly one cause.	Dul	laney  Laney  HRONIC	sposition (Na. rematory or or Valley 22. Nama ar Bruzdz 1407 Center tha moo	me of ther place Men d Addre insi- old I	ce) m. Gar ess of Facility ki Fun Easter ng, such as	rd.	3/15/99  1 Home I venue E: or respiretory en	Bal PA ssex rrest,	timo	- City or To	nd 2 Approximately a conset a	122 mate Betwee
23a P	Burial 2 Cremation Donation 5 Other (S) The first the disease, or or heart failure. List diate Cause (Final se or condition ing in death)	r comhlications th	nat caused the death each line.  STAGE C  Due to	Laney ath. Do not of the control of	sposition (Na. rematory or or Valley 22. Nama ar Bruzdz 1407 Center tha moo	me of ther place Men d Addre insi- old I	ce) m. Gar ess of Facility ki Fun Easter ng, such as	rd.	3/15/99  1 Home I venue E: or respiretory en	Bal PA ssex rrest,	timo	- City or To	nd 2 Approximately a conset a	122 mate Betwee
23a P	Burial 2 Cremation Donation 5 Other (S) The first the disease, or the condition or heart failure. List diate Cause (Final se or condition in death)  Initially list conditions, leading to Immadiate Enter Underlying	r complications the tonly one cause.	nat caused the death each line.  STAGE C  Due to	Laney ath. Do not of the control of	sposition (Naiscrematory or or Valley 22. Nama ar Bruzdz 1407 Center tha moo	me of ther place Men d Addre insi- old I	ce) m. Gar ess of Facility ki Fun Easter ng, such as	rd.	3/15/99  1 Home I venue E: or respiretory en	Bal PA ssex rrest,	timo	- City or To	nd 2 Approximately a conset a	122 mate Betwee
23a F	Burial 2 Cremation Donation 5 Other (S) Continue of Funest Service  Plint Inter the disease, or more, or heart failure. List diate Cause (Final se or condition ing in death)  Inter the disease, or more, or heart failure. List diate Cause (Final se or condition ing in death)	r complications the tonly one cause.	on State Dul  At caused the des  h each line.  Due to (	Laney Laney	sposition (Naiscrematory or or Valley 22. Nama ar Bruzdz 1407 Center tha moo	me of ther place Men d Addre insi- old I	ce) m. Gar ess of Facility ki Fun Easter ng, such as	rd.	3/15/99  1 Home I venue E: or respiretory en	Bal PA ssex rrest,	timo	- City or To	nd 2 Approximately a conset a	122 mate Betwee
23a F	Burial 2 Cremation Donation 5 Other (S) Continue of Function Service Part Inter the disease, or about, or heart failure. List diate Cause (Final se or condition ing in death)  antially list conditions, leading to immadiate Enter Underlying (Disease or Injury	r complications the tonly one cause.	on State Dul  At caused the des  h each line.  Due to (	Laney Laney	sposition (Nature Proposition (Nature Nature	me of ther place Men d Addre insi- old I	ce) m. Gar ess of Facility ki Fun Easter ng, such as	rd.	3/15/99  1 Home I venue E: or respiretory en	Bal PA ssex rrest,	timo	- City or To	nd 2 Approximately a conset a	122 mate Betwee
23a P	Burial 2 Cremation Donation 5 Other (S) Continue of Funest Service  Plint Inter the disease, or more, or heart failure. List diate Cause (Final se or condition ing in death)  Inter the disease, or more, or heart failure. List diate Cause (Final se or condition ing in death)	r complications the tonly one cause.	on State Dul  At caused the des  h each line.  Due to (	Laney Laney	sposition (Nature Proposition (Nature Nature	me of ther place Men d Addre insi- old I	ce) m. Gar ess of Facility ki Fun Easter ng, such as	rd.	3/15/99  1 Home I venue E: or respiretory en	Bal PA ssex rrest,	timo	- City or To	nd 2 Approximately a conset a	122 mate Betwee
Immed disaas resulting Seque if any, cause that ini resulting	Burial 2 Cremation Donation 5 Other (S) Continue of Function Service Conti	promitications the tonly one cause.  a. END  b	Dul Due to (	Laney Laney	sposition (Nature Proposition (Nature Proposition (Nature Proposition (Nature Proposition Proposition (Nature Proposition Proposition Proposition Proposition (Nature Proposition Proposit	me of ther place Mend Addressins Dld Hale of dyin	m. Gar ess of Facility ki Fun Easter ng, such as	rd.	Date 3/15/99 1 Home I Venue E: or respiretory er	PA SSEX rrest,	time , Ma	city or To	do. Mand 2 Approximation on the control of the cont	122 mate Betweend De
23a P	Burial 2 Cremation Donation 5 Other (S) Continue of Funest Service  Plint Inter the disease, or more, or heart failure. List diate Cause (Final se or condition ing in death)  Inter the disease, or more, or heart failure. List diate Cause (Final se or condition ing in death)	promitications the tonly one cause.  a. END  b	Dul Due to (	Laney Laney	sposition (Nature Proposition (Nature Proposition (Nature Proposition (Nature Proposition Proposition (Nature Proposition Proposition Proposition Proposition (Nature Proposition Proposit	me of ther place Mend Addressins Dld Hale of dyin	m. Gar ess of Facility ki Fun Easter ng, such as	rd.	Date 3/15/99 1 Home I Venue E: or respiretory er	PA SSEX PREST, SEAS	time E, Ma	aryla	Approximately onset as 15 M	122 mate Betweend De
Immed disaas resulting Sequet if any, cause. Cause that intresulting Part II.	Burial 2 Cremation Donation 5 Other (S) Continue of Function Service Conti	promitications the tonly one cause.  a. END  b	Dul Due to (	Laney Laney	sposition (Nature Proposition (Nature Proposition (Nature Proposition (Nature Proposition Proposition (Nature Proposition Proposition Proposition Proposition (Nature Proposition Proposit	me of ther place Mend Addressins Dld Hale of dyin	m. Gar ess of Facility ki Fun Easter ng, such as	rd.	Date 3/15/99 1 Home I Venue E: or respiretory er	PA SSEX PREST, SEAS	time E, Ma	city or To	Approximately onset as 15 M	122 mate Betweend De
Immedisaas resultir Sequei if any, cause that intresultir Part II.	Burial 2 Cremation Donation 5 Other (S) Continue of Function Service Conti	promitications the tonly one cause.  a. END  b	Dul Due to (	Laney Laney	sposition (Nature Proposition (Nature Proposition (Nature Proposition (Nature Proposition Proposition (Nature Proposition Proposition Proposition Proposition (Nature Proposition Proposit	me of ther place Mend Addressins Dld Hale of dyin	m. Gar ess of Facility ki Fun Easter ng, such as	rd.	Date 3/15/99 1 Home I Venue E: or respiretory er  NARY DI  23b. Did 1	PA SSEX rrest, SEAS tobacco Yes 2	time ., Ma	aryla	Approximation of the cause of t	122 mate Betweend De
Immedisaas resultir Sequese. Cause that intresultir	Burial 2 Cremation Donation 5 Other (S) Continue of Function Service Conti	promitications the tonly one cause.  a. END  b	Dul Due to (	Laney Laney	sposition (Nature Proposition (Nature Proposition (Nature Proposition (Nature Proposition Proposition (Nature Proposition Proposition Proposition Proposition (Nature Proposition Proposit	me of ther place Mend Addressins Dld Hale of dyin	m. Gar ess of Facility ki Fun Easter ng, such as	rd.	Date 3/15/99 1 Home I Venue E: or respiretory er  DNARY DI  23b. Did 1	PA SSEX rrest, SEAS tobacco Yes 2	time ., Ma	aryla  ontribute to 3 12 Prof	Approximate the cause of the ca	1222 mate Between d De Cont
Immedisaas resultir Sequei if any, cause that intresultir Part II.	Burial 2 Cremation Donation 5 Other (S) Continue of Function Service Conti	promitications the tonly one cause.  a. END  b	Dul Due to (	Laney Laney	sposition (Nature Proposition (Nature Proposition (Nature Proposition (Nature Proposition Proposition (Nature Proposition Proposition Proposition Proposition (Nature Proposition Proposit	me of ther place Mend Addressins Dld Hale of dyin	m. Gar ess of Facility ki Fun Easter ng, such as	rd.	Date 3/15/99 1 Home I Venue E: or respiretory er  DNARY DI  23b. Did 1	PA SSEX rrest, SEAS	time ., Ma	aryla  ontribute to 3 12 Prof	Approximation of the cause of t	1222 mate Between d De Cont
Immedisaas resultin Sequeif any, cause that ini resultin Part II.	Burial 2 Cremation Donation 5 Other (S) Continue of Function Service Conti	promitications the tonly one cause.  a. END  b	Dul Due to (	Laney Laney	sposition (Nature Proposition (Nature Proposition (Nature Proposition (Nature Proposition Proposition (Nature Proposition Proposition Proposition Proposition (Nature Proposition Proposit	me of ther place Mend Addressins Dld Hale of dyin	m. Gar ess of Facility ki Fun Easter ng, such as	rd.	Date 3/15/99 1 Home I Venue E: or respiretory er  DNARY DI  23b. Did 1	PA SSEX rrest, SEAS tobacco Yes 2! an autopomed?	time ., Ma	ontribute to	Approximate the cause of the ca	122 mate Between nd De Cont
Immedisaas resultin Seque if any, cause. Cause that inir resultin Part II.	Burial 2 Cremation Donation 5 Other (S) The first of Fundament Countries or condition In a first of Fundament Countries or condition In a first of Fundament Countries or condition In a first of Fundament Countries or condition In a first of Fundament Countries or condition In a first of Fundament Countries or Countr	b	Dul Due to (	Laney Laney	sposition (Nature Proposition (Nature Proposition (Nature Proposition (Nature Proposition Proposition (Nature Proposition Proposition Proposition Proposition (Nature Proposition Proposit	me of ther place Mend Addressins Dld Hale of dyin	m. Gar ass of Facility ki Fun Easter ng, such as CIVE PU	nd.	Date 3/15/99 1 Home I Venue Es or respiretory er DNARY DI  23b. Did t t = 24a. Was perfo	PA SSEX rrest, SEAS tobacco Yes 2! an autopommed?	E, Ma	ontribute to	Approximate the cause of the ca	122 mate Between nd De Cont
Immed disaas resulting Sequel if any, cause. Cause that in resulting Part II.	Burial 2 Cremation Donation 5 Other (S) The first European Control of Fundamental Control Tender	b  c  d  Hospital:	Dua to (	Laney Laney  HRONIC (or es e construction as a construction in the	sposition (Nature Proposition (Nature Proposition (Nature Proposition (Nature Proposition Proposition (Nature Proposition Proposition Proposition Proposition (Nature Proposition Proposit	me of ther place of Men ad Addrescins. Dld He of dying RUCT	m. Gar ess of Facility ki Fun Easter ng, such as of	nd. hy nera rn A cardiac  ULMC	Date 3/15/99 1 Home I Venue E: or respiretory er  DNARY DI  23b. Did 1 1 1 24a. Was perfo	PA SSEX rrest, SEAS tobacco Yes 2 an autopomed? Yes 2 cone)	Limk  ME  BE  USE CO  No  Psy	aryla aryla ontribute to 3 12 Proi	Approximate the cau beby Approximate the cau b	122 mate Between nd De Cont
Immed disaas resulting Sequentificany, cause. Cause that init resulting Part II,	Burial 2 Cremation Donation 5 Other (S) The first the disease, or the first the disease, or the first the disease, or the first the disease (Final se or condition in the first	b	Dua to (	Laney  Ath. Do not of the the the the the the the the the the	sposition (Naprematory or or Valley 22. Nama ar Bruzdz 1407 Center tha mode C OBSTI sequence of): sequence of):	me of ther place of the place o	ce)  m. Gar  ass of Facility  ki Fun  Easter  ng, such as of  PIVE PI  Ven In Part I.	nd. hy nera rn A cardiac  ULMC	Date 3/15/99 1 Home I Venue E: or respiretory er  DNARY DI  23b. Did 1 1 1 24a. Was perfo	PA SSEX rrest, SEAS tobacco Yes 2 an autopormed? Yes 2 one) dence 8	Limk  ME  SE  USE CO  No  Psy  No	aryla aryla aryla  ontribute to 3 12 Prol  24b. Wayn ontribute (Specific	Approximate the cau beby Approximate the cau b	122 mate Betweend De Ont
Immed disaas resulting Sequentificany, cause. Cause that init resulting Part II,	Burial 2 Cremation Donation 5 Other (S) The first the disease, or the first the disease, or the first the disease, or the first the disease (Final se or condition and in death)  Intelligible the first the f	b	Dua to (	Laney Laney	sposition (Naprematory or or Valley 22. Nama ar Bruzdz 1407 Center tha mode C OBSTI sequence of): sequence of):	me of ther place of the place o	ce)  m. Gar  ass of Facility  ki Fun  Easter  ng, such as of  PIVE PI  Ven In Part I.	nd.  ty nera rn A cardiac  ULMC	Date  3/15/99  I Home I Venue E: or respiretory er  DNARY DI  23b. Did 1 1 1 24a. Was perfo  th (Check only of ome 5   Resident	PA SSEX rrest, SEAS tobacco Yes 2 an autopormed? Yes 2 one) dence 8	Limk  ME  SE  USE CO  No  Psy  No	aryla aryla aryla  ontribute to 3 12 Prol  24b. Wayn ontribute (Specific	Approximate the cau beby Approximate the cau b	12 mate Between Do
Immed disaas resulting Sequential	Burial 2 Cremation Donation 5 Other (S) The first the disease, or the first the disease, or the first the disease, or the first the disease, or the first the disease (Final se or condition and in death)  Interest the disease, or the first the disease, or the first the disease, or the first the disease, or the first the disease, or the first the disease, or the first the disease, or the first the disease, or the first the disease, or the first the disease, or the first the	b	Dua to (	cematery, collarey  Laney  Ath. Do not of the the the the the the the the the the	sposition (Naprematory or or Valley 22. Nama ar Bruzdz 1407 Center tha mode C OBSTI sequence of): sequence of):	me of ther place of the place o	ce)  m. Gar  ass of Facility  ki Fun  Easter  ng, such as of  PIVE PI  Ven In Part I.	nd.  ty nera rn A cardiac  ULMC	Date  3/15/99  I Home I Venue E: or respiretory er  DNARY DI  23b. Did 1 1 1 24a. Was perfo  th (Check only of ome 5   Resident	20c. Loc Bal PA SSEX rrest, SSEAS tobacco Yes 2 an autopomed? Yes 2 one) dence 8 how injur	Limk  Ma  BE  USS CO  NO  PSY  NO  8 Other	ontribute to 3 M Prol	Approximate the cauchy of the cauchy aliable primpletion death?	122 mate Betweend De Ont

within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit Lo-the Hospital or Attending Physician: The law requires that the death certificate be executed Division of Vital Records, P.O. Box 68760, -Medicai C

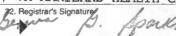
and address of person who completed cause of death (Item 23a) (Type, Print)

THOMAS FINUCAN, M.D., VA MARYLAND HEALTH CARE SYSTEM, PERRY POINT, MARYLAND 21902

31. Date filed (Month, Day, Year) 1 2 1999

itie of cert

29a. Certifier (Check only one)



1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and plece, end due to the cause(s) end manner es steted.

| Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and my the stated.

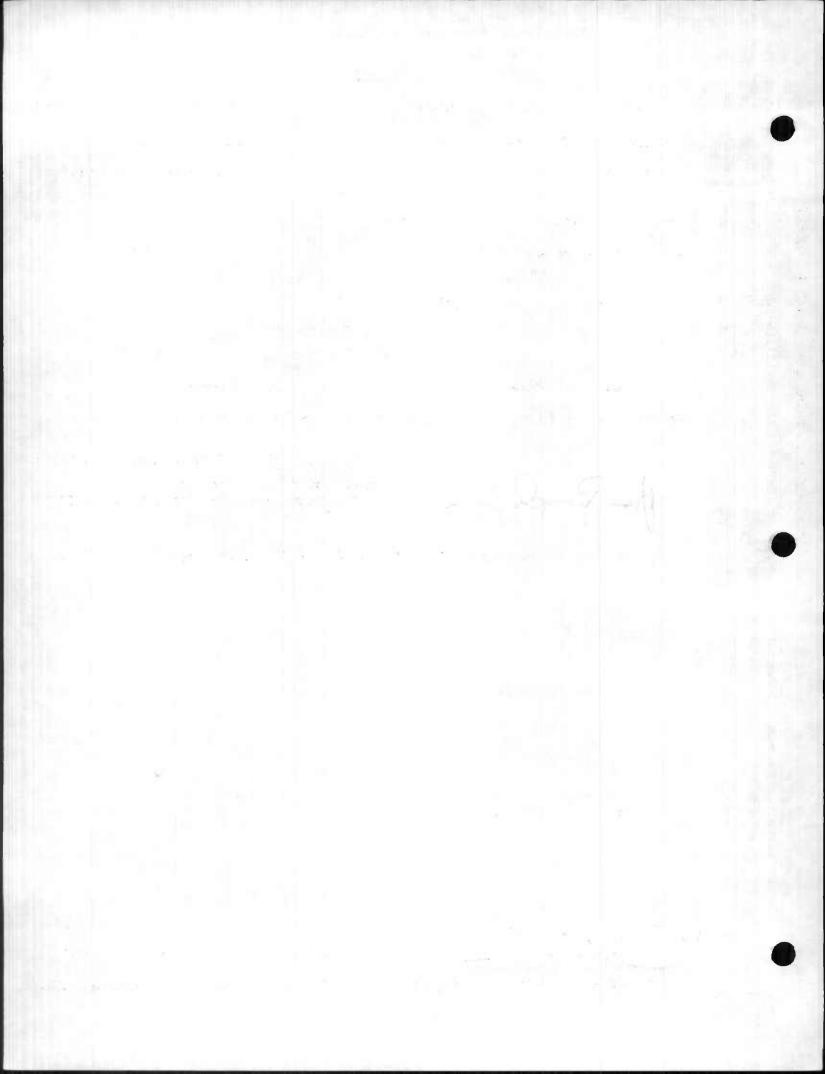
29c. Licensa number D32395

29d. Date signed (Month, Dey, Year)

March 11, 1999

State

Registrar



Examiner Box 68760. P.O. Records, Division of Vital

physician and s the buriei-transit page 2 this After this or Attending after death. Director: After d in by the fun 24 hours after Funeral Directory filled in b Hospital Within 2

**Physician** 

/Medical

Examiner

**Funeral** 

Director

ahow

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

filed within 72 hours after

permit. Pages 1 and 2 should be filed within 7; Department of Health and Mental Hyglens. Important: if itam 27 is marked other than "na any injury or other traumatic event, the Media page.

**Physician** /Medical

Baitimore, Maryland 21215-0020

Funeral

8

Examiner

Physician/Medical

à

Completed

Be

10

Certification:

Wedical

State Registrar

**DHMH 16 Rev 6/95** 

31. Data filed (Month, Day, Year)

29b. Signature and title of certifier

4 Homicide

29e. Certifier (Check only one)

> 1 2 1999 MAR

Resident 30. Name and address of person who completed cause of death (ttem 23a) (Type, Print)

Neurolosy

AU 4176 435 -A9154

29d. Date signed (Month, Day, Year)

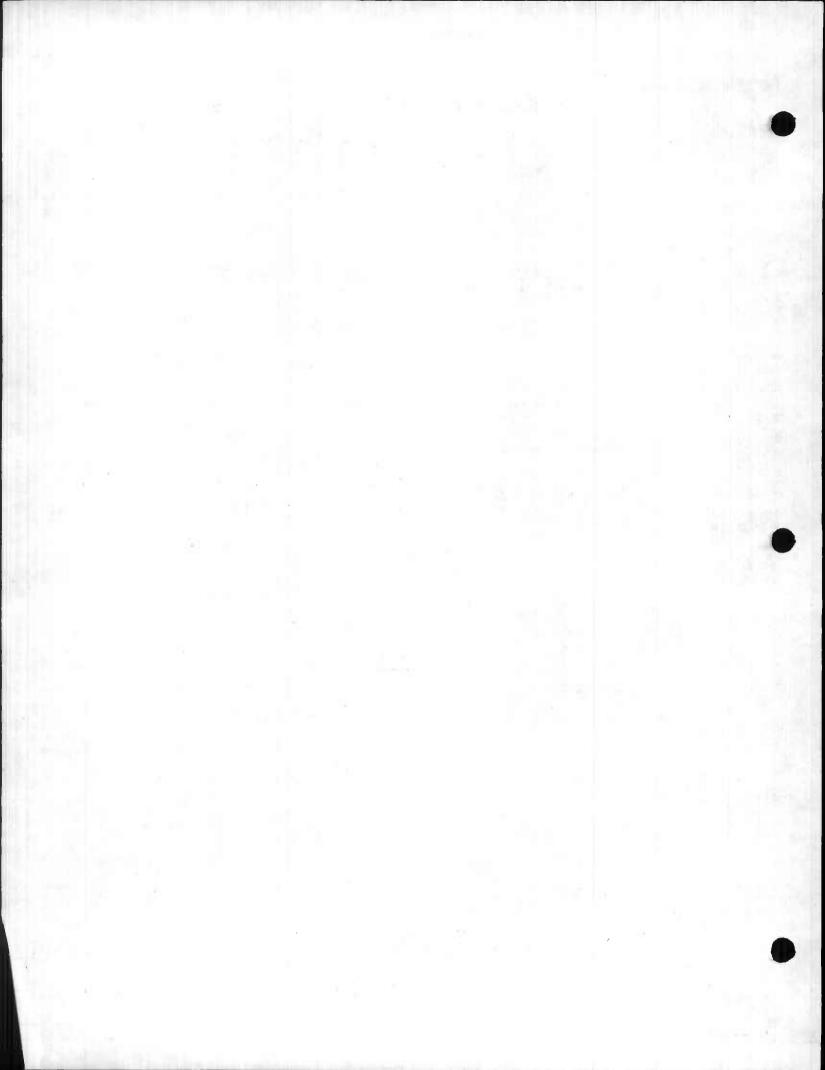
University of Maryland Medical System

Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.

29c. License number

32 Registrar's Signetura 2 was



# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Months

Certificate of Death

Physician
/Medical
Examiner

1. Decedent's Nema (First, Middle, Last) Larry Edward Wilt 4s Facility Name (If not institution, giva street and number)

N 2□ F

2. Data of Death Month Day MARCH 06, 1999 3. Time of Death 01:55 AM

Birthplece (State or Foreign Country)

Maryland

5. Social Security Number 217-52-7406

WASHINGTON COUNTY HOSPITAL 7. Age (In yrs. last birthday)

50

Hagerstown If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) MAR 3, 1949

Hours

4b. City, Town, or Location of Death

Min

WASHINGTON

4c. County of Death

**Funeral Director** 

the Marylend

Pages 1 and 2 should be filed within 72 hours efter death with the Marylen nent of Health and Mentel Hygiene.
ant: If item 27 is marked other than "natural", or itema 23a or 28a-f show ury or other traumatic event, tra Medical Examinat must be noulled.

permit. Pages Department of Important: If It any Injury or once.

**Physician** 

-/Medical

Examiner

end I-transit

physician er s the burial-t

ettending ph for use es t

signed by the e

should

s certificate hes l

this funeral

hours after death.
Inerei Director: A
ly filled in by the fi

in 24 hour. the Funerel Director

To the Hosp within 24 ho To the Fune completely fi

director,

The law requires that the death certificate be executed

or Attending Physicien:

death.

Division of Vital Records, P.O. Box 68760,

Examinet

Physician/Medical

ò

Completed

Be

Certification: To

Medical

Usual Residence of Decedent 10a. Stata MD

Directo

Funeral

þ

Completed

Be

10b. County Washington

10c. City, Town or Location Hagerstown

Yrs.

10d. Inside City Limits 1 Yes 2 No

10e. Street and Number

18601 Roxbury Road

21746

10f. Zip Code

Days

USA

14 Race - American Indian

10g. Citizan of What Country?

1 Never Married 2 Married 3 Widowed 4 Divorced

12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give A Year or Detes:

 Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Yas 2 No Specify:

Black, White, etc. Specify: White

15. Decedent's Education (Specify only highest grade completed) Elamentary/Secondery (0-12)

College (1-4or 5+) UNK.

16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

IINK

10

17. Fether's Name (First, Middle, Last) George Meade Wilt, Sr. 18. Mothar's Name (First, Middle, Maiden Surnama) Anna Rebecca Swartz

19a. Informant's Name/Relationship (Type, Print)

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)

Georgia C. Vane/sister

20a. Method of Disposition
1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removel from State

3511 Georgetown Rd. Baltimore, MD 21227 20b. Plece of Disposition (Name of cematery, cramatory or other place) Metro Crematory, Inc. 03/10/99

20c. Location - City or Town, Stete Baltimore,

4 Donetion 5 Other (Specify) 21. Signeture of Fungral Service Vicenses

<sup>22</sup>Cremation Society of Maryland, Inc. Frederick Rd. Baltimore, MD 21228

Edward Gregorchik 299 Frederick Rd. Balt Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line.

Immediete Ceuse (Final disaasa or condition resulting in death)

atolinal bleed confirating

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last

Due to (or as a consequence of):

Due to (or es a consequenç

Part II. Other significant conditions contrib	uting to death but no	t resulting in the un	derlying cause given in Part f

23b. Did tobacco use contribute to the causa of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 MUnknown

24a. Was an autopsy

24b. Wera autopsy findings available prior to completion of cause of deeth?

Approximate Interval Between Onset and Death

2 No

						1 90	105	
26.	Plece	of	Death	(Che	ock	only	one)	)

1 No No

25. Was casa raferred to medical examiner? 1 ☐ Yes 2 ☐ No 27. Manper of Deeth

5 Pending Investigation 6 Could not be determined 28a. Date of Injury (Month, Dey Year)

1 inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28b. Time of

28c. Injury at Work? 1 Yes 2 No

Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 28d. Describe how Injury occurred

28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one)

Natural

2 Accident

3 Suicide

4 | Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner es steted.

2 Medical Examiner: On the basis of examination end/or investigetion, in my opinion, deeth occurred at the time, date and place, end due to the cause(s) endymanner stated. 29c. License number 29d. Dete signed (Month, Day, Year)

29b. Signeture end title of cartifier

OCME

MARCH 07, 1999

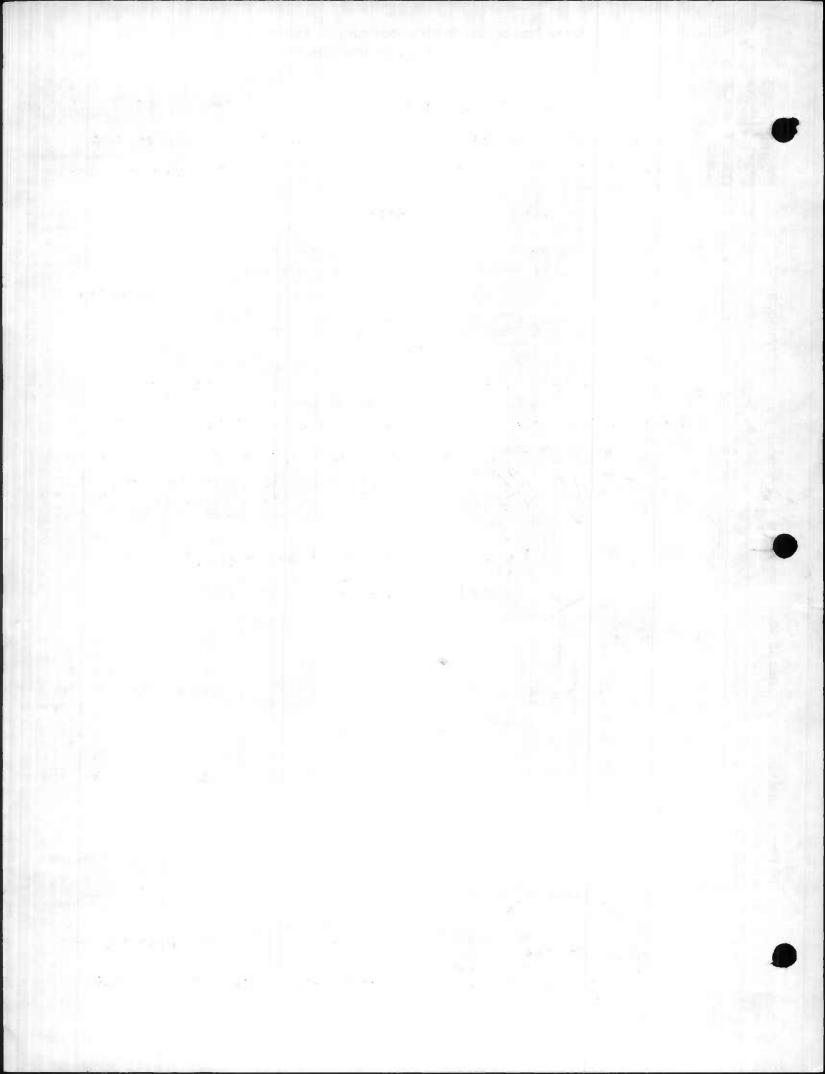
Son 30. Neme end address of

person who completed cause of death (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

State Registrar 31. Dete filed (Month, Day, MAR 1 2 MAR 1

SON \$2. Registrar's Signature



JOSEPH WALKER

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 9 ITEMS: #23 PART I, 27, 28A-F PER MEO Certificate of Death

	Dhusisian
	Physician
4	/Medical
۶.	<ul><li>Examiner</li></ul>
2000	

JOSEPH C. WALKER

3. Time of Death

0027 AM

Birthplace (State or Foreign Country)
 MT

MD

10d. Inside City Limits

1 Yes 2 □ No

**Funeral Director** ahow

with the Maryland or 28a-f ahow a notified at "natural", or itema 23a or edical Examiner must be 7 deeth

permit. Pages 1 and 2 should be filed within 72 hours efter to Department of Health and Mental Hygiene. Important: If frem 27 is merked other than "natural", or fler any Injury or other traumetic event.

Baltimore, Maryland 21215-0020

**Physician** /Medical Examiner

certificate be executed

Records, P.O. Box 68760,

Division of Vital or Attending Physician:

physicien and the burial-transit Physician/Medical 98 esn Por signed by the a þ Completed page 2 has cartificate director, 2 this funeral Certification: After after death. Director: Aft 2

Be

edica

Director æ Funer þ Completed Be Examiner

1. Decedent's Name (First, Middle, Last) 2. Date of Death 7, 1999 MARCH 4a Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death 3200 BLK. NORMOUNT AVENUE BALTIMORE N/A Date of Birth (Month Day, Year) 5. Social Security Number If Under 1 Year 6. Sax 1<sup>th</sup> M 2□ F 7. Age (In yrs. last birthday) Days Months Hours Min 220-94-2425 18 Yrs. Usual Residenca of Decedent 10a State 10h. County 10c. City. Town or Location MD. N/A BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2631 SEAMON AVE. 21225 US 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ 2 No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian. 11. Marital Status Black, White, etc. 1√ Never Married 2 Married 1 Yes 2 No Specify: Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) LABORER CONSTRUCTION 18. Mothar's Name (First, Middle, Malden Sumame) 17. Father's Name (First, Middle, Last) CONNIE TORAIN PAULETTE HAWKINS 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2631 SEAMON AVE. BALTIMORE, PAULETTE HAWKINS (MOTHER) MD 21225 20a. Method of Disposition 20b. Plece of Disposition (Name of cametery, cramatory or other place) 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State 3-15-99 BALTIMORE, MARYLAND ZION CEMETERY 4 ☐ Donation 5 ☐ Other (Specify) 22. Name end Address of Fecility PHILLIPS FUNERAL HOME, P.A. 21. Stonature of Funeral Service Licenses 1721-27 N. MONROE ST. BALTIMORE, MD 21217 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heer failure. List only one cause on each line. Immediate Causa (Final GUNSHOT WOUNDS OF HEAD disaase or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or as e consequenca of): Due to (or as a consequenca of):

Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death? 3 Probably 4 D Unknown 1 Yes 2 No

24a. Was an autopsy

24b. Were autopsy findings available prior to complation of cause of death?

Approximate Interval Between Onset and Daath

Yes 2 No

28d. Describe how injury occurred

UNKNOWN

1 X Yes 2 No

25. Was case referred to medical exeminer? 26. Piace of Deeth (Check only ona) Other: 4 Nursing Home 5 Residence XXIOther (Specify) AT SCENE Hospital; 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA XXYes 2□ No

27. Manner of Death 28e. Date of Injury (Month, Day Year) 28b. Time of Injury 1 Natural 5 Pending invastigation 3-7-99

1 Yes 2 No 12:06 28e. Place of Injury - At home, farm, street, fectory, offica building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, State) 3200 BLOCK NORMOUNT AVE

STREET

BALTIMORE CITY, MARYLAND 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and dua to tha causa(s) and mannar as stated. Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and title of certifier

2 Accident

3 Suicide

29a. Certifier

4 ☐ Homicide

(Check only one)

31. Dete filed (Month, Day

29c. License number O.C.M.E

28c. Injury et Work?

29d. Date signed (Month, Day, Year) MARCH 7, 1999

30. Neme and address of parson who completed causa of death (Item 23a) (Type, Print)

MUNIXON

111 Penn Street, Baltimore, Maryland 21201

State Registrar

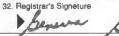
filled in

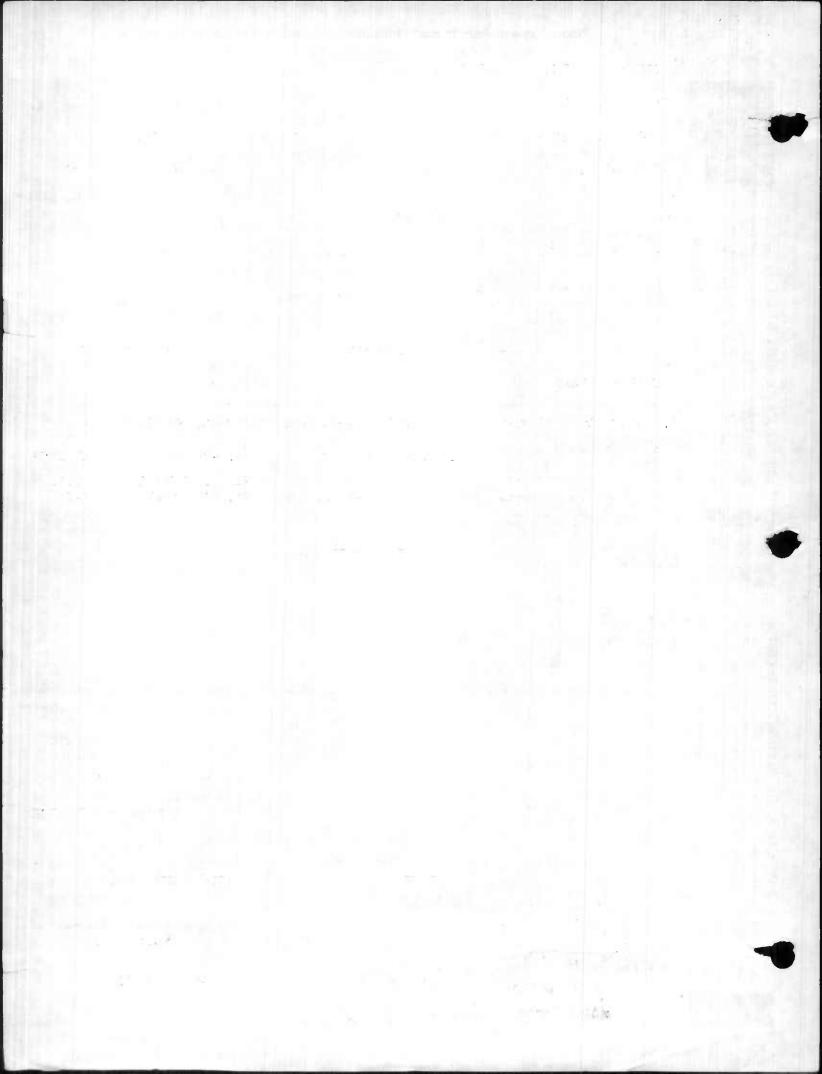
Hospital 24 hours a 24 hours

To the within 2

MAR 12

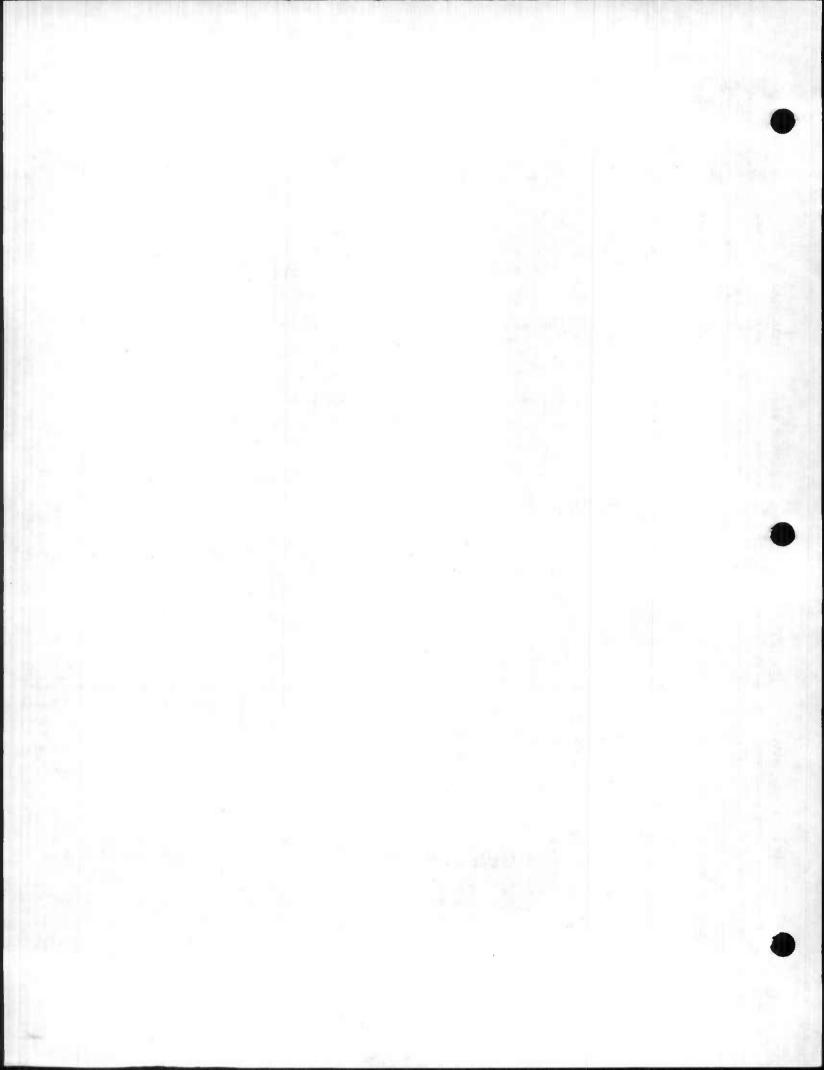
6 Could not be determined





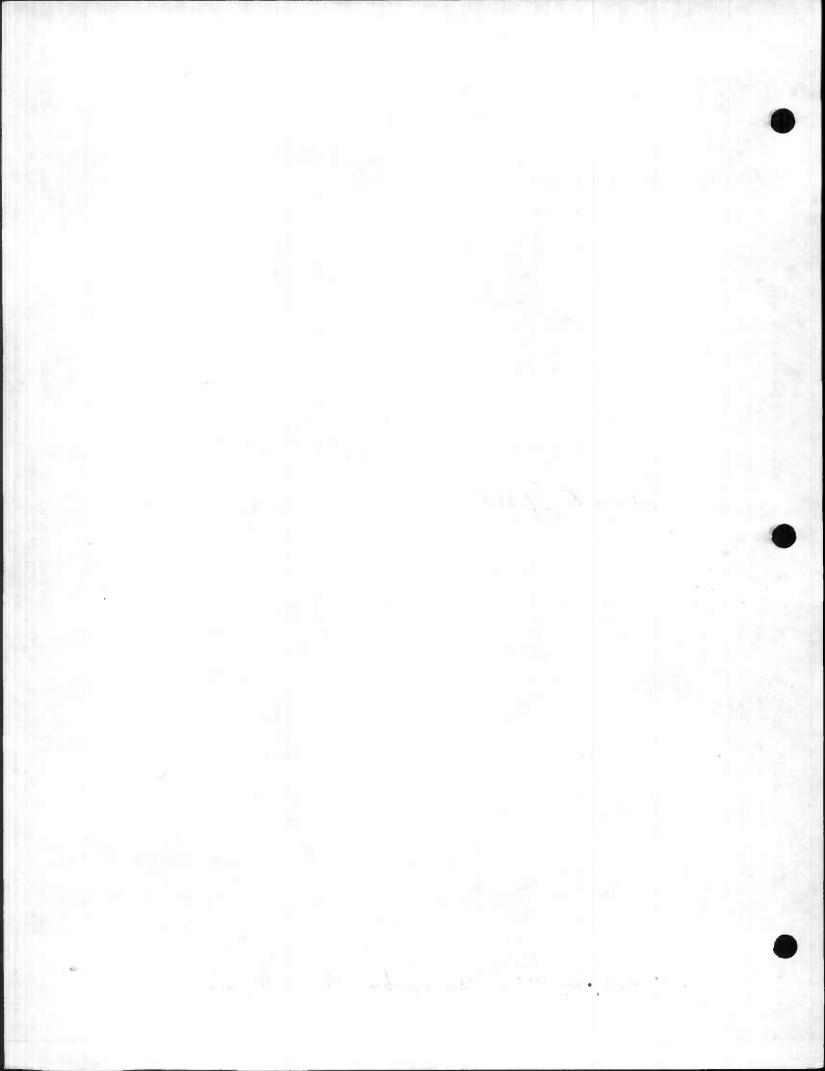
# Please Type or Print in Black Indelible Ink. Assure Ail Copies Are Legible.

C				State of	Maryland	-	rtificate of	Health and I Death	мептат ну	Reg. No.	U	1958	
Dhuninia		1. Decedent's Name (First, Middle, Last)							2. Dete of De Month	eath Day	3. Time of Deeth		
Physicia /Medic	al	Amelia Watkins						March	10 1	Year 999	3:30 PM		
Examin	er				0017			North		Balt		re	
Funeral							If Under 24 Hrs.						
Director		213-22-	0/34	1□M 2XF	72	Yrs.	Months Days	Hours Min.	Jan 3	4 4 4 4	PA	lace (Stete or Foreign try)	
pue *		Usuel Residence of 10a. Stete	Decedent 10b. County		10c City	Town or Lo	cation				1	0d. Inside City Limits	
Aaryle Taho	٥	MD	Balti	more								1 ☐ Yes 2 Ŋ No	
the A	Director	MD Baltimore North Point 10e. Street and Number 10f. Zip Code							I	10g. Citizen of W	that Coun	••	
W M	百	8217 Rosebank Ave 21222								USA	mat Court	try r	
Fire 23	era	11. Menitel Status	JSEDAIIK	12. Wes Deced	ent Ever in U.S	. 13.		ーム Hispanic Origin? (S	pecify Yes or No		- Americ	an Indien.	
d 21215-0020  Ilid within 72 hours effer death with the Maryland hygiene.  thygiene.  ont, the Medical Examinar must be notified at	by Funeral		ed 2 Married	Armed Force 1 Yes 2 If Yes, Give Yeer or Det	es? No	1	If Yes, specify Cub 1 ☐ Yes 2 ☒ No	an, Mexican, Puert	o Rican, etc.)		k, White,	etc.	
15-002 n 72 hours "neturel",	P		15. Decedent's E			16a. Deced	dent's Usual Occup	pation		16b. Kind of Bu	siness/Inc	Justry	
21215-0020 d within 72 hours of giene. r than "neturel", or r the Medical Exert.	Completed by	Elementery/Seco	Secondary (0-12) College (1-4or 5+)			(Give kind of work done during most of wo life. DO NOT use retired)  Housewife			rking	Own Ho	me		
nd 212 e filed withi al Hygiene. other than		17. Father's Neme	(First, Middle, Last	)		1100	001120	18. Mother's Nan	ne (First, Middle	, Maiden Sumem			
Maryland d 2 should be file th end Mental Hy 7 is marked oth treumatic event	o Be	Lancel	ot Arch	er-Burt	on					kinson			
Sarylan 2 should be end Mental is marked o	-	19e. Informent's Ne	me/Reietionship (	Type, Print)		19b. Mailir	ng Address (Street	and Number or Ru	ral Route Numb	per, City or Town,	Stete, Zip	Code)	
6 = 0 -		Shirle	y Meyd	/daug	hter	126	2 Batte	ry Ave	Balt	imore,	MD :	21230	
2 -158	1	20e. Method of Disp	position		20b. Pie	ce of Dispo	sition (Name of metory or other ple		Date	20c. Location -			
Pages nent of int: If the iry or o			☐ Cremetion 3 ☐ 5 ☐ Other (Specil		616		Cemete	LP.I	lar. 13 1999	Cheste	rtow	n, MD	
Baltimore, pemit. Pages 1 at Department of Hee Important: If Nem: eny Injury or other other.	1	21. Signature of Fu	nerel Service Licer	1500	D C			ess of Facility Y Funera				And the Control of th	
w sales		Mant.	121	It Con	00			y Funera llers Po			ndal	.K	
		23e. Pert f. Enter the shock, or hear	ne disease, or com it feilure. List only	plicetions that cau	used the deeth.							Approximate Interval Between	
Physician /Medical Examiner	_	Immediate Cause ( disease or condition resulting in death)	Finel n	. Met	asta:	tic as a consec		nal	cell	Cance	V	4 Months	
5876( icate be physicia s the bu	n/Medical Examiner	Sequentially list cor if eny, leading to im cause. Enter Unde Cause (Disease or that initieted events resulting in death) t		b		as a conseq							
death death	sicia	Pert II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Pert I.  23b. Did tobacc								1obacco use con	o use contribute to the cause of death?		
E X B	Phy								1 Yes 2 No 3 Probably 4 U				
Records,	Completed by									s en eutopsy ormed?	ave co	ere eutopsy findings eilable prior to mpletion of cause death?	
- F # &	Sol								10	Yes 25 No	10	Yes 2 No	
f Vital I		25. Was case referr	ed to medical					26. Place of Dea	ath (Check only	one)			
. P	9	1 Yes 20		Hospitel: 1 Inp	patient 2 E	R/Outpatien	R 3LI DOA		lome 5 Res	idence 6 Othe	or (Specif)	1)	
After fune	Certification:	27. Menner of Deetf  2 Netural  2 Accident	5 Pending investigation	n	Injury Dey Year)	28b. Time of Injury	Wo	nyat nk? ∣Yes 2 □ No	28d. Describe	how injury occurr	ed		
Division of Attending setter death. I Director: After d in by the fune	Sertific	3 ☐ Suicide 4 ☐ Homicide	6 Could not b determined	ZOO. PIECO O	Injury - At hom , etc. (Specify)	Injury - At home, ferm, street, fectory, office etc. (Specify)				281. Location (Street and Number or Rural Route City or Town, State)			
Hospl 14 hou Funer tely fill	edical	29e. Certifier (Check only one)	10 Certifying Ph 2 Medicat Exam	yalclan: To the be niner: On the basi end menne	is of examination	edge, death on and/or inv	occurred et the tir restigation, in my o	me, date end place opinion, death occu	, end due to the irred et the time,	cause(s) and me date and place, s	nner as st and due to	eted. tha cause(s)	
vithin 2 compla		29b. Signeture and	title of certifier				29c. Licens	se number		29d. Date signed	(Month,	Day, Year)	
V	1	30. Neme and addre	et Cu	The	od doeth (its	20) /7	D4	16118		March	11,	1999	
1	1	Janet	Cooper,	M.D.	1447	York		Towson,	MD		/		
Stat Registra	_	31. Date filed (Mont	MAR 12		istrer's Signetu	re S.	Loon	4					



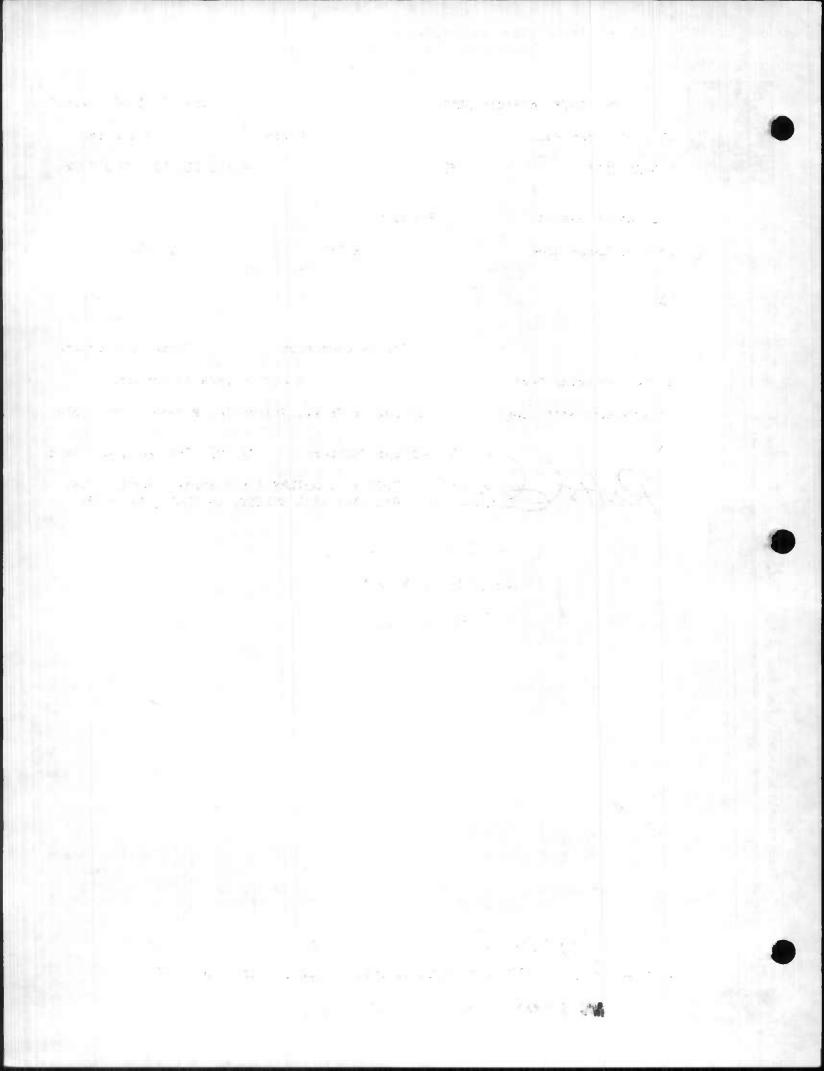
State of Maryland / Department of Health and Mental Hygiene 9 9 0 7 9 6 9

			1	Certific	ate of	Death		Reg. No.	U. 1 J.U.J			
Physician	1. Decedent's Name (First, Middle, La					2. Date of Dea	ath	3. Time of Death				
/Medical	Virginia H. Yat					th City Town or	March Location of Death	8 19	7:30 AM			
Examiner	4a Facility Name (If not institution, give											
Funeral	Anne Arundel Med 5. Social Security Number 6. S		e (In yrs. last birt		der 1 Year	Annapoli   Wunder 24 Hr		Anne A				
Director	579 14 7488 Usual Residence of Decedent	□м 2Н+	91	Yrs. Mont	hs Days	Hours Mir	March March	18,1907	9. Birthplace (State or Foreign Country) Pennsylvania			
Age and Age an	10a. State 10b. County		10c. City, Town	or Location					10d. Inside City Limits			
o Men	Maryland Anne An	undel	Anna	polis					1 ☐ Yes 2√ No			
Unter death with the Me referred 23a or 23a-fs older must be notified from Funeral Director	10e. Street and Number			10f.	Zip Code			10g. Citizen of Wh	net Country?			
mar 23a	85 Manresa Road	12. Was Decedent I	Ever in II C	12 Wee De	2140		Cassifu Vac ou No.	United	States - American Indian,			
by by	1 Never Merried 2⊠ Married	Armed Forces?  1 Tyes 2001  If Yes, Give Year or Dates:			specify Cub		Specify Yes or No- rto Rican, etc.)		White, etc. White			
72 ho	15. Decedent's Education (Specify only highest gra	ducation ade completed)	16a.	Decedent's U (Give kind of	Isual Occup	pation during most of wo	orkina	16b. Kind of Bus	iness/Industry			
yland Z1Z15-0 wid be flied within 72 ho Mentel Hygiene. rited other than naturi rite avant, the than call TO Be Completed	Elementery/Secondary (0-12)	College (1-4or 5	+)	iiie. <i>Do No</i> Bookkee		d)		Data	1			
anyland 2: should be filed v and Mentel Hygie a merked other t aumatic avant, tb	17. Father's Name (First, Middle, Last	0		JOOKKEE	eper	18. Mother's Na	me (First, Middle,	Retai Maiden Sumeme				
land be be be be be be be be be be be be be	George Harris					Grace	McLaugh	lin				
Maryland d 2 should be file ith and Mentel Hy 77 Is merked othe traumatic avant.	19a. Informant's Neme/Relationship (	Type, Print)					lural Route Numbe					
and and and and and and and and and and	Paul F. Yates	ryland 21401										
cantimore, semi. Pages 1 ar Separtment of Hea montant: If Nem 2 my Injury or other alice.	20a. Method of Disposition  20b. Plece of Disposition (Name of cemetery, crematory or other place)  20b. Plece of Disposition (Name of cemetery, crematory or other place)  3 Removal from State  4 Donation 5 Other (Specify)  20b. Plece of Disposition (Name of cemetery, crematory or other place)  St. John's Cemetery  Forest GJ											
Depurition of the control of the con	22. Name end Address of Facility Robert E. Evans Funeral Home, Inc.  16000 Annapolis Rd. Bowie Maryland 20715  23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, intervel Between intervel											
Physician /Medical	23a. Port : Enter the disease, or con- pock, or heart failure. List only Immediate Cause (Final disease or condition		0			ng, such es cardie	c or respiratory ar	rest.	Approximete Intervel Between Onset and Death			
Examiner	Due to (or as a consequence of):											
nst fr	6. coronary orbery disease											
opyoidan and es the burial-transit	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events  Due to (or as a consequence of):  Due to (or as a consequence of):											
7 00	that initiated events resulting in death) Last	d	Due to (or as e co	onsequence o	of):							
Seath cert attending of for use	Part II Other significant conditions	antillusting to double by	d and marchine in	Mar and dark dark		an in Bank I	non Dida		ntribute to the cause of don't?			
that the death certified by the attending detached for use	Part II. Other significant conditions of	omnouting to death bu	A not resulting in	the underlyin	ig cause gr	en in Part I.		23b. Did tobacco use contribute to the cause of death?  1 Yes 2 No 3 Probably 4 Unknown				
The law requires that the death certain has been signed by the attendit page 2 should be detached for use Completed by Physician/A								an autopsy med?	24b. Were autopsy findings available prior to completion of cause of deeth?			
The la had a good of the la ha							101	es 2 No	1 ☐ Yes 2 ☐ No			
ysicien: The lav ysicien: The lav si certificate has director, page 2	25. Was case referred to medical					26. Place of De	eath (Check only o	ne)				
Physician: rithis certific ral director.	examiner?	Hospitel: 1 Dinpatie	nt 2 ER/Out	patient 3	DOA Ott	ner: 4 Nursing	Home 5 ☐ Resid	lence 6 Other	(Specify)			
After the funeral fune	27. Manner of Death  1 Setural 5 Pending	28a. Date of Injur (Month, Da)		ime of jury M	28c. Inju	yat rk? Yes 2 ∐ No	28d. Describe h	now injury occurre	d			
DIVISION OF VICES  as after death:  a blrector: After this certifica ied in by the funeral director; p  Certification: To Be C	2 Accident investigation 3 Suicide 6 Could not b 4 Homicide determined					165 2 100	28f. Location (S City or Tow	cation (Street and Number or Rural Route Number, ly or Town, State)				
To the Hospital or Attending Physician 24 hours after death. So the Funeral Director: After this completely filled in by the funeral Medical Certification: 1	29s. Certifier 1. Certifying Ph (Check only one)	ysician: To the best of niner: On the basis of end manner sta	examination and	death occurr Vor investigat	ed et the ti	me, date and place opinion, death occ	e, and due to the curred at the time, c	cause(s) and mandate end placa, an	ner as stated. Indicate to the cause(s)			
Fo the comple	29b. Signature and title of pertiller	//			29c. Licens	e number		29d. Date signed	(Month, Day, Year)			
P	> Proly + D	tun			1)	24804		3-9-9	7			
UID	30. Name and address of person who	completed cause of de		Type, Print)		any 1	and					
State	31. Date filed (Month, Day, Year)		ar's Signature	201.4		1	(67)					
Registrar	MAD 1 9 1000	Beres	-s/ /4	/.	/	,						



State of Maryland / Department of Health and Mental Hygiene

			Cei	rtificat	e of D	eath	2. Dete of Dee	eg. No.	U	9/0	
an	Decedent's Name (First, Middle, Last)     TERRENCE RAFFERTY BEST								Year	3. Time of Dec	
al TERR					41	City Town or	February Location of Death			11:58	AM
let	15 East Moser Road Thurmon								y of Deeth ederi	ck	
5. Social Security Number 216–38–0265	6. Sex 1 M 2	7. Age (In yrs 57	last birthday) Yrs.	If Under Months	1 Yeer Deys	Hours Min.	8. Dete of Birth Month, Day March 30	), 1941	9. Birthple County New	York	reign
Usuel Residence of Decede 10e. Stete 10b. Co		10d. Inside									
Maryland From 10e. Street and Number	ederick		Thurmon	_						1 Yes 2	] No
10e. Street and Number 15 East Mose	er Road				1788			U.S.A		ry?	
11. Maritel Stetus 1 Never Married 2	Married Armed	Decedent Ever in U 1 Forces? es 2 2 No . Give or Detes:		Was Deced If Yes, spec 1 ☐ Yes			pecify Yes or No- o Rican, etc.)	Ble	14. Race - American Indien, Bleck, White, etc.  Specify: White		
15. Dec (Specify only I	edent's Education highest grede complete	ed)	16e. Deced	dent's Usue	ol Occupa nk done di	ion uring most of wo	rking	16b. Kind of E	Business/Indi	ustry	,
(Specify only I (Specify only I Elementery/Secondary (0 12	12) Colleg	e (1-4or 5+) 5+		ince (				Board o	f Edu	cation	
17. Fether's Neme (First, Mi			1				me (First, Middle,				
o Jesse Demet			401		(0)		ce DeSal			Codel	
19e. Informent's Neme/Rete Christopher		)					r Rural Route Number, City or Town, Stete, Zip Code) irfield,Pennsylvania 1732(				
20e. Method of Disposition  1 Burial 2 Creme 4 Donetion 5 Oth		om Stete	Plece of Dispo cemetery, crer ue Ridg	netory or o	ther plece			20c. Location - City or Town, State Thurmont, Maryland			
23a. Part1. Enter the disee shock, or heert tailure  Immediate Ceuse (Finel disease or condition resulting in death)  Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lest	a	Due to (	or es e consecutor es e consec	quence of):	RE						th
Pert tt. Other significant co	nditione contributing t	o death but not re	sulting in the u	nderlying c	ause give	n in Pert i.	23b. Did tobacco usa contributa t			the cause of de ably 4 🗆 Unk	
			med? es 2⊟No	con of d	re eutopsy findir ileble prior to appletion of cause leeth?	60					
25. Wes case referred to me examiner?	Hospital:	☐ inpatient 2□	ER/Outpatier	nt 3 DC	Othe		eth (Check only or nome 5 Resid		her (Specific	1	
•		ete of Injury fonth, Dey Year)	28b. Time of		28c. Injury Work		28d. Describe h			,	
2 ☐ Accident in 3 ☐ Suicide 6 ☐ C	vestigetion ould not be stermined 28e. P	ece of Injury - At I uilding, etc. (Spec	nome, tarm, str	М	1 🗆 Y	es 2□No	28f. Location (S City or Tow	31. Location (Street end Number or Rural Route Number, City or Town, State)			
29a. Certifier 1 Cer	tifying Physician: To ficat Examiner: On the										
29b. Signeture end title of c		1		290	c. License	number		9d. Date sign	ed (Month, E	Dey, Year)	
	4	MD		1	398	346		3/2/	99		
30. Neme end eddress of pe Sean E Hunt	MD 310	ause of deeth (Ite West Nin	m 23e) (Type,	Print)	Frad	oriok N	faryland	21701			
bean Le nam		WCOL MIL	ICH DCL	eet,	Treu	ELICK, I	lalylanu	21/01			



State of Maryland / Department of Health and Mental Hygiene

						Cei	rtificate	of	Death			Reg. No.		1011	
	Dhusia		1. Decedent's Neme (First, Middle, L.	ast)							2. Dete of De Month		Yeer	3. Time of Death	
	Physic Medi/		MARY FISK BRY	ANT							FEB		999	5:30 pm	
$_{I}$ $^{-1}$	Exami		4a. Facility Neme (If not institution, gi		)				4b. City, To	wn, or Lo	cation of Deeti	4c. County	y of Death		
			MANORCARE POT						POTO				rgom:	ERY	
	uneral irector		378-42-2365		ge (In yrs. la 2	ast birthday) Yrs.	if Under 1 Months 1	Yaar Deys	If Under Hours	Min.	8. Date of Bir (Month, Da JUNE 8	y, Year)	9. Births Coul	place (State or Foreign http) MO	
and	and	-	Usual Residence of Decedent  10e. State 10b. County		10c. City	. Town or Lo	ocation						1	IOd. Insida City Limits	
the Mary	28a-f sho	Funeral Director	FL MARTI	N	ST	UART	10/ 7: 0							1 No 2 No	
with	Z 1Z 13-UUZU d within 72 hours effer death with the Maryland jiene. r than "natural", or items 23a or 28a-f show the Medical Examiner must be notitied at	i Dir	3554 SE FAIRW	AY			10f. Zip Code 34997					10g. Citizen of Whet Country? U.S.A.			
deat		iner	11. Marital Status	12. Wes Decedent Armed Forces?		n U,S. 13. Was Decedent of Hispenic Origin? (Sper If Yes, specify Cuben, Mexican, Puerto F						14. Rac	ce - Americ		
3020 ours efte	raf, or h	by	1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced		1 ☐ Yes 2 ☑ No If Yes, Give 1 ☐ Yes 2 ☑ No				Specify:		Thours, oto.)	Specif		ite	
215-C	Andical	Completed	15. Decedent's E (Specify only highest gi	ede completed)		(Give	dent's Usuel ( kind of work DO NOT use	done	durina mos	t of work	ing	16b. Kind of B	usiness/In	dustry	
2121 d within giene.	r than	EO.	Elementery/Secondery (0-12)	College (1-4or:	5+)	Busin	siness assistant			nt		Busin	Business		
Maryland 21215-0020 at 2 should be filed within 72 hours efult and Mentel Hygiene.	tem 27 is marked other other traumatic event,	o Be	17. Fether's Nema (First, Middle, Las Clinton H. Fi				18. Mothar's Name (Firs Sarah Ou						ne)		
2 shot and N	is marked a	F	19e. Informent's Name/Relationship	(Type, Print)		19b. Mailir	ng Address (S	Street	and Numb	er or Rure	el Route Numb	er, City or Town	, Stete, Zip	Code)	
1 end Health	item 27 I		William R Bryant, Jr. son 236 Fish Hawk Lane							ane	·			SC 29455	
Baltimore,	Important: If iter any injury or ott once.		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Speci		emoval from State 20b. Pleca of Di cemetery, Enders					. 2	Date 20c. Location - City  /24 Berryvil				
Salt emit.	Importa any inju		21. Signature of Funeral Service Lice	nseg		22	Name end				TT				
40	_ a a		MAN	h			Hilto P.O.	Bc Bc	rune 86 x	_Ba:	nome rnesvi	lle. M	D 20	1838	
			23e. Part1. Enter the diseese, or con shock, or heart failure. List only	plicetions thet caused one causa on each li	d tha death. ne.	. Do not ent	er the mode of	of dyir	ng, such es	cerdiac d	or respiretory e	rest		Approximete Intervel Batween	
	sician edical		Immediete Ceuse (Finel										10	Onset and Deeth	
	miner		diseesa or condition resulting in death)	· dehyd	rati	on						_	Ċ	lays	
4		ner		Alzhe	imer	's di	luence of): LSEASE	9						years	
X <b>58 / 5U,</b> entificate be executed	physician and s the bunal-transit	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying	b. ———	Due to (or	es e conseq	juence of):								
68760, ificate be ex	physici s the bu	edical	Ceuse (Disease or Injury thet initiated events rasulting in deeth) Lest	C	Due to (or	es e conseq	uence of):								
0	d for use es t	3	d												
- 0	e ette	sicia	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  23b. Did tobacco use contribu									ntribute to	the cause of deeth?		
ords, P.O.	signed by the etter be deteched for u	by Physician											bably 4 Unknown		
inger i	should should	Completed t										en eutopsy med?	av	ere autopsy tindings ailable prior to impletion of cause death?	
	page 2	E									10	es 2 No		∃Yes 2□No	
	s certificete director, pay	Be C	25. Wes case referred to medical						26. Plece	of Deeth	(Check only o	ne)			
_ %	0 0	2	examiner? 1 ☐ Yes 2 No	Hospitel: 1 ☐ Inpatie	ent 2 🗆 E	R/Outpetien	t 3 DOA	Oth	ner: ANNU	irsing Ho	me 5 Resid	dence 8 Oth	ner (Specif	y)	
E B	ector: After th by the funeral		27. Menner of Deeth  1°SNaturel 5 ☐ Pending 2 ☐ Accident investigation	28e. Date of Inju (Month, De	ry Year)	28b. Tima of Injury	28c	. Injur	yet rk? Yes 2□			now injury occur			
- 5 4		Certification:	3 Sulcida 6 Could not be determined	286. Place of Inj	ury - At hor c. (Specify)	ne, farm, str	eet, factory, o	office			28f. Location (S City or Tox	Straet end Numb vn, Stete)	ber or Rure	el Route Number,	
To the Hospital or within 24 hours of	To the Funeral Dir completely filled in	edical C	29a. Certifier (Check only one) 12 CertifyIng Pl	nysician: To the best niner: On the basis of end mannar st	f examination	ledge, death on end/or inv	occurred et vestigetion, in	the tir	me, dete en opinion, dee	d place, o	end due to the ed at the time,	cause(s) end mo date end plece,	enner es s end due to	teted. o the cause(s)	
To the	Comp	M	29b. Signeture end title of certifier	010	21	0			e number			29d. Date signe			
			Mucho	4/5	non	y		038	3781			Feb. 2	24,	1999	
			30. Neme and address of person who					71		NI IA	#212	Mach	D 0	20016	
	Sta Registr		Michael Gra 31. Dete filed (Month, Day, Year)	32. Registr	Mass as Signetu	ıre	A		ork		- #312	_wasn.	D.C		
L'	legisti	ui	7 Way N 7	- 1000			/- /	1ch	one						

DHMH 16 Rev 6/95

in Ba	rden				Sta	ite of Ma	arylan	d / Department of Health and 3-24-99 WR Certificate of Death	Mental Hygiene	0 7	1075
ITEMS:	#23 PART	I,	II,	27,	28A-F F	PER MEO	G769	Certificate of Death	Reg. No.	UI	916
lalam	1. Decedent's	Nam	e (First,	Middle	, Last)	Marilla Mari		- Ilean In a con-	2. Date of Death Mooth Day	Year	3. Time of

Phy /Medical Examiner

**Funeral** Director

the Maryland Directo Funeral à Completed

in end Mental Hygiena. 7 is marked other than "natural", or items 23a or 28a-f ahow traumstic event, tra Medical Examinating must be inclined as with death filed within 72 hours efter permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 Is marked other any Injury or other traumatic event, DAGS. altimore,

> **Physician** /Medical Examiner

attending physician and for use es the bunal-transit The law requires that the death certificate be axecuted Box 68760 P.O. peu signed by the Records, should ils certificata hes director, paga 2 Division of Vital Attending Physician: this funeral After death. To the Hospital or Attendition within 24 hours after death.

To the Funeral Director: A completely filled in by the fu

Death March 01, 1999 2:10 P.M. Earl Elwin Barden 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death 9137 Baltimore Ave College Park

Age (In yrs. last birthday) If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth

Months Davs Hours Min. (Month, Day, Year) Room 253, 913/ Dr., 7. Age (In yrs. last birthday)
Yrs. Days Inn Hotel, Prince George's 5. Social Security Number Birthplace (State or Foreign Country) 59 103-30-3584 April 25,1939 Pennsylvania Usuei Residence of Decedent 10c. City, Town or Location 10a. State 10b. County 10d. Inside City Limits 1 ☐ Yes 2 No Maryland | Montgomery Silver Spring 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 317 University Blvd. 20901 United States Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever In U,S. Armed Forces? 14. Rece - American Indian. 11. Marital Status Black, White, etc. 1 ≦ Yes 2 □ No
If Yes, Give
Year or Dates: 1959-64 1 Never Married 2 Married Specify: White 1 ☐ Yes 2 ☑ No Specify: 3 ™ Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiementary/Secondary (0-12) College (1-4or 5+) 12 Space Management Specialist Veterans Administration 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Henry Barden Florence Brinnington 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mary Laura Martinez/ Daughter 10800 Sir Barton Circle, Damascus, Maryland 20872 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burlel 2 A Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Metropolitan Crematorium |Inc.3/3 | Alexandria, Virginia 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Olin L. Molesworth P. A. Funeral Home W olesu 26401 Ridge Road, Damascus, Maryland on 20872 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death COCAINE INTOXICATION Immediate Cause (Final diseese or condition resulting in death) Examiner ease Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 D Unknown ATHEROSCLEROTIC CARDIOVASCULAR DISEASE by 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy completion of cause of death? 2 No 1 Yes 2 No 25. Was case referred to medical examiner? Be 26. Piace of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Nother (Specify) at scene TV Yes 2 No 10 1 Inpatient 2 ER/Outpatient 3 DOA 23a. Date of Injury FOUND: 3-1-99 28c. Injury at Work? Certification: 27. Menper of Deeth 28b. Time of 28d. Describe how injury occurred P 1 Natural 5 Pending Investigation Foundry 1 Yes 2 No UNKNOWN 2 Accident 1:30 6 🖾 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 1137 BALTIMORE AVE. 4 Homicide FOUND IN HOTEL ROOM COLLEGE PARK, MD. 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edical 29a. Certifier

State Registrar 29b. Signature and title of certifier

30. Neme and ed

31. Dete filed (Mon

DHMH 16 Rev 6/95

29c. License number

29d. Date signed (Month, Day, Year)

O.C.M.E.

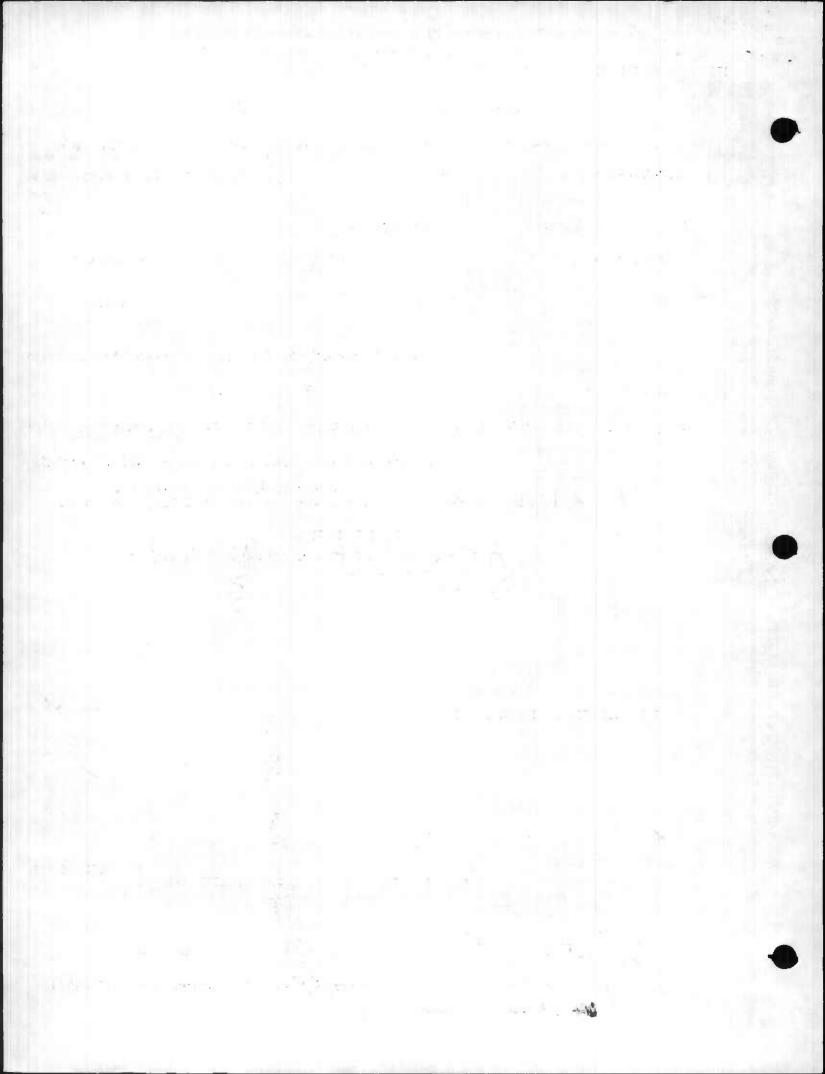
of person who completed cause of deeth (Item 23a) (Type, Print)

32. Registrar/Signature

laner

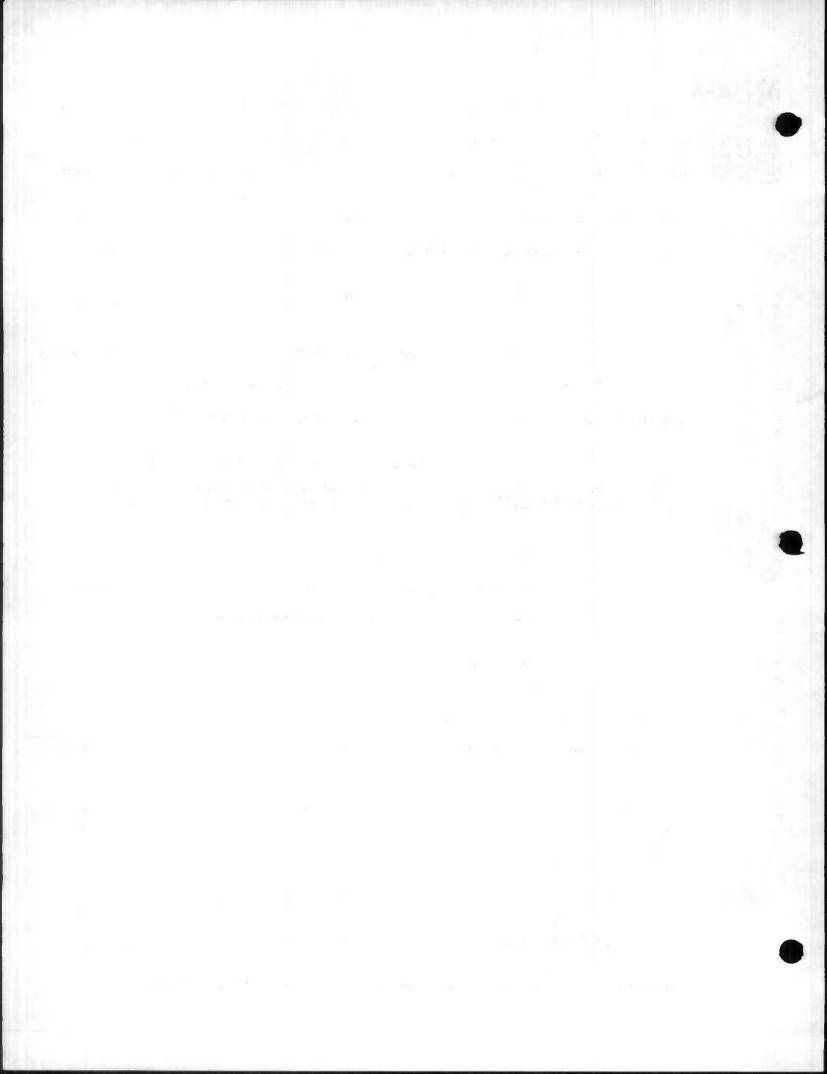
March 02, 1999

111 Penn Street, Baltimore, Maryland 21201



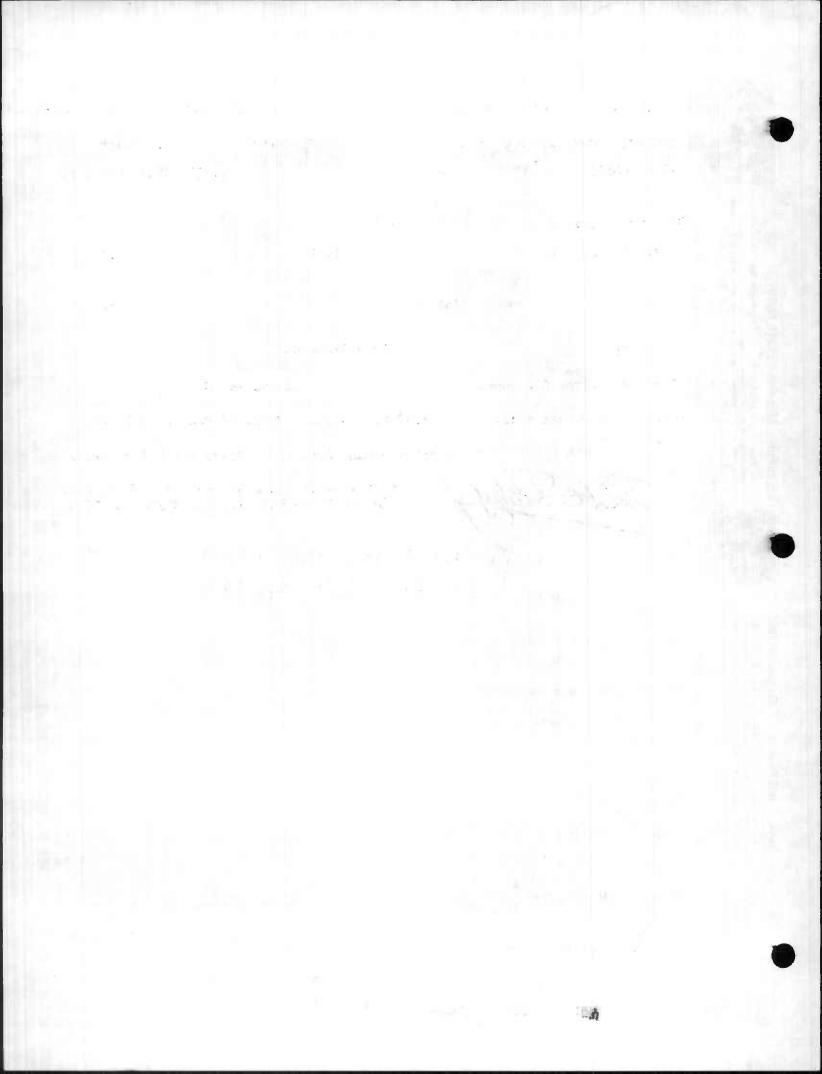
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death , 1999 **Physician** Month Feb. 27, 1:15 pm Florence Irene Cripps /Medical 4a. Facility Name (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Talbot Genesis ElderCare-The Pines Easton | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) | Min. | May 27, 1920 9. Birthplace (Stete or Foreign Country) England 5. Social Security Number 7. Aga (In yrs. lest birthday) **Funeral** 1□M 2XF Yrs Director 78 148-24-9223 Usual Residence of Decedent 10a State 10b. County r 25a-f show inclified at 10c. City, Town or Location 10d. Inside City Limits Director Maryland 1 Yes 2 No Talbot Easton 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? r than "natural", or items 23s or the Medical Examiner must be r 1070 N. Washington St., Apt. 504 21601 England Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 XYes 2 No
If Yes, Give
Year or Dates: WWII 1 □ Never Married 2 □ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by Specify: 3 ☐ Widowed 4 🗓 Divorced White Completed 15. Decedant's Education (Specify only highest greda com 16a. Decedent's Usual Occupation (Give kind of work done duning most of working life. DO NOT use retired) 16b. Kind of Business/Industry reda completed) filed within 7 Hygiene. other than "n Elementary/Secondary (0-12) College (1-4or 5+) 12 State Government Lab Supervisor 17. Fathar's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) 12 should be fi h and Mental H Is marked off Herman Helme Florence Eccland 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Streat end Number or Rurel Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 st Department of Health and Important: If Item 27 is n any injury or other traus P.O. Box 5416, Galveston, TX 77554 Catherine Deyo/Daughter 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 XCremation 3 ☐ Ramoval from State 4 □ Donation 5 □ Other (Specify) Cambridge Crematory 2-28-99 Cambridge, MD Ara of Funeral Service Licenses 22. Name and Address of Facility Curran-Bromwell Funeral Home, 308 High St., Cambridge, MD 21613
assort of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,
and List only one ceuse on each line. USE Approximate Intervel Betw Onsal and Dealh **Physician** /Medical Immediate Cause (Final a Aspiration pneumonia disaase or condition resulting in death) hours Examiner Due to (or as a consequenca of): Examiner Respiratory insufficiency years bunal-transit Sequantially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or injury thet initiated events resulting in death) Last and Due to (or as a consequence of): Chronic obstructive pulmonary disease years Box 68760. physician Physician/Medical the Due to (or as a consequence of): attending Cigarette smoking vears Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. P.O. the 23b. Did tobacco use contribute to the cause of death? à 1 XYes 2 No 3 Probably 4 Unknown signed to Atherosclerosis, generalized Records, by 24b. Were eutopsy findings available prior to completion of cause of death? 24e. Wes an autopsy performed? Completed Deen Cerebrovascular accident - hemiplegia page 2 1 ☐ Yes 2 No certificate 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: after death. Director: After this certifica 25. Wes case referred to medical Be 26. Piece of Deeth (Check only one) Hospitel: Other: Nursing Homa 5 Rasidance 6 Other (Specify) 1 Yas 2 No 2 1 ☐ inpalient 2 ☐ ER/Outpatient 3 ☐ DOA funerel 27. Manner of Death 28a. Date of Injury (Month, Dev Year) 28b. Time of Certification: 28d. Describe how injury occurred 28c. Injury at Work? 1 Natural 5 Pending 1 TYes 2 □ No investigation 2 Accident 6 Could not be determined 3 ☐ Suicida 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Spacify) á 4 Homicide n 24 hours af the Funeral Dietely filled in 29e. Certifier 🖒 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. Medical (Check only one) 2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. To the I within 2 To the I complet 29c. Licansa number 29b. Signature and title of 29d. Date signed (Month, Dey, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Michael Crowley, M.D., 508 Idlewild Ave., Easton, MD 21601 31. Date filed (Month, Day, Yeer) 32. Registrar's Signature State MAR 0 3 1999 peners & sparts

Registrar



State of Maryland / Department of Health and Mental Hygiene 9 9 7 9 7 4

Thomas Levis Clevenger Sr.  February 25, 1999 February 25, 1994 Fe			,	Ce	ertificate of	Death	Re	g. No.	0121	Y			
Thorse Levils to General and Service of Serv			"	V 975			2. Date of Deet	h		Death			
Familiary  Frederick Memorial Bogstal  Frederick Prederick  Frederick Prederick  Frederick	I nomae Lewise (	levenger sr.							P.M.				
Social Bourty Number   5 pt.	•	An English Manna (Mant Institution				4b. City, Town, or I	1						
Usual Residence of Decedent   100 Cety Town or Secretary   100 Cety Town		Frederick Memoria	1 Hospital			Frederic		Frederick					
Usual Residence of Decedent   100 Cety Town or Secretary   100 Cety Town			****				8. Date of Birth (Month, Dey,	Year)	Country)	r Foraign			
Bearing State   Stat			Maryland										
Bellementy/Spondary (D-12)   College (1-tor 5+)   Mone Disabled   None Disabled   None   None Disabled   None   None Disabled   None   None   None Disabled   None   Non	ylend wor	10e. Stata 10b. County		10d. Inside Cit									
Bellementy/Spondary (D-12)   College (1-tor 5+)   Mone Disabled   None Disabled   None   None Disabled   None   None Disabled   None   None   None Disabled   None   Non	Mar Iffed	Maryland Frederi			1X Yes	2 □ No							
Bellementy/Spondary (D-12)   College (1-tor 5+)   Mone Disabled   None Disabled   None   None Disabled   None   None Disabled   None   None   None Disabled   None   Non	or 28	10e. Street and Number			10f. Zip Code		10	0g. Citizen of Wh	at Country?				
Bearing State   Stat	th wit	3732 Clay Street			217	77		U.	S.A.				
Bearing State   Stat	eme ame	11. Marital Status	12. Was Decedent Evar in Armed Forcas?	U,S. 13	. Was Decedent of I	Hispanic Origin? (Span, Mexican, Puart	pecify Yes or No- Rican, atc.)						
Bellementy/Spondary (D-12)   College (1-tor 5+)   Mone Disabled   None Disabled   None   None Disabled   None   None Disabled   None   None   None Disabled   None   Non	or H	1 Nevar Married 2 Married	1 ØYes 2 □ No					Specify:					
Bearing State   Stat	hours hours	3 Widowed 4 Divorcad			adaatla Harral Oaarr	nation	1.	Ch Kind of Buo					
Physician // Aproximent interest in the disease or consideration in the disease of conditions and the disease of conditions in the disease of conditions and the disease of conditions are sufficient conditions.    Part   First Profession   Aproximent	n 72 nat	(Specify only highast gred		(Giv	e kind of work done	during most of wor	king	IOD. KING OF BUS	nass/moustry				
Physician // Aproximent interest in the disease or consideration in the disease of conditions and the disease of conditions in the disease of conditions and the disease of conditions are sufficient conditions.    Part   First Profession   Aproximent	withi iene.	Elementery/Secondary (0-12)	College (1-4or 5+)			·		Nor	ne				
Physician // Aproximent interest in the disease or consideration in the disease of conditions and the disease of conditions in the disease of conditions and the disease of conditions are sufficient conditions.    Part   First Profession   Aproximent	other of her	17. Father's Name (First, Middle, Last)				18. Mother's Nan	ne (First, Middle, N	faiden Sumeme	)				
Physician // Aproximent interest in the disease or consideration in the disease of conditions and the disease of conditions in the disease of conditions and the disease of conditions are sufficient conditions.    Part   First Profession   Aproximent	Alemta Alemta tic ex	Richard Carlton C	levenger			Mildred	May Gra	у					
Physician // Aproxime the disease or conditions and the course of the co	short short	19a. Informant's Name/Relationship (T											
Physician // Aproximent interest in the disease or consideration in the disease of conditions and the disease of conditions in the disease of conditions and the disease of conditions are sufficient conditions.    Part   First Profession   Aproximent	end a												
Physician // Aproxime the disease or conditions and the course of the co	of He of He	X	Damauel from Chata	cemetery, cri	emetory or other pla	ice)							
Physician // Aproxime the disease or conditions and the course of the co	Pag ment ant: I			esthave	en Mem. Ga	ardens	3/2/99 F	rederick	t, Marylan	d			
Physician // Aproxime the disease or conditions and the course of the co	amit.												
Physician Medical Examiner    Physician Records Cause (Final Indicated Cause (Final Indicated Cause (Final Indicated Cause))   Part	40588	Wolf O	Leebery	e.	1201 MODE	IT MADEETIC	OH PRO						
Physician / Medical Examiner    Part III. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I.		23a. Part 1. Enfort the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or hear fallower that only one ceuse on each fine.											
Due to (or as a consequence of):    Due to (or as a consequence of):			24.						1				
Due to (or es a consequence of):    Sequentially list conditions, are large la		disease or condition	. MYOC	ARI	DIAL	ISCHE	MIH		nours				
d.    Part II. Other algniffcent conditions contributing to death but not resulting in the underlying cause given in Part I.   23b. Did tobacco use contribute to the cause of death?   10 yes 2 No 3 Probably 4 Unknown   24a. Was an autopsy performad?   24b. Were autopsy findings available prior to completion of cause of death?   10 yes 2 No 1 Yes 2 No 2 No 2 No 2 No 2 No 2 No 2 No 2 N		Due to (or es e consequence of):											
d.    Part II. Other algniffcent conditions contributing to death but not resulting in the underlying cause given in Part I.   23b. Did tobacco use contribute to the cause of death?   10 yes 2 No 3 Probably 4 Unknown   24a. Was an autopsy performad?   24b. Were autopsy findings available prior to completion of cause of death?   10 yes 2 No 1 Yes 2 No 2 No 2 No 2 No 2 No 2 No 2 No 2 N	nsit	E LUNG CANCEIC											
d.    Part II. Other algniffcent conditions contributing to death but not resulting in the underlying cause given in Part I.   23b. Did tobacco use contribute to the cause of death?   10 yes 2 No 3 Probably 4 Unknown   24a. Was an autopsy performad?   24b. Were autopsy findings available prior to completion of cause of death?   10 yes 2 No 1 Yes 2 No 2 No 2 No 2 No 2 No 2 No 2 No 2 N	exect n end ial-tra	Sequentially list conditions,   Due to (or as a consequenca of):   if any, leeding to immediate											
d.    Part II. Other algniffcent conditions contributing to death but not resulting in the underlying cause given in Part I.   23b. Did tobacco use contribute to the cause of death?   10 yes 2 No 3 Probably 4 Unknown   24a. Was an autopsy performad?   24b. Were autopsy findings available prior to completion of cause of death?   10 yes 2 No 1 Yes 2 No 2 No 2 No 2 No 2 No 2 No 2 No 2 N	sicial e burn	Cause (Disease or Injury that initiated events  Disease Consequence of the consequence of											
Part II. Other algniffcent conditions contributing to death but not resulting in the underlying cause given in Part I.    23b. Did tobacco use contribute to the cause of death?	- C) 0		Out to	(0) 63 & 001136	squerios orj.								
Part II. Other algniffcent conditions contributing to death but not resulting in the underlying cause given in Part I.  23b. Did tobacco use contribute to the cause of death?  11 Yes 2 No 3 Probably 4 Unknown  24a. Was an autopsy performad?  24b. Were autopsy findings swallable prior to complete on to use of death?  11 Yes 2 No 1 Probably 4 Unknown  24a. Was an autopsy performad?  24b. Were autopsy findings swallable prior to complete on to use of death?  11 Yes 2 No 1 Probably 4 Unknown  24a. Was an autopsy performad?  25b. Was case referred by medical examiner:  11 Yes 2 No 1 Probably 4 Unknown  24a. Was an autopsy performad?  25b. Was case referred by medical examiner:  11 Yes 2 No 1 Probably 4 Unknown  25c. Place of Death (Check only one)  27c. Manuel of Death (Check only one)  27c.			d										
24a. Was an autopsy performad?  24b. Were autopsy findings evaliable prior to completion of cause of death?  1   Yes   2   No    25. Was case referred to medical examiner?  1   Yes   2   No    26. Place of Death (Check only one)  27. Manufer of Death   Natural   S   Pending     Notice   Pending     Not	death of for	Part II. Other algniffcent conditions co	ntributing to death but not r	iven in Part I.	23b. Dfd to	ribute to the causa c	of death?						
24a. Was an autopsy performad?  24b. Were autopsy findings evaliable prior to completion of cause of death?  1   Yes   2   No    25. Was case referred to medical examiner?  1   Yes   2   No    26. Place of Death (Check only one)  27. Manufer of Death   Natural   S   Pending     Notice   Pending     Not	d by the												
28. Place of Death (Check only one)  25. Was case referred 1 medical exeminer?  1				V									
28. Place of Death (Check only one)  25. Was case referred 1 medical exeminer?  1	aguire buld buld								available prior to	to			
28. Place of Death (Check only one)  25. Was case referred 1 medical exeminer?  1	aw re as be 2 sh						100			ause			
29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Sign hum and title of cartifier  4 EGAZIMO  30. Name and address of person who completed cause of death (Item 23a) (Type, Print)  A - Z - HEGAZI, MD, Sol Toll House Aue (Item 23a) (Type, Print)  A - Detailed (Month, Day, Year)  29c. Licanse number  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)	The The page						1 □ Ye	s Z No	1 ☐ Yas 2 ☐	No			
29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Sign hum and title of cartifier  4 EGAZIMO  30. Name and address of person who completed cause of death (Item 23a) (Type, Print)  A - Z - HEGAZI, MD, Sol Toll House Aue (Item 23a) (Type, Print)  A - Detailed (Month, Day, Year)  29c. Licanse number  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)	Stan: Stan: octor,	25. Was case referred to medical exeminer?				28. Place of Dea	th (Check only on	в)					
29a. Certifier (Check only one)  29b. Sign hum and title of cartifier  4 EGAZIMO  30. Name and address of person who completed cause of death (Item 23a) (Type, Print)  A - Z - HEGAZI, MD, Sol Toll House Aue  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Sign hum and title of cartifier  29c. Licanse number  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)	hysic his con al dire	1 ☐ Yes P No	Inpatient 2		ent 3LI DOA	4 Li Nursing F							
29a. Certifier (Check only one)  29b. Sign hum and title of cartifier  4 EGAZIMO  30. Name and address of person who completed cause of death (Item 23a) (Type, Print)  A - Z - HEGAZI, MD, Sol Toll House Aue  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Sign hum and title of cartifier  29c. Licanse number  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)	Ing P	27. Manner of Death Natural 5 Pending	28a. Date of Injury (Month, Dey Year)				28d. Describe ho	w injury occurre	5				
29a. Certifier (Check only one)  29b. Sign hum and title of cartifier  4 EGAZIMO  30. Name and address of person who completed cause of death (Item 23a) (Type, Print)  A - Z - HEGAZI, MD, Sol Toll House Aue  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Sign hum and title of cartifier  29c. Licanse number  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)	Signal of the first of the firs	Accident Investigation  3 Sulcide 6 Could not be	290 Dines of fairnes	t home form			29f Location /Co	reat and Numba	r or Burel Boute Num	her			
29a. Certifier (Check only one)  29b. Sign hum and title of cartifier  4 EGAZIMO  30. Name and address of person who completed cause of death (Item 23a) (Type, Print)  A - Z - HEGAZI, MD, Sol Tolu House Aue (Item 23a) (Type, Print)  A - Detailed (Month, Day, You)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Sign hum and title of cartifier  29c. Licanse number  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)  29d. Date signed (Month, Day, Year)	or All	4 Homicide determined	200. Flaca of injury - A		street, factory, office		City or Town	Location (Street end Number or Rural Route Number, City or Town, Stete)					
HEGAZI, MD  30. Name and address of person who completed cause of death (Item 23a) (Type, Print)  A-Z-HEGAZI, MD, 801 TOLL HOUSE AUE; D-3, FREDERICK MD 21701	pltal pltal		eleten: To the best of my k	rowledge des	ath accurred at the ti	ime data and place	and due to the co	ausals) and man	ner se etated				
HEGAZI, MD  30. Name and address of person who completed cause of death (Item 23a) (Type, Print)  A-Z-HEGAZI, MD, 801 TOLL HOUSE AUE; D-3, FREDERICK MD 21701	Hos 24 hc Fun etely	(Check only 2 Medical Exami	nar: On the besis of axam							;)			
HEGAZI, MD  30. Name and address of person who completed cause of death (Item 23a) (Type, Print)  A-Z-HEGAZI, MD, 801 TOLL HOUSE AUE; D-3, FREDERICK MD 21701	ithin o the ompk		and manner states.		29c. Lican	se number	2	9d. Date signed	(Month, Day, Year)				
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) A-Z-HEGAZI, MD, 801 TOLL HOUSE AUE; D-3, FREDERICK MD 21701	F \$ F ŏ	HEGAT	OMIL		1	441	64	2-2	26-99				
21 Date Had (Manth Day York) 20 Projectors & Company				tem 23a) /Tury									
21 Date Had (Manth Day York) 20 Projectors & Company		A-Z. HEGAZIMD, 801 TOLL HOUSE AVE; D-3, FREDERICK MD21											
State St. Determed (worth, bey, rear) 32. negistrals 31. Determined (worth, bey, rear)	State	21 Date filed (Menth Day Vens)	32. Registrarts Sig		£.	fi .							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth **Physician** Month February CARROLL Zona Seaton 4:20 AM /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Citizens Nursing Home Frederick Frederick Hours Min. 8. Date of Birth (Month, Day, Sept. 3 5. Social Security Number If Under 1 Year Year) 9. Birthplace (State or Foreign Country) Maryland 7. Age (In yrs. last birthdey) **Funeral** Days 1□M 27 F 95 215-02-6947 Yrs Sept. Director Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show r than "natural", or items 23s or 28s-f should be Medical Examiner must be notified at Maryland Frederick Frederick Wes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 1306 Taney Avenue 21702 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ② TNo If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after c Deperment of Heelth and Mental Hygiene. Important: if item 27 ia merked other than "natural", or item any injury or other traumatic event, the Medical Examinations. 1 ☐ Never Married 2 ☐ Married 1 Yes No Specify: Specify: White Completed by 3 Widowed 4 □ Divorced 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4or 5+) Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be Edward BEACRAFT Almara UNKNOWN 2 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8015 Pleasant Drive, Frederick, Md. Mrs. Patricia Ann Lake, Daughter 20b. Plece of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, Stete 1 Burial 2 ☐ Cremation 3 ☐ Removal from State Park Heights Cemetery, February 26, 1999 Brunswick, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee 22. Name and Address of Facility Keeney and Basford P.A. Funeral Home M00255 23a. Part1. Enter the disease, or complications hat caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on eech line. 21701 Frederick, MD Approximete Interval Between **Physician** /Medical Immediate Cause (Finel disease or condition resulting in death) Examiner Due to (or es a consequence of) Physician/Medical Examiner hysician and the burial-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last Due to (or as a consequence of) Due to (or as e consequence of) 80 Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 21 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? page 2 should Be Completed 24a. Was an autopsy performed? 25. Was case referred to medical 26. Place of Death (Check only one) exeminer? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Tes 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Naturel Accident

The law requires that the death certificete be executed P.O. Box 68760, Records, this certificate Division of Vital the Hospital or Attending Physician: hin 24 hours effor death. the Funeral Director: Affor this certifica mpletely filled in by the funeral director, p Certification: To

with the Maryland

deeth

Baltimore, Maryland 21215-0020

5 Pending Investigation

6 Could not be determined

28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

1 ☐ Yes 2 ☐ No

Location (Street end Number or Rural Route Number, City or Town, Stete)

29a. Certifier

3 Sulcide

4 ☐ Homleide

Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.

Discretelying Phyaician: To the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s)

29b. Signature and title of perhitie der

29c. License number D 13971

29d. Date signed (Month, Day, Year) February 23, 1999

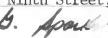
30. Name end address of person who completed ause of death (Item 23a) (Type, Print)

Robert L. Kaufmann, M.D. 300 West Ninth Street, Frederick, Maryland 21701 31. Date filed (Month, Day, Year)

State Registrar

edical

32. Registrar's Signature FEB 2 4 1999



within 24 hours e To the Funeral D

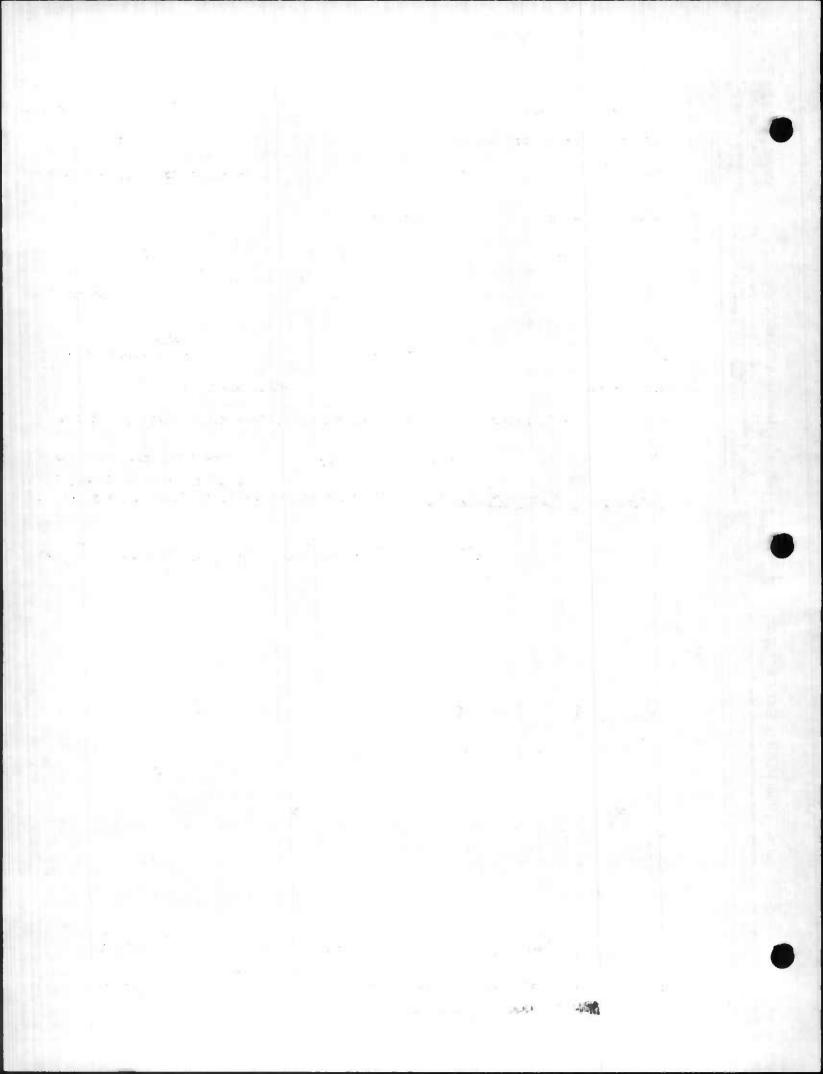
completely



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Data of Death 1. Decedant's Nama (First, Middla, Last) 3 Time of Death 23, 1999 **Physician** Mary Pauline Creager February 9:00 P.M. /Medical 4b. City, Town, or Location of Deeth 4c. County of Death 4a Facility Nama (If not institution, giva street end number) Examiner Frederick Health Care Center Frederick Frederick If Undar 1 Yaer If Undar 24 Hrs. 8. Deta of Birth (Month, Day, Year) 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplaca (State or Foraign Country) **Funeral** 1 □ M 2√□ F 214-32-4055 Yrs. February 25, 1935 Maryland Director 63 Usual Rasidanca of Decedant permit. Peges 1 end 2 should be filed within 72 hours efter deeth with the Maryland Department of Health end Mentel Hygiene. Important: If item 27 is marked other than "naturel", or items 23a or 28a-f show sny injury or other traumatic event, the Medical Examinat must be notified at once. 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yes 2 No Maryland Frederick Frederick Directo 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 21705 U. S. A. 6005 Urbana Pike Funeral 12. Wes Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. Raca - Amarican Indian, Bleck, White, etc. 11. Marital Status 1 ☐ Yas 2 ☑ No If Yas, Giva Yaer or Dates: 1 ☐ Nevar Merried XX Married Saltimore, Maryland 21215-0020 white 1 Yes 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry High's Elementary/Secondary (0-12) College (1-4or 5+) 10 Cashier Convenience Store 17. Fether's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Saddie Sharrier Lewis Morgan 19b. Meiling Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 19a. Informant's Name/Ralationship (Type, Pnnt) 6005 Urbana Pike, Frederick, Maryland Evelyn Marcum - Daughter 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20c. Location - City or Town, Stete 20e. Mathod of Disposition 1 Burial 2 □ Cramation 3 □ Ramoval from State 4 □ Donation 5 □ Other (Specify) 2-27-99 Legore, Maryland OakHill Cemetery 21. Signature of Funaral Sarvica Licansee 22. Nama and Addrass of Fecility Stauffer Funeral Homes, P. A. Part: Bigger the disease, or complications that causad tha death. Do not antar tha mode of dying, such as cardiac or respiratory arrast, shock of heart failure. List only one cause on each line. 1621 Opossumtown Pike, Frederick, Maryland 21702 Approximate Intarval Between Onset and Death **Physician** Immediete Ceuse (Final diseasa or condition resulting in daath) Obstrutive Pulmoray Drease /Medical Examiner Examiner attending physician end for use es the buriel-transit The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata cause. Entar Undarlying Causa (Disaasa or injury that initiatad avants resulting in daeth) Last Dua to (or as a consaguança of): Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequanca of): 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown P 24b. Wara autopsy findings available prior to completion of cause of death? been sig 24a. Was an autopsy performed? Completed Applition Previous certificate has b lirector, page 2 s 2 No 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Was casa rafarrad to medical axaminer? Be 26. Plece of Deeth (Check only ona) 1 ☐ Yas 2 No Othar: 4 Nursing Home 5 Residance 6 Othar (Specify) 2 1 ☐ Inpatiant 2 ☐ ER/Outpatlent 3 ☐ DOA this funeral 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28d. Dascribe how injury occurred 28b. Time of 28c. Injury at Work? Certification: After 1 Neturel
2 Accident 5 Panding invastigation s after de. I Director: Afte 1 ☐ Yas 2 ☐ No 6 Could not be datarmined 3 ☐ Suicide 28a. Placa of Injury - At homa, farm, straat, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 24 hours after Funeral Dire letely filled in b Hospital Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifian edical To the Hosp within 24 hou To the Fune completely fi (Check only one) 29c. License number 29d. Data signed (Month, Day, Year) 29b. Signeture end titla of cartifier 30. Nama and addrass of person who completed cause of death (Item 23a) (Type, Print) Gr:330m Jan 32. Registra#\$ Signatura State 1 1999 Registrar



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death March 1, Dey 1999 3:00 A.M. Gertrude Campbell 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Bradford Oaks Nursing Home Clinton Prince George's 8. Dete of Birth (Month, Dey, ) Feb 22, 5. Sociel Security Number 7. Age (In yrs. last birthday) If Under 1 Year if Under 24 Hrs 9. Birthplece (Stele or Foreign County) 1920 Washington DC Months Deys Hours Min. 1 M 2 GyF 578 03 9133 79 Yrs. Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits 1 ☐ Yes 2 ☑ No MD P.G. Clinton 10e. Street and Number 10f. Zin Code 10g. Citizen of What Country? 6006 Brooke Jane Drive 20735 United States 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑No If Yes, Give 14. Reca - American Indien, Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritei Statue Bieck, White, etc. 1 Never Merried 2 Married White 1 Yes 2 No If Yes, Give Yeer or Detes: Specify. XXWidowed 4 Divorced 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Defense Department Federal Government 18. Mother's Neme (First, Middle, Meiden Sumeme) 17. Fether's Neme (First, Middle, Last) Archie Morgal Ethel Harbin 19e. informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Patricia Shutters (NIECE) 6006 Brooke Jane Drive, Clinton, Maryland 20735 20b. Pleca of Disposition (Name of cametery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State Dete 1X Buriei 2 ☐ Cremetion 3 ☐ Removel from Stete Maryland Veterans Cemetery Cheltenham, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility Lee Funeral Home, Inc 6633 Old 21. Signature of Puneral Ser Alexandria Ferry Road, Clinton, Maryland 20735 23a. Rart1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth immediete Ceuse (Finel diseese or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24a. Wes en eutopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? 1 Yes 2 1 No 1 ☐ Yes 2 ☐ No 28. Plece of Deeth (Check only one) Hospitel: Other: Nursing Home 5 Residence 8 Other (Specify) 1 Inpatient 2 ER/Outpetient 3 DOA

**Physician** /Medical Examiner

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

28a-f show

Director

Funeral

þ

Completed

Be

2

7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Madical Examinar must be notified at

permit. Peges 1 and 2 should be filed within 7; Department of Health end Mental Hygiene. Important: If item 27 is merked other than \*na any Injury or other traumatic event, the Media 200.8.

filed within 72 hours efter deeth with the Meryland

attending physician end for use es the burial-transit signed by the a peed : has

certificate this funeral

The lew requires that the deeth certificate be axecuted : After t

Box 68760. Records, P.O. Division of Vital I or Attanding Physician: within 24 hours after deeth.

To the Funeral Director: Aft

Hospital

0

State Registrar

Medical

(Check only

Physician/Medical Examiner Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert J. þ Completed Be 25. Was case referred to medical examiner? 10 1 Yes 2 No 28e. Dete of injury (Month, Dey Year) 27. Menner of Death 28b. Time of Injury 28c. injury et Work? 28d. Describe how injury occurred Certification: 1 Netural 5 Pending investigetion 1 Yes 2 No 2 ☐ Accident 6 Could not be determined 3 ☐ Suicide 281. Location (Street end Number or Rural Route Number, City or Town, Stete) Ptece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 29e. Certifier

Certifying Physician: To the best of my knowledge, death occurred at the time, dete end piece, and due to the ceuse(s) and manner as stated.

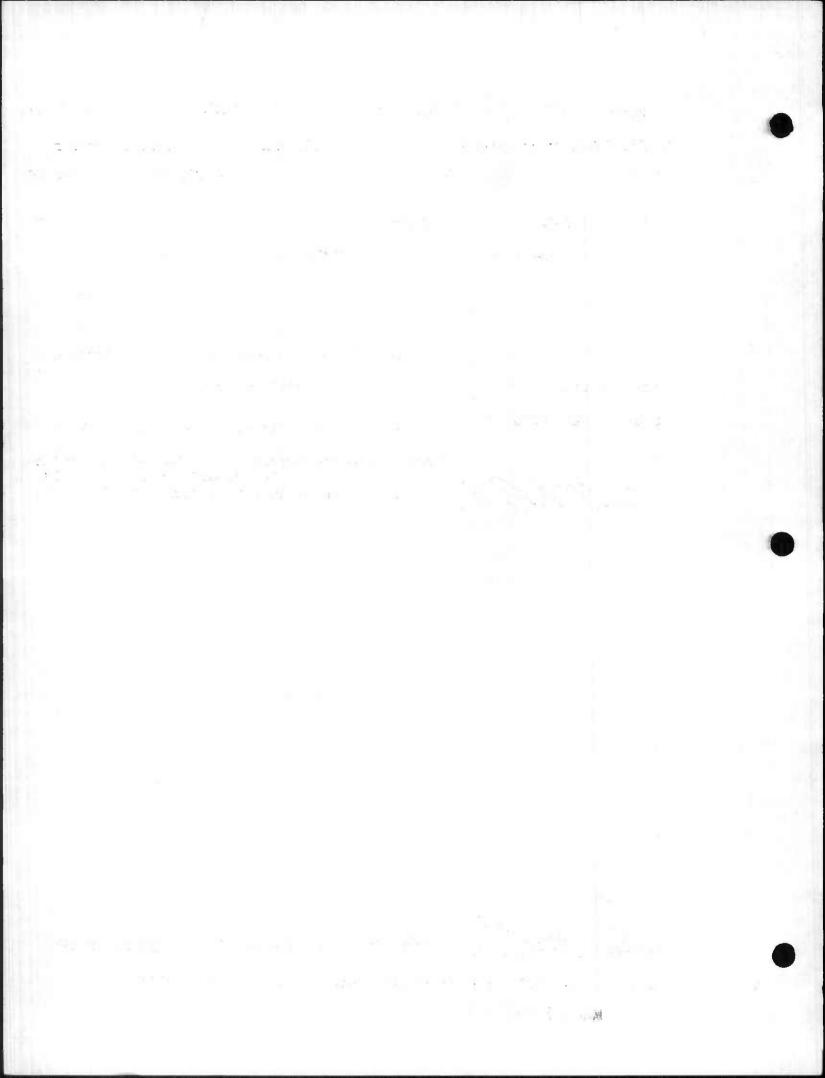
2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) 29b. Signature and little of certifier

29d. Dete signed (Month, Dey, Year)

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

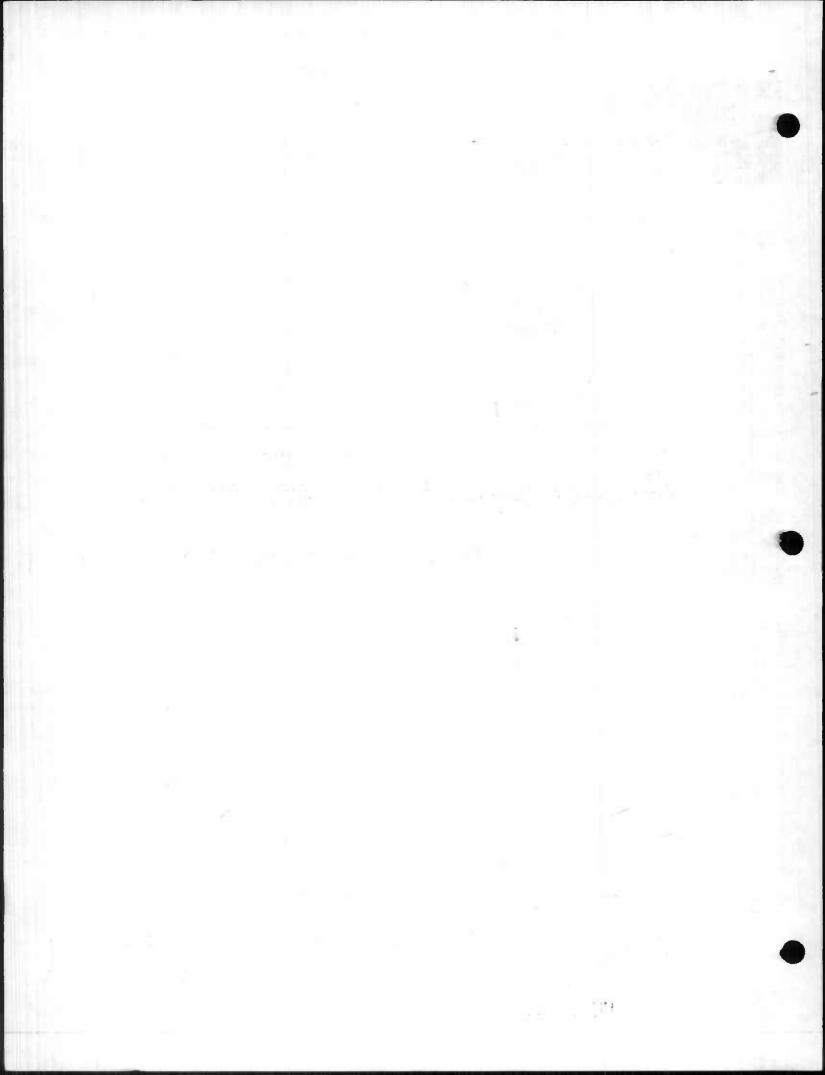
Rene E. Grace, M.D. 9131 Piscataway Road, Clinton, Maryland 20735

31. Dete filed (Month, Dey, Year) MAR 0 3 32. Registrar's Signeture



State of Maryland / Department of Health and Mental Hygiene

						Certific	cate of	Death	R	eg. No.		1918		
	Physic		1. Decedant's Nama (First, Middla, Las	st)		17			2. Data of Deat Month	h Day	Year	3. Time of Leath		
	/Medi		Lengie Hligabeth				ANGE		Februa	ary 20, 1999		12:10 A		
	Exami		4e. Facility Nema (If not institution, give	and the second second				4b. City, Town, or Lo	ocation of Death	4c. County	of Death			
		, .	3722 Point of					Point of	Rocks	Fred	deric			
	Funerai Director		212-24-57-6	ax 7. Age □ M 202 F	91 yrs. last b	Yrs. If U	nder 1 Year iths Days	If Under 24 Hrs. Hours Min.	8. Data of Birth	9 <sup>Year</sup> 1907	9. Birthpla County	ca (State or Foreign Maryland		
	Datumore, Maryland Z1Z13-00Z0 permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Depertment of Heelth end Mental Hygiena. Important: If Item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic svent, the Medical Expansion must be notified at	Usual Rasidanca of Dacedant  10a. Stata  10b. County  10c. City, Town or Location  Maryland Frederick  Frederick								10d. inside Ci 1 □ Yas				
		Direct	10e. Street and Number 8304 Brook Mere B			10	. Zip Coda	21702	1	0g. Citizan of W	hat Country	y?		
020		by Funeral Director	11. Marital Status  1 Navar Marriad 2 Married  3 Widowed 4 Divorced	12. Was Decedent E Armed Forces? 1 □ Yas 2 ☑ N If Yas, Giva Yaar or Datas:	Evar in U,S.		ecedant of F specify Cub	Hispanic Origin? (Sp. an, Maxican, Puarto	ecify Yas or No- Ricen, atc.)	14. Race Black	- Amaricer k, Whita, at	n Indien, c.		
0-617	in 72 ho n natur	Completed	15. Decedant's Ed (Specify only highast grad	da com <i>pletad)</i>		. Decedant's (Giva kind o lifa. DO No	Usual Occup f work dona OT usa retire	during most of work	ing	16b. Kind of Bu	sinass/Indu	stry		
altimore, Maryland 21215-0020	filed withl Hygiena. other than		Elamantary/Secondary (0-12) 7 17. Fathar's Nama (First, Middla, Last)	Collega (1-4or 5	+)	Homema	aker	18. Mothar's Name	e /First Middle A					
an	od be	Be C	Lewis A. Clem						. Mornir		2)			
2	should be nd Mental marked o	7	19a. Informant's Name/Ralationship (7	h Mailing Ade	Irana /Ctrani				Canto Win C	No de l				
Σ	d2s then 7 ls r							and Number or Run						
ď,	1 and Heelth em 27 sther tr		Doris C. Bierley/Daughter 8304 Brook Mere Blvd, Frederick, M  20a. Mathod of Disposition 20b. Place of Disposition (Nema of Data 20c. Location)											
Pages	it. Pages riment of h riant; if its njury or of		1XDBurial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Specify	)	cemati	rson Lu	or other pla ithera	n Cemeter	y Feb. 2	23, 1999		ferson, MD		
nan	permit. Depertrainments any Inju		21. Signatur, of Funaral Sarvice Licen	Basker	M0002	22. Nam Ke	e end Addre eeney	& Bastord t Church	Funeral	Home	ala N	4D 21701		
1	Physician /Medical Examiner	Examiner	Immediata Causa (Final disaasa or condition rasulting in death)  Sequentially list conditions, if any, leading to immediata causa. Enter Undarlying Causa. (Disaase or Injury c.											
DOX DO LOO,	requires that the death certificate be executed seen signed by the ettending physician and hould be detached for use as the buriel-transit	Medical	Causa (Disaase or Injury that initiated avants rasulting in death) Last  Dua to (or es e consequence of):											
5	the e	Physician/	Part II. Other significant conditions co	t not rasulting	n tha undarly	ng ceusa giv	van in Part I.	23b. Did tobacco usa contribute to the cause of death?						
, Y	es thet the death cer igned by the ettendir be detached for use	by Phy	r						1 🗆 Ye	20 No	3 Probe	bly 4 Unknown		
Hecord	2 s t	Completed						-	24a. Was ar parlorn	n autopsy ned?	avall	a autopsy findings abla prior to pletion of ceusa ath?		
	T es	S							1 □ Ya	s ANO	1 🗆 '	Yas 2□ No		
DIVISION OF VITAL	il or Attending Physicien: The safter deeth.  Director: After this certificate of in by the funeral director, pag	Certification: To Be	25. Was cesa rafarred to medical axaminar?    Yas   2   0		Year) 28b.	Tima of Injury M	28c. Injur Wor	Yas 2 □ No	ma 5 Raside 28d Dascribe ho	nce 6 □Otha	d			
2	pital or Attendours after deet eral Director: filled in by the		4 Homicida datamined	building, atc	. (Specify)				28f. Location (Sti City or Town	, Stata)				
	Hos Fun Fun	edical	29a. Cartifier (Check only one) 2 Medical Exam	rsician: To the best of inar: On the basis of and manner state	axamination as	a, daath occur nd/or investiga	red at tha tir ition, in my o	ma, data and place, a ppinion, daath occurr	and dua to tha ca ed at the tima, da	usa(s) and mar ita and place, s	nar as stat nd dua to th	ed. ha cause(s)		
	きをきる	Mec	29b. Signerate and title of certifier	and mannar stat	/		29c. Licans	sa number	29	d. Data signed	(Month. Da	ay, Year)		
	with the correction of the cor		1 days	9/1	my	in.	2	D16428	6	2	22	199		
			Casper E. Cline,	M.D., 300		Ninth	Street	t, Frederi	ck, Mar	yland 2	1701			
	Sta Registr		31. Data filed (Month, Day, Yaar)	1909 A	Signatura	, 4								



If Under 1 Year

10f. Zip Code

21788

1 Yes 2 No Specify:

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

Months

If Under 24 Hrs

Hours

13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.)

Caroline

3 Furnace Ct., Thurmont, Maryland

19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

8. Date of Birth (Month, Day, Year)

18. Mother's Name (First, Middle, Maiden Sumame)

Date

27.

1910

10g. Citizen of What Country?

Specify:

United States

16b. Kind of Business/Industry

Hines

21788

20c. Location - City or Town, Steta

14. Rece - American Indien, Black, White, etc.

Carolina Mill Works

white

Birthplaca (State or Foreign Country)

North Carolina

10d. Inside City Limits

Yes 2 No

State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Year **Physician** GEORGE 20, 1999 RILEY FEBRUARY 10:20 PM /Medical 4a Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner COLLEGE VIEW CENTER FREDERICK FREDERICK

Woodworker

20b. Pleca of Disposition (Name of cametery, crematory or other place)

7. Age (In yrs. last birthday)

89

10c. City, Town or Location

Thurmont

10XM 20 F

12. Was Decedent Ever in U.S. Armed Forces?

1 Yes 2 XNo ff Yes, Give Year or Dates:

Cottege (1-4or 5+)

**Funeral** Director

5. Social Security Number

240-10-3986

Maryland

11 Marital Status

Riley

10a. Street and Number

Usual Residence of Decedent

3 Furnace Court

1 Never Married 2 Married

3 ☐ Widowed 4 ☐ Divorced

Elementery/Secondery (0-12)

17. Father's Name (First, Middle, Last)

19a. Informant's Neme/Relationship (Type, Print)

12

Robert Davis

20a Method of Disposition

10b. County

Frederick

15. Decedent's Education (Specify only highest grade completed)

Davis

/ son

show Director 288-1 'natural', or llams 23s or Funeral à Completed Hygiene. Be

filed within Pages 1 and 2 should be Health and Mental Department of Health and Mental important: if Item 27 is marked of any injury or other traumatic ev

3altimore, Maryland 21215-0020

P.O. Box 68760.

Records,

Division of Vital

**Physician** /Medical Examiner

and certificate be exec signed by it Deptal or Attending Physician; hours after deeth. Ineral Director; After this certific To the Hospital within 24 hours a To the Funeral Completely filled

1 ☐ Burial 2 X Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Resthaven Crematory 2/23/99 Frederick, Maryland 22. Name and Address of Facility Stauffer Funeral Home 21. Signature of Funeral Service Licensee 104 E. Main Street, THurmont, Maryland 21788 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset and Death Immediate Cause (Final nunemi diseese or condition resulting in deeth) Due to (or as a consequence of) Examiner Minumen Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting In death) Last Due to (d) as a consequenca of): Physician/Medical Due to (or as a consequence of) Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dfd tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 Probably 4 ☐ Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy hear 1 Yes 2 No 1 ☐ Yes 2 ☑ No 25. Was case referred to medicat axaminer? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residenca 8 Other (Specify) 1 Yes 2 No edical Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Phyelcian: To the best of my knowledge, death occurred at the time, date end plece, end due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signeture and title of 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

State Registrar 32. Registrar Signature

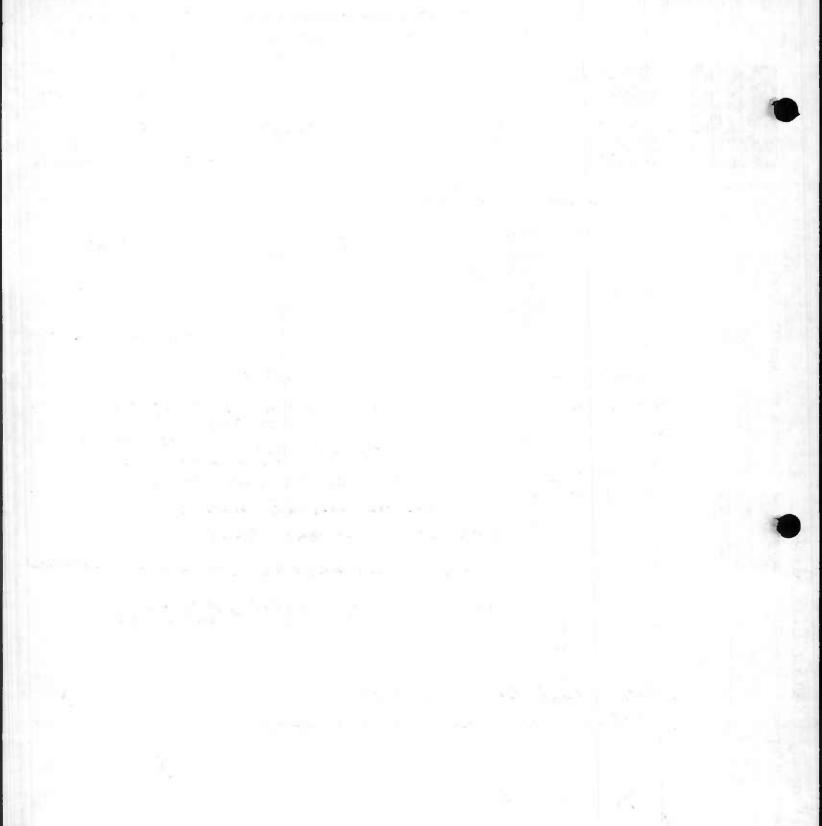
, 1, 5, 1 .... , 3 \*

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Mary Catherine Davis Feb. 20. 1999 10:20pm /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** LAPLATA
If Under 24 Hrs. CIVISTA MEDICAL CENTER CHARLES 5. Social Security Number 7. Age (In yrs. last birthdey) If Under 1 Year 6. Sex 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Deys Hours 1□ M 2□ F Yrs. Director 579 36 3456 69 Aug 5, 1929 Washington DC Usuel Residence of Decedant 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limifs ns 23a or 28a-f show 28a-f show MD Charles 1 ☐ Yes 2 No Director WhitePlains 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 9955 Marshall Corner Road 20695 Funeral United States 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates: 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American Indien, Bleck, Whife, etc. filed within 72 hours after 1 ☐ Never Merried 2 ☐ Merried 21215-0020 6 1 ☐ Yes 2√2 No Specify: þ Specify. 3 ☐ Widowed 4 ☐ Divorcad White Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry tal Hygiene. Elemantary/Secondary (0-12) Collaga (1-4or 5+) Clerk Davis Antena Company 12 Maryland 17. Fether's Neme (First, Middle, Last) 18. Mothar's Name (First, Middle, Meiden Sumeme) . Pages 1 and 2 should be fill ment of Health and Mental Heant: If item 27 is marked oth jury or other traumatic even Be Frank J. Loreto Emma Forte 19e. informent's Neme/Reletionship (Type, Print) 19b. Malling Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) James W. Davis (HUSBAND) 9955 Marshall Corner Road, White Plains, MD 20659 Baltimore, 20e. Method of Disposition 20b. Place of Disposition (Name of commetery, crematory or other place) Feb 25, 1999 20c. Location - City or Town, Stete 1 ⊠ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete Department o Important: If any Injury or Cheltenham, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) Maryland Veteran Cemetery 22. Name end Address of Fecility Lee Funeral Home, Inc 6633 Old 21. Signeture of Funeral Service Licensee Alexandria Ferry Road, Clinton, MD 20735 23a. Pert1. Enter the biseese, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart feiture. List only one cause on each line. Physician immediate Cause (Final disease or condition rasulting in death) /Medical CARDIO PULMONARY Examiner Due to (or es e consaquanca of): MYOCARDIAL INFARCTION ZUHONRU Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Causa (Diseese or injury that initieted events resulting in deeth) Lest MYPERTENSION DIABETES, ATHEROSUS Physician/Medical Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? STAGE RENAL DISEASE. 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown SEVERE PERIPHERAL VASC. DISEASE 24b. Were autopsy findings available prior to complation of cause of deeth? Completed 24e. Wes en eutopsy performed? 1 Yas 2 No 1 ☐ Yes 2 ☐ No of Vita 25. Wes case referred to medical axaminer? Be 26. Piace of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Yes ≥ No inpatient 2 ER/Outpatient 3 DOA al or Attending Physics after death.

Il Director: After this of in by the funeral d 27. Manner of Death 1 Naturel 28e. Dete of injury (Month, Dev Year) Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Division 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could nof be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28a. Pleca of fnjury - At home, farm, straet, factory, office building, etc. (Specify) 4 Homicida To the Mospital of within 24 hours at To the Funeral D completely filled It Medical Certifying Physician: To the best of my knowledge, deeth occurred et tha tima, date and pleca, end due to the ceusa(s) and mannar as stated.

Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date and place, and due to the ceuse(s) and menner statad. 29e. Certifier (Check only one) 29c. License number D 0 0 5 3 4 3 1 29b. Signeture and little of cartifler 29d. Date signed (Month, Day, Yeer) 30. Name end addrass of person who completed cause of death (item 23a) (Type, Print) Mohammed S. Khalid, M.D. Cenna Center 7C Post Office Rd. Waldorf, MD 20602 31. Dete filed (Month, Day, Year) 32. Registrar's Signeture State FEB 2 5 1999 Registrar



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month Ennels Adele February 28 1999 4b. City, Town, or Location of Deeth C. County of Deeth 12:00 AM c. County of Deeth 4e. Fecility Neme (If not institution, give street end number) Apt. 209 503 Muir Street Tambridge If Under 24 Hrs. 8. Mate of Dorchester 5. Social Security Number 8. Nate of Birth (Month, Dey, Year) Birthplece (Stete or Foreign Country) 7. Age (In yrs. lest birthday) 1□M 20 F Deys 219-16-6028 Yrs. Jan. 24 1925 Maryland Usuel Rasidence of Decadent 10e Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 Yes 2 No MD Dorchester ambridg 10e. Street end Number 10g. Citizen of Whet Country? 503 Muir Apt. 209 +Ree+ 12. Wes Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11. Maritei Status 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Never Married 2 Married 1□Yes 2DNo Specify: Black 3 Widowed 4 □ Divorcad Specify: 15. Decedent's Education (Specify only highest grada complated) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Coliaga (1-4or 5+) Garment Industry 17. Fether's Neme (First, Middle, Last) 18. Mother's Nema (First, Middla, Maiden Sumeme) William Henry CORNISH Vera Christine 19e. Informent's Neme/Raletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) (SiSter) 503 Muir St. Apt. 202 Cambridge MD. 21613 20b. Piece of Disposition (Neme of cemetery, cremetory or other piece) Dete 20c. Location - City or Town, Stete Inez FARROW 20a. Method of Disposition 1 Burlai 2 Cremetion 3 Removel from State Veteran's Cemetery 3/04/99 HURlock, Maryland 4 Donetion 5 Other (Specify) 22. Name end Address of Fecility 21. Signeture of Funeral Service Licensee Home P.A. FUNERal Henry Perf, Enter the disease, or complications that caused the beeth. Do not enter the mode of dying, such as cardiac or respiretory errest, Approximate Intervel Between Onset end Deeth Immediate Ceuse (Finel Unknown disease or condition resulting in death) cites Sequentielly list conditions, if eny, leeding to immadiate causa. Entar Undarlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequance of): Anemic Due to (or es e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of deeth? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Were eutopsy findings eveileble prior to 24e. Wes en autopsy performed? completion of cause of deeth? 1 ☐ Yes 2 ☐ No 26. Piaca of Daath (Check only one)

Physician /Medical Examiner

and

tha

SB attending I

s been signed by the should be datach

cata has l cartificata

To the Hospital or Attending Physician: within 24 hours eitar death.

To the Funeral Director: After this cartifica complataly filled in by the funeral director, p

cartificate be executed

The law requires that the deeth

Box 68760.

P.O. F

Records,

Division of Vital

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

show

288-11

8

Herris 23a

8

'natural',

marked other

Ħ

Department of Health a Important: If Item 27 is any injury or other tra

filled within Hygiena.

Pages 1 and 2 should be nent of Health and Mental

the Medical Examiner

Baltimore, Maryland 21215-0020

Director

Funeral

þ

Completed

Examiner Physician/Medical Completed by Be To Certification:

25. Was casa rafarred to medical 1 Yes 2ENo Other: 4 Nursing Home 5 Hasidanca 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mennar of Death 28e. Dete of Injury (Month, Dey Year) 28c. injury at Work? 28b. Time of 28d. Describa how injury occurred Neturei 5 Pending Invastigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be detarmined 3 Sulcide 28e. Place of Injury - At home, ferm, street, factory, offica building, atc. (Specify) 28f. Location (Streat end Number or Rurel Route Number, City or Town, Stete) 4 Homicida Certifying Physicien: To the best of my knowledge, death occurred et the time, dete and piece, end due to the cause(s) end mennar as stated.

If medical Exeminer: On the basis of exemination end/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) end menner stated. Medicai 29a. Certifier (Check only one)

State Registrar 29b. Signeture end 10 of certifier

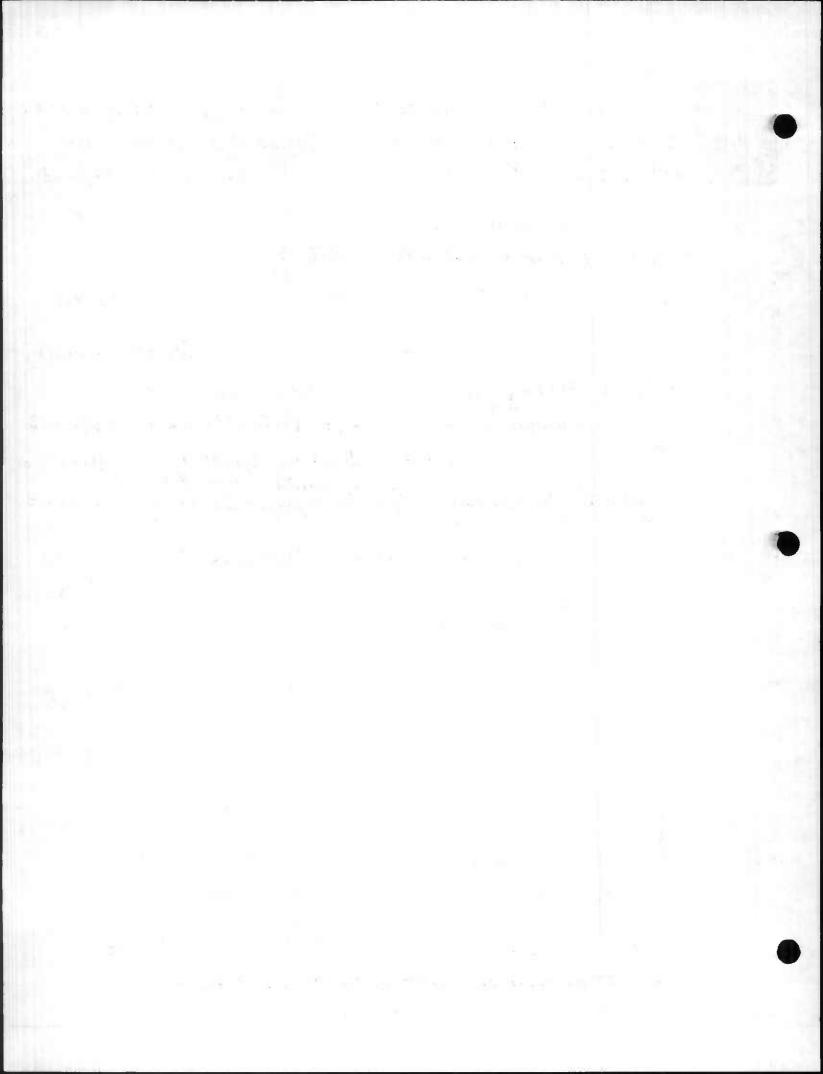
30. Name end eddrass of person who complated cause of deeth (Item 23e) (Type, Print)

DR VINODRAI MEHTA 300 AURORA ST CAMBRIDGE, MD 21613

31. Dete filed (Month, Day, Year) 32. Registrar's Signetura MAR 03 1999

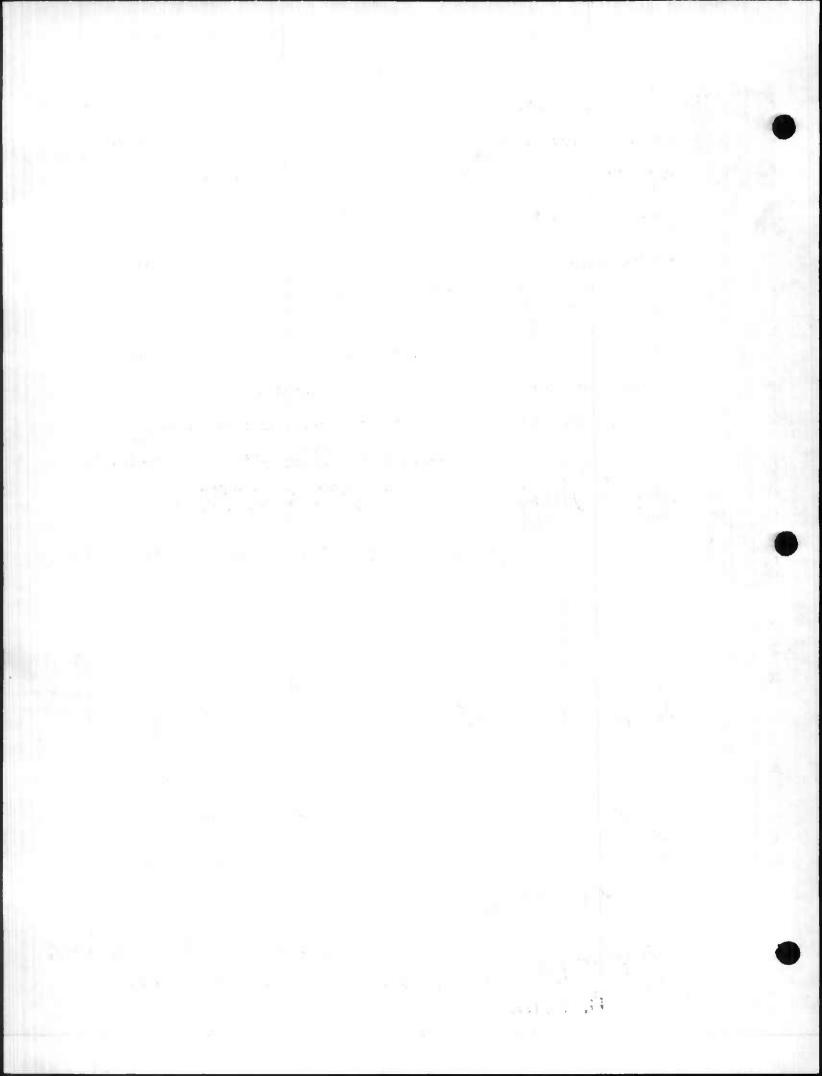
29c. License number

29d. Dete signed (Month, Dey, Year)



0	enny	0	0	0
1.1	- /	1	75	/
100	- 1	de s		6 40

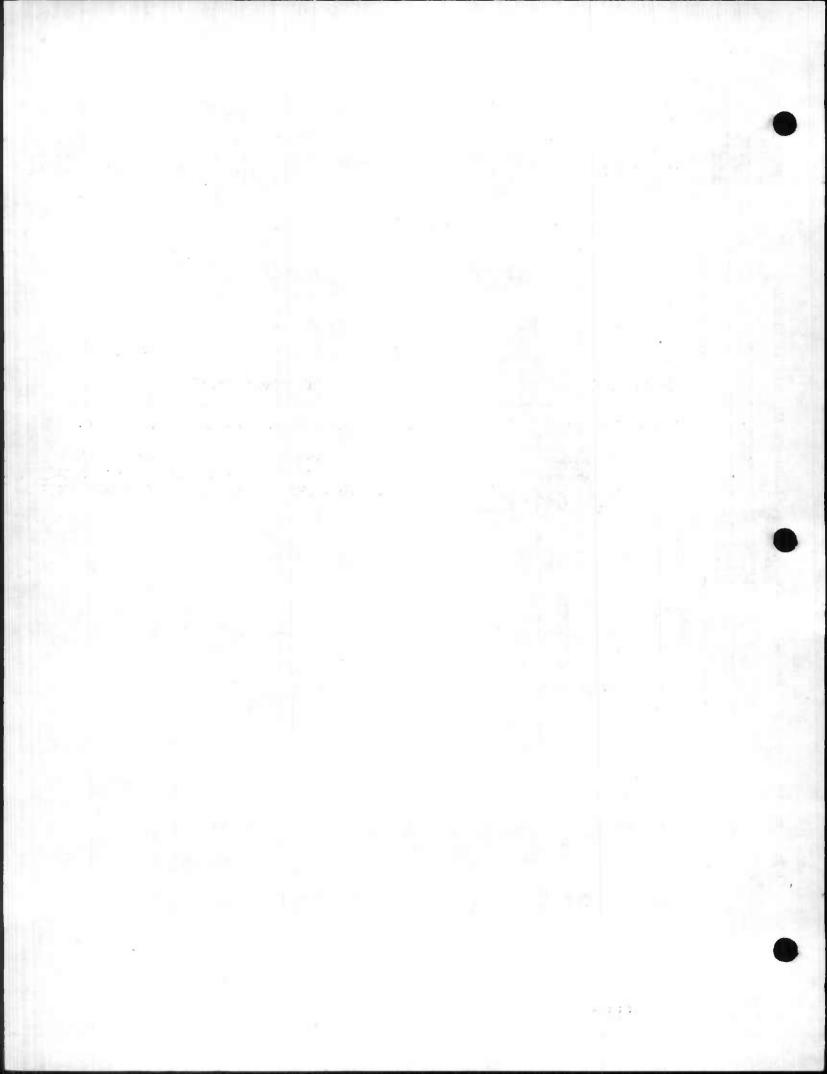
					-	Certificate o	Health and f Death		Reg. No.	) U	1305	
	Physic /Medi		1. Decedent's Name (First, Middle, Lester Edward)					2. Data of D Month Feb.	Day	Yeer	3. Time of Death 11:45 AM	
	Exami		4a. Facility Name (If not institution, g Frederick Healthcar			4b. City, Town, or Frederic			of Death			
	Funeral Director		5. Sociel Sacurity Number 6705–12–6104	Sax 7. Age 1	Months Day	ar If Under 24 Hrs	8. Date of B	irth ley, Year)		blece (Stete or Foreign ntry)		
	Marylend H show	tor	Usual Rasidence of Decedent  10a, State 10b, County  Md. Freder		10c. City, Town o	r Location Frederick				1	10d. inside City Limits 11 Yes 2 No	
	or 284	Direc	10e. Street end Number			10f. Zip Code		***	10g. Citizen of What Country?			
020	Baltimore, Maryland 21215-0020 permit. Peges 1 end 2 should be filed within 72 hours after death with the Maryland Department of Health end Mentel Hygiene. Important: If them 27 is marked other than "natural", or items 23e or 28e-f show any injury or other traumatic event, the Mod call Exemples in the footing and angine.	by Funeral Director	5820 Cenesis Lane 11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorcad	12. Was Decedent E Armed Forces? 11 Yes 2 No If Yes, Give Yaar or Dates:		2170 13. Was Decedant o If Yes, specify Ct	f Hispanic Origin? (Suban, Maxican, Puar	Specify Yes or N to Rican, etc.)	U.S. 14. Rac Blac Specify	can Indien, atc.		
15-0	72 ho	eted	15. Decedent's (Specify only highest (	Education rada completed)	18a. D	ecedent's Usual Occ Give kind of work dor	upation a during most of wo red)	rking	16b. Kind of Bi	usiness/In	dustry	
Maryland 21215-0020	within lene. than	Completed	Elementary/Secondary (0-12)	College (1-4or 5+	College (1-4or 5+)  track foremen				railro	ad		
pu	e filed el Hygi other vent,	Be Co	17. Fathar's Nama (First, Middla, La	st)	C.C.	act rocaliti	18. Mothar's Na	me (First, Middle	e, Meiden Sumen			
yla	ould b Mente arked	To	Arthur Elmer Fau				Elva M.					
Mar	d 2 sh th end 7 is m traum		19a. Informent's Name/Relationship Frances S. Fauble				ane, Freder		04 500	Stete, Zip	Code)	
Baltimore, lemit. Peges 1 en Department of Healt mportent: if item 2 eny injury or other	Peges 1 en tment of Heal tant: If item 2 jury or other		20a. Method of Disposition  MXBurial 2 □ Cremation 3 4 □ Donation 5 □ Other (Spec	□Removal from State	20b. Place of D cemetery,	isposition (Neme of cremetory or other		Dete	21/03 20c. Location - Burkittsvi			
Bal	Depar Depar Impor any in		21. Signature of Funeval Service Lio  23a Paul Enter the disease, or co	C		Donald B. 3 31 E. Main	homoon Da	eral Home	21769			
	Physician /Medical Examiner	ler	23a That Enter the disease, or co shock, or heart failure. List on Immediate Ceuse (Finel disease or condition resulting in death)	a. Chr		betwee	Ave Cu				Approximate Interval Between Onset and Death	
68760,	icete be executed physician end s the buriel-transit	edical Examiner	Sequentially list conditions, if any, leading to immadiata cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest									
Box (	leath certific ettending p	lan/Me		d								
P.O.	es that the death cer igned by the ettendin be deteched for use	by Physician/M	Part II. Other eignificant conditions Congestive	contributing to death but	not resulting in the	ne underlying cause	given in Part I.		Did tobacco use contributs to the ceuse of 1  Yes 2 No 3 Probably 4 L			
Records,	been s	Completed b							s an autopsy formed?	av	ere autopsy findings allable prior to impletion of causa death?	
	(0)		25. Was case referred to medical	T			00 00		Yes 20No	1 (	☐Yas 2☐ No	
Division of Vital	를 들 등	tion: To Be	examiner? 1 Yas 2 No  27. Manner of Death 1 Natural 5 Pending	Hospital: 1 Inpatian  28e. Date of Injury (Month, Dey	28b. Tlm	e of 28c. In		lome 5 Res	one) sidenca 6 Oth how injury occur		W	
Divisi	D SE SE	Certification:	2 Accident Investigation 3 Suicide 6 Could not determine	be One Place of Injure	y - At home, farm (Specify)	, street, factory, offic			(Street end Numb own, Stete)	er or Ruri	ıl Route Number,	
	To the Hospital or within 24 hours effu To the Funeral Dir completely filled in	edical	29e. Certifier Check only one) Certifying F	thysicien: To the best of aminer: On the besis of each manner state	examination and/o	eeth occurred et the r investigetion, in my	time, date and piece opinion, deeth occu	e, end due to the urred et the time	ne ceuse(s) end menner as stated. e, dete and place, and due to the cause(s)			
	To the Com	Σ	29b. Signature and title of certifier			29c. Lice	nse number	-	29d. Date signe	d (Month,	Dey, Year)	
			34. Name and address of berson vin	completed cause of dec	eth (Item 23e) (Ty	pe, Print)	16516		TEB -	23	1995	
	Sta Registr		Alfa J G   S	4 1999 147	5 TANK	ET NA	loans,	ED MS	2170	2		
DH	MH 16 Rev 6/9					p. 19	party					



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Physician Feb 21, 1999 Jack D. Ferrell 9:30 PM /Medical 4a Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner Southern Maryland Hospital Clinton Prince George's If Under 1 Year | If Under 24 Hrs. Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) **Funeral** Hours Months Days M 2DF 577 22 7394 75 Nov 23, 1923 North Carolina Director Usual Residence of Deceden 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show treumstic event, the Macical Examinar must be notified at 1 ☐ Yes 2 ☐ No Director P.G. Suitland 10e Street and Number 10f Zio Code 10g Citizen of What Country? 4403 Reamy Drive 20746 United States Was Decedent of Hispanic Origin? (Specify Yes or No-lif Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, 11. Marital Status 12. Wes Decedent Ever in U.S. Armed Forces? Bleck, White, etc. Armed Forces?

1X Yes 2 No WW II
If Yes, Give
Year or Dates: 72 hours effer 1 Never Married 2 Married Baitimore, Maryland 21215-0020 1 ☐ Yes 2X No Specify: White Specify: ٥ 3℃ Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Peges 1 and 2 should be filed within 72: Department of Heelth and Mental hygiene. Important: if hem 27 is marked other than "natueny injury or other theumatic event, in a Madean men Elementary/Secondary (0-12) College (1-4or 5+) Quality Inspector Federal Government 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Yural P. Ferrell Siddie B. Medlin 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 9307 Cheltenham Drive, Brandywine, MD 20613 Thomas J. Ferrell (SON) 20s. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) Date 20c. Location - City or Town, State \*\* Burial 2 Cremetion 3 Removel from State Resurrection Cemetery Feb 25, 1999 Clinton, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Name end Address of Facility Lee Funeral Home, Inc 6633 Old Alexandria Ferry Road, Clinton, Maryland 20735 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line. Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical Cerebrovascular accident Examiner Examiner physicien end s the burlel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es a consequence of) ercinoma s/P Cystalrostatectory Division of Vital Records, P.O. Box 68760, Physician/Medical 987 Part IL Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings aveilable prior to completion of cause of death? been si 24a. Was an autopsy performed? Completed page 2 a 1 Yes 2 No 1 Yes 2 No certificate To the Hospital or Attending Physicien: within 24 hours efter death.

To the Funeral Director: After this certifical completely filled in by the funeral director, Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Dipatient edical Certification: To 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending investigation 1\2Natural 1 Yes 2 No 2 Accident 6 Could not be 3 ☐ Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 ☐ Homicide 29a, Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dev. Year) charlower 00052023 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 10403 HOSP. OR. STE 103 CLINTON, MARIA ROMERO 31. Date filed (Month, Day, Year) 32. Registrar's Signature State FEB 2 5 1999 Registrar



WRC 83 99-12 -015 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. JACK W. State of Maryland / Department of Health and Mental Hygiene ITEMS: 5 PER FRANKENFIELD Certificate of Death ITEMS: #23 PART I. 27. 28A-F PER MEO G769 Reg. No. 3. Time of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month Dev Yeer **Physician** FRANKENFIELD MARCH 07, 1999 1:30 PM. /Medical 4b. City, Town, or Location of Deeth 4e Fecility Neme (If not institution, give street and number) 4c. County of Death Examiner 451 BOOTH STREET ELKTON If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) If Under 1 Yeer Birthplece (State or Foreign Country) 7. Age (In yrs. last birthdey) 5 Sociei Security Number **Funeral** Months Country)
PENNSYLVANIA 1₩ M 2□ F Days Yrs. 52 DEC. 4, 1946 **Director** 194-16-7506 Usual Residence of Decedent 10d. fnside City Limits 10a. Stete 10b. County 10c. City. Town or Location show the Maryle ir than "natural", or items 23s or 28s-f show the Modical Examiner must be notified at 1 Yes 2 No Directo MARYLAND CECIL ELKTON 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21921 U.S.A. Funeral 451 BOOTH ST. death Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American indien, 12. Was Decedent Ever in U.S. 11. Maritei Status Armed Forces?
1 ☐ Yes 2 ☑ No Bleck, White, etc. Pegas 1 and 2 should be filed within 72 hours after and of Heelth and Mentel Hygiene.
nt: if Itam 27 is marked other than "natural", or ite 1 Never Merried 2 Married 1 ☐ Yes 2 No Specify: Maryland 21215-0020 Specify: WHITE þ 3 Widowed 4 Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) SELF - EMPLOYED MAINTENANCE MAN 10 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) ANNABELLA RICHARDSON **JACK** GEORGE FRANKENFIELD 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19e. Informent's Neme/Reletionship (Type, Print) MARY WOOD - FRIEND 1015 FAIRGROUND DR. SALISBURY, MD 21801 other altimore, 20e. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) Date 20c. Location - City or Town, Stete 1 ☐ Buriai 2 X Cremetion 3 ☐ Removel from State Injury or permit. Pege Department Important: If any Injury or CAMBRIDGE CREMATORY 3-9-99 CAMBRIDGE, MARYLAND 4 ☐ Donetion 5 ☐ Other (Specify) 21 Signature of Funeral Service Licenses 22. Name end Address of Fecility 705 E. MAIN ST. 21804 BOUNDS FUNERAL HOME, INC. SALISBURY, MD 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximate Intervel Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Finel disease or conditio resulting In deeth) COMBINED DRUG INTOXICATION Examiner Due to (or es e consequence of): Examin physician and the burial-trensit certificata be axacuted Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Lest Due to (or es e consequence of): Box 68760. Physician/Medical Due to (or es e consequence of): 88 usa Pert It. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? ed by the deteched 1 Yes 2 No 3 Probably 4 Onknown signed bed bed Division of Vital Records, by 24b. Were eutopsy findings available prior to completion of cause of deeth? 24e. Wes en eutopsy Completed s cartificate has t Yes 1 X es 2 No 2 No or Attending Physician: director Be 25. Wes cese referred to medical exeminer? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) To 1XXYes 2□ No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA funaral Certification: 27. Menner of Deeth 28a. Dete of fnjury (Month, Dey Year) 28b. Time of 28c. fnjury et Work? 28d. Describe how injury occurred Aftar Found: 1 Neturel 5 Pending found: 7-99 1 Yes 2 No death. investigation UNKNOWN 2 Accident ofter death Director: 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 451 BOOTH STREET filled in by 4 Homicide FOUND AT RESIDENCE 24 hours ELKTON, MARYLAND Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

\*\*Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier Medical complately (Check only one) To the To the To the 29d. Dete signed (Month, Day, Year) 29c. License number 29b. Signeture end title of certifier MARCH 08, 1999 O.C.M.E. no 30. Neme and address of person who completed cause of deeth (Item 23a) (Type, Print) HEO DOREMICON 111 Penn Street, Baltimore, Maryland 21201 31. Dete filed (Month, Dey, Year) State

State Registrar

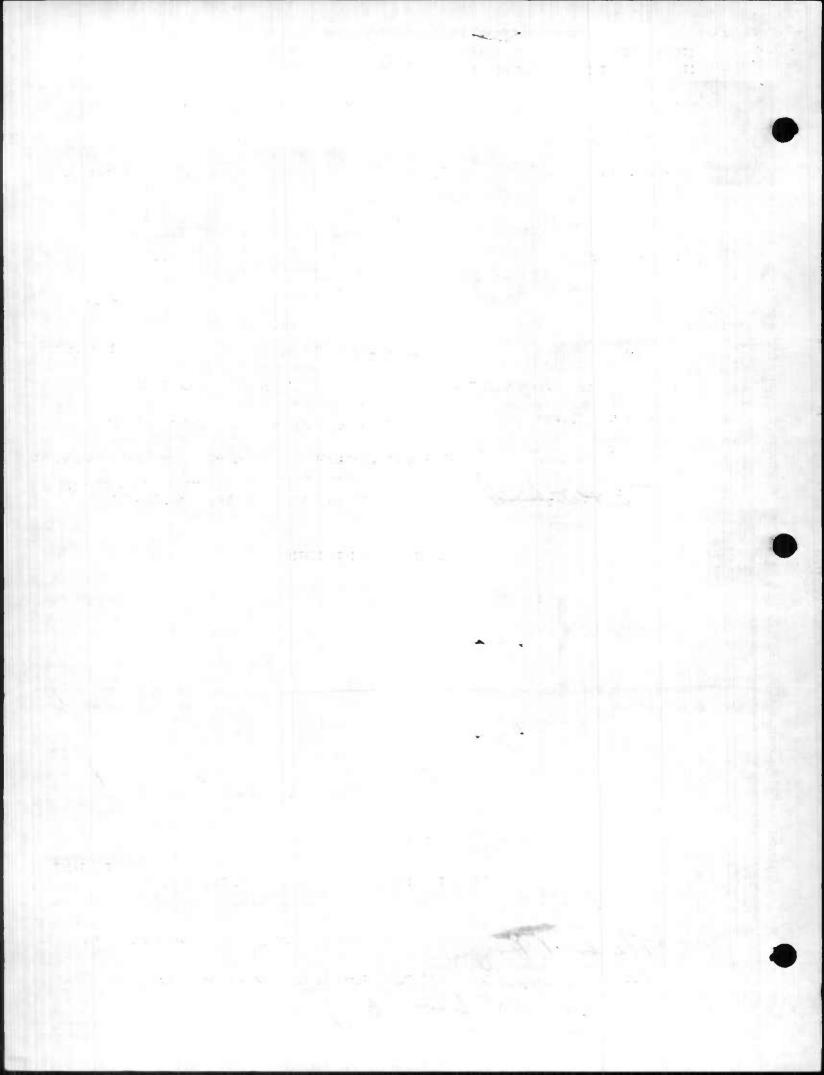
ate rar MAR 1 1

ADD

1 1999 Signeture

B.

Sparks



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death **Physician** Month Yaar RUTH WHITEMAN GATRELL February 24, 1999 0900 AM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 700 Fairview Avenue Frederick Frederick 5. Social Sacurity Number If Undar 1 Yaar If Undar 24 Hrs. 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) 10 M 20 F Days Hours Min Yrs. 235-12-4180 81 Oct. 6, 1917 West Virginia Usual Rasidance of Dacadant 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Frederick Frederick Director 1 Yas 2 No 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? 700 Fairview Avenue 21701 Funeral U.S.A. 12. Was Dacedant Evar in U,S. Armed Forcas? 1 □ Yas 2 □XNo If Yas, Giva Yaar or Datas: Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Ricen, atc.) Race - Amaricen Indian, Black, Whita, atc. 1 Navar Married 2 Narriad by 1 ☐ Yas 2 ☐ No Spacify. 3 Widowad 4 Divorced Specify White Completed 15. Dacedant's Education 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry (Spacify only highast grada complated) Elemantary/Sacondary (0-12) Collega (1-4or 5+) 12 Homemaker Own Home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Be Fred Whiteman Ethel Lanhman 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Straat and Number or Rural Routa Number, City or Town, State, Zip Code) Homer J. Gatrell (Husband) 700 Fairview Avenue, Frederick, Maryland 21701 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 X Cramation 3 Ramoval from Stata Smithsburg Crematory 2/25/99 Smithsburg, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Fonaral Sarvice Licen 22. Nama and Addrass of Facility ROBERT E. DAILEY & SON FUNERAL HOMES, P.A. 1201 NORTH MARKET ST., FREDERICK, MD 21701 eath. Do not antar tha mode of dying, such as cerdiac or respiratory arrest, Approximata Intarval Batwaan Onsat and Death Immediata Causa (Final disaasa or condition rasulting In daath) Physician/Medical Examiner Sequantially list conditions, if any, laading to Immadlata causa. Enter Underlying Causa (Disaasa or Injury that initiated avants rasulting In daath) Last Dua to (or as a consequence of): Dua to (or as a consaquanca of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 N Unknown þ Be Completed 24a. Was an autopsy performad? 24b. Wara autopsy findings availabla prior to complation of causa of death? 1 Yas 2 No 1 Yas 2 No 25. Was cesa rafarrad to medical axaminar? 26. Placa of Daath (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yas 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA 27. Mannar of Daath 28a. Data of Injury (Month, Day Year) Certification: 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 3 Suicida 6 Could not be datarmined 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homleida 29a. Cartifier Medical 1🕰 Certifying Phyalcian: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated. 2 Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29b. Signatura and titla of certifie 29c. Licansa numbar 29d. Data signed (Month, Day, Yaar) 25,1999 30. Nama and address of person who complated ceusa of daath (Itam 23a) (Type, Print)

501 West 7th Street, Frederick, MD 21701

32. Registrar's Signatura

State Registrar

Elhamy Eskander, MD

FEB 2 5 1999

31. Data filed (Month, Day, Year)

**Funeral** 

Director

"natural", or items 23a or 28a-f show

Peges 1 end 2 should be filed within 72 hours after onent of Health and Mental Hygiene.
Int: If Item 27 is marked other than "natural", or Itel Iry or other traumatic event, Itel Marical Evantines.

Depertment of important: If any injury or once.

**Physician** /Medical

Examiner

**buriel-transit** 

use es

ate has been signed by the a page 2 should be deteched f

certificate

Hospital or Attending Physician: 24 hours efter death. Funeral Director: After this certifica

24 hours

To the Within 2 To the

filled in by the funeral

physiclan the

The law requires that the deeth certificate be executed

P.O. Box 68760,

Records,

of Vital

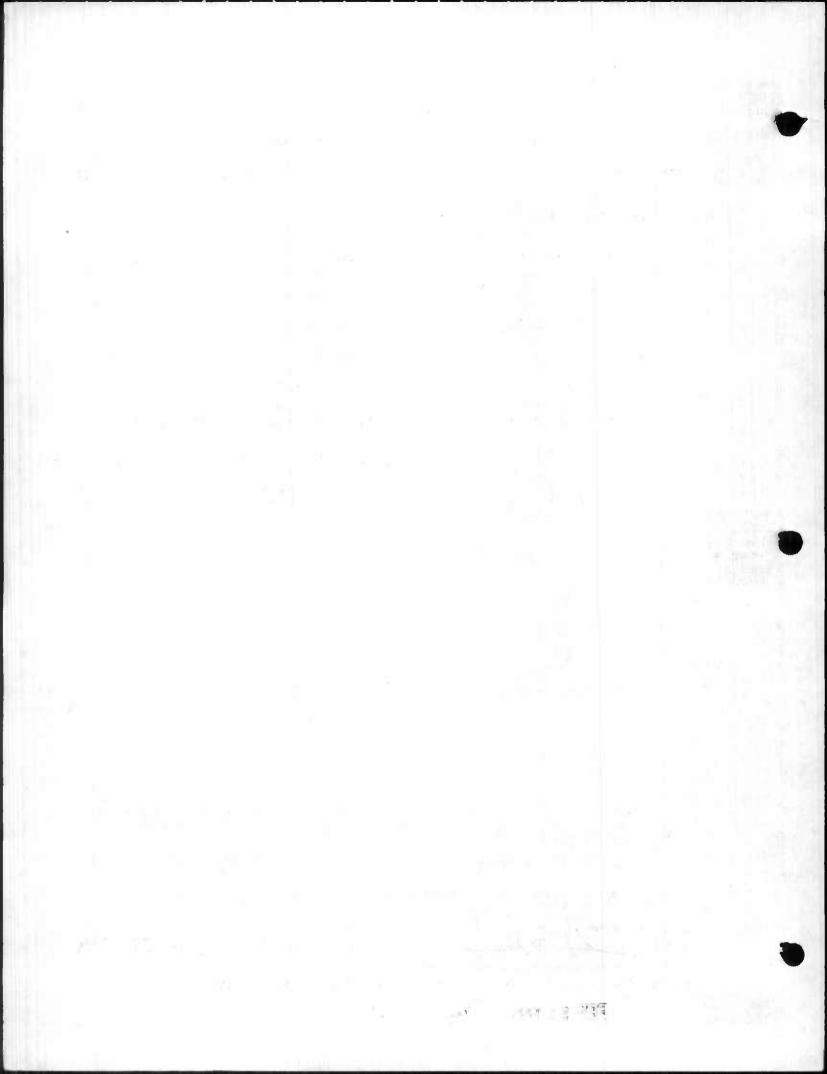
Division

Baltimore, Maryland 21215-0020

the Maryland

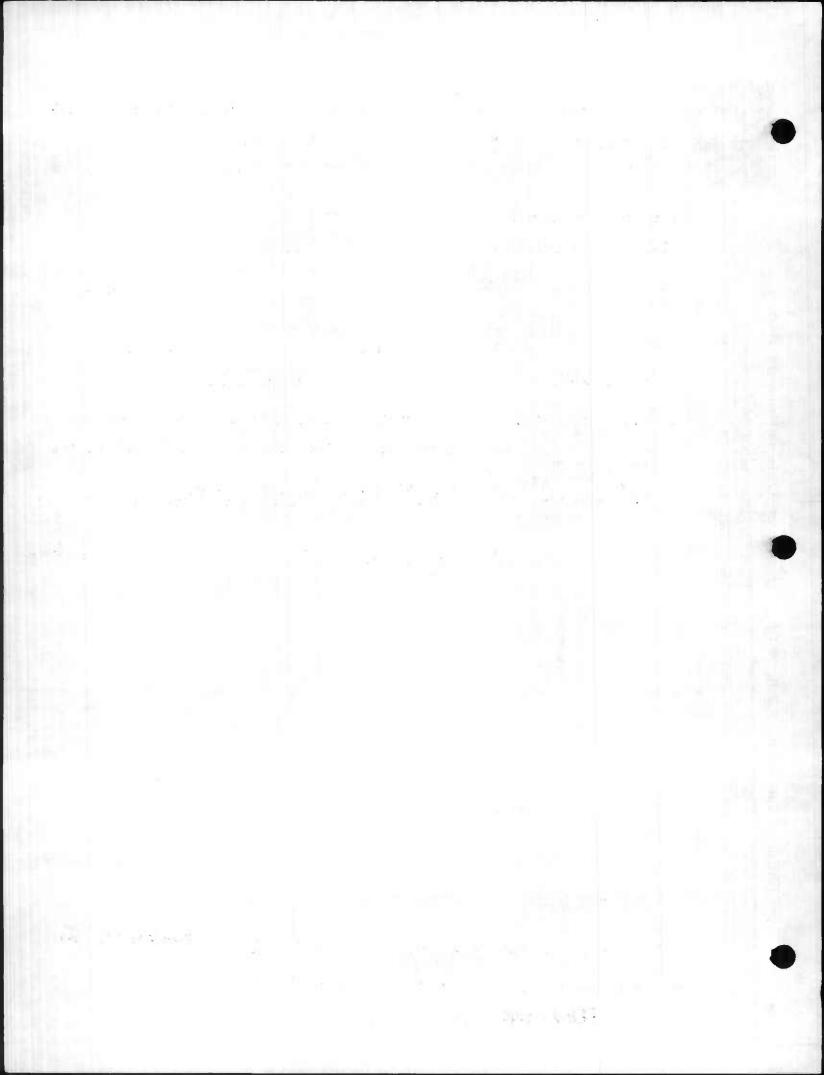
with

death



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death Month Dev **Physician** Andrew GARDINER Jesse FEBRUARY 23, 1999 1910 /Medical 4b. City, Town, or Location of Death 4c. County of Deeth 4a Facility Name (ff not institution, giva street and number) Examiner Allegany Sacred Heart Hospital Cumberland 6. Sax 1 → 2 □ F If Under 1 Year | If Undar 24 Hrs. 8. Date of Birth July 100 Year 1980 9. Birthplace (State or Foreign 5. Sociel Security Number 215-98-2265 7. Age (fn yrs last birthday) **Funeral** Months Days Hours Min Yrs. Director Usuai Residence of Decedent Pages 1 and 2 should be filled within 72 hours efter death with the Menyland nent of Health and Mental Hygiene. mit! if them 27 is marked other than "natural", or items 23a or 28a-f ahow mit! if them 27 is marked other than "natural", or other traumatic event, fire Mendical Examiner main be notified at my or other traumatic event, fire Mendical Examiner main be notified at 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Frederick Frederick 1 Yes 2 No Director 10g. Citizen of What Counfry? U.S.A. 10e. Street and Number 10212 Little Rock Lane 10f. Zip Code 21702 Funeral 12. Was Decedanf Evar in U,S. Armed Forces? 1 ☐ Yas 2 1 No If Yes, Give Yaar or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14 Race - American Indien. 11. Marifal Status Black, White, etc. 1 Never Married 2 Married 1 ☐ Yas 2 No Specify: White Maryland 21215-0020 by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedant's Education (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4or 5+) College Student 17. Fether's Neme (First, Middle, Last)
John H. Gardiner 18. Mother's Name (First, Middle, Meiden Sumame) Be Ginny G. Gannon 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informant's Neme/Relationship (Type, Print) John H. Gardiner/Father 10212 Little Rock Lane, Frederick, Maryland 21702 Baltimore, 20b. Pleca of Disposition (Name of 1999 Smithsburg Md. 20a. Method of Disposition 25, Smirthsburg ocrematory Feb. 1 Buriel 2 Cremation 3 Removal from Stafa Department of Important: If any Injury or 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Servica Licensee 22. Name and Address of Facility Keeney and Basford Funeral Home 106 East Church Street, Frederick, 0021 MD 21701 23a. Part1. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onsat and Death Physician /Medical Immediate Cause (Final disease or condition resulting in death) 2 days energeocemi Examiner Due to ( as e consequence of): Examiner sician end burial-transit Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Diseese or injury finel initiated events resulting in deeth) Last Due to (or es a consequença of): the death certificate be execu physician s the burial Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as e consequenca of): 98 950 signed by the e 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to 24a. Was en eutopsy performed? Completed complation of causa of death? certificate hes b lirector, page 2 s 1 Yes 2 No 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: 25. Was case referred to medicel Be 28. Plece of Deeth (Check only one) To Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 3□ DOA 1 Inpatient 2 ER/Outpatient this funerel 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 27. Menner of Death 28b Time of 28c. Injury at Work? Certification: 5 Pending investigation After 1 Neturel 1 Yes 2 No death. 2 Accident efter death Director: 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) filled in by 4 Homicide 24 hours e 16 Certifying Physician: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) and menner as steted.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date end piece, end due to the cause(s) and menner stated. 29a. Certifier Medical To the Hosp within 24 hor To the Fune completely fi (Check only one) 29d. Data signed (Month, Dey, Year) 29b. Signature and this of cartifier 29c. Licanse number FEBRUARY 23, 1999 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) George Breza M.D. 31. Date filed (Month, Dey, Year) 912 32. Registrer's Signeture State FEB 2 5 1999 Registrar

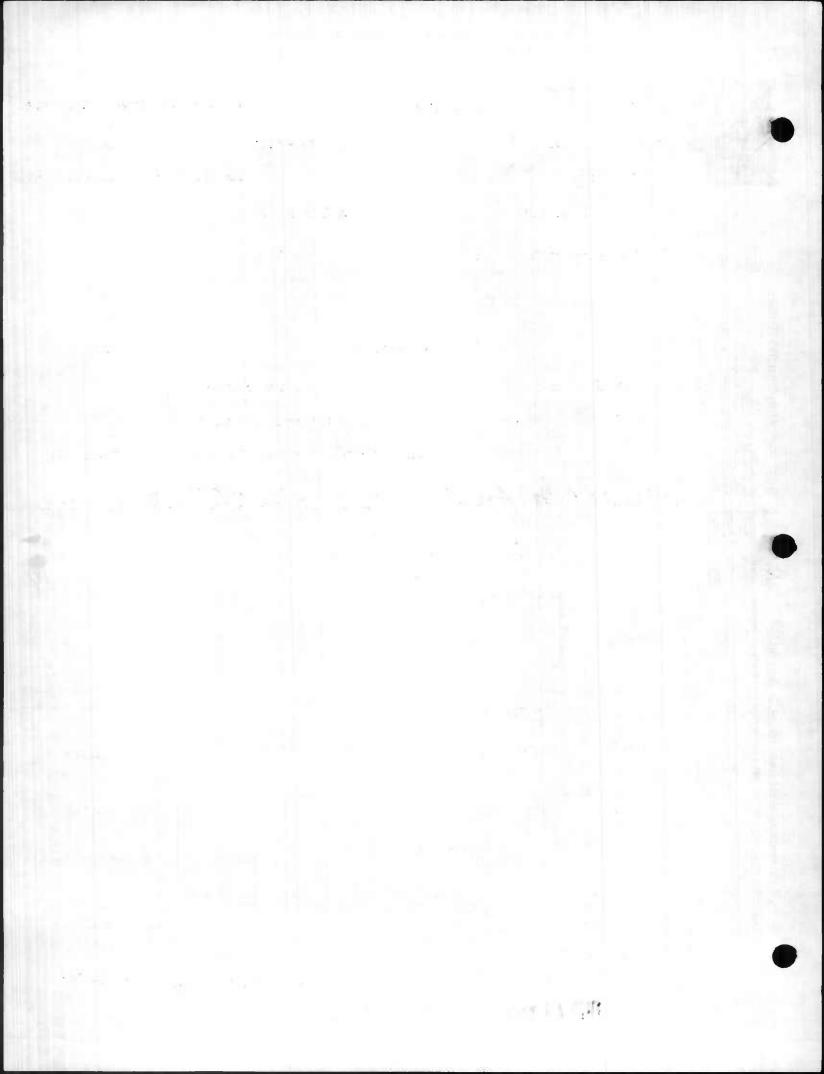


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Data of Daath 1. Decedant's Nama (First, Middle, Last) 3. Time of Death Month February **Physician** 19, 1999 5:10 a.m. **Gildersleeve** Francis /Medical 4a Fecility Nama (If not institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Frederick Memorial Hospital Frederick Frederick If Undar 24 Hrs. Hours Min. If Under 1 Year 5. Social Security Number 7. Aga (In yrs. lest birthdey) Birthplaca (Stata or Foraign Country) 6. Sex 8. Data of Birth (Month, Day, Year) **Funeral** 1□ M 25 F Months Days Yrs. Jan 1, 1907 Director 212-86-2793 Liberia, W.A Usual Rasidance of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health end Mentel Hygiene. Important: If Item 27 is marked other than "natural", or Items 23s or 28s-4 show any injury or other traumatic event, the Medical Examinators to profit a source. 10d. Insida City Limits 10a. Stete 10b. County 10c. City, Town or Location Frederick Walkersville Maryland 1 N Yes 2 No Directo 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 58 West Frederick Street 21793 U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ဩ No If Yas, Giva Yeer or Datas: 14. Rece - American Indian, Black, White, atc. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 1 Navar Married 2 Married Black 1 Yas 2 No Baltimore, Maryland 21215-0020 Specify: þ 3<sup>™</sup> Widowed 4 □ Divorced Completed Decedent's Usual Occupation
 (Giva kind of work done during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry 15. Decedent's Education (Spacify only highest grade complated) Elementery/Secondery (0-12) College (1-4or 5+) Homemaker Own Home 18. Mothar's Nama (First, Middle, Maidan Sumama) 17. Fethar's Nama (First, Middla, Last) James Jenkins MORRIS Massa Morris 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Steta, Zip Coda) 19a. Informent's Name/Ralationship (Type, Print) James E. Dennis/Son 30 Callenger Court, Walkersville, MD 21793 20b. Place of Disposition (Nama of compatery, crematory or other place)
Smithsburg Crematory Feb. 20, 1999 Smithsburg, MD. 20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Crametion 3 ☐ Removel from Steta 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funeral Service Licer 22. Name and Addrass of Facility Keeney & Basford Funeral Home 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one ceuse on each line. M00021 MD 21701
Approximate Interval Batween Onset and Death **Physician** /Medical REREBROVASCULAR Immediate Cause (Final disaesa or condition resulting in deeth) Examiner Examiner requires that the death certificate be executed attending physician and for use as the bunal-trans Due to (or es e consequança of) Sequantially list conditions, if eny, leading to immadiata causa. Enter Underlying Cause (Disaasa or Injury that initiated avants rasulting in daath) Last Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequanca of): SE esn Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Completed by 24b. Wara autopsy findings available prior to completion of causa of death? 24a. Was an autopsy OBSTRUCTIVE RULMONARY DISEASE 281 No 1 Yas 1 ☐ Yes 2 ☐ No certificate or Attending Physician: funeral director 25. Was casa rafarred to medical axaminar? Be 26. Piece of Deeth (Chack only ona) Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) 1 Yas 2 No 12 Inpatiant 2 ER/Outpatient 3 DOA Certification: To After this 28a. Data of Injury (Month, Day Yaer) 28c. fnjury et Work? 27. Manner of Death 28b. Tima of 28d. Dascribe how Injury occurred Natural 5 Panding 2 No 24 hours after deeth.

Funeral Director: Al NA Invastigation 2 Accidant 6 Could not be datarmined 3 Sulcide 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) 28f. Location (Straet and Number or Rural Route Number, City or Town, State) filled in by 4 Homicida To the Hospital 1 Certifying Phyalcfan: To the best of my knowledge, deeth occurred at tha tima, data and place, and due to the cause(s) and mannar as stated.
2 Madical Examiner: On the basis of axamination end/or investigation, in my opinion, death occurred at the tima, data and place, and due to the cause(s) and mannar stated. 29a. Cartifiar Medical (Check only one) within 2 29d. Date signed (Month, Day, Year) 29b. Signatura end titla, 29c. License number 2.20.99 30. Nama and address of person who complated cause of deeth (Item 23e) (Type, Print) FREDERICK MO 21701 TOLLHOWSE 801 32. Registraris Signatura 1999

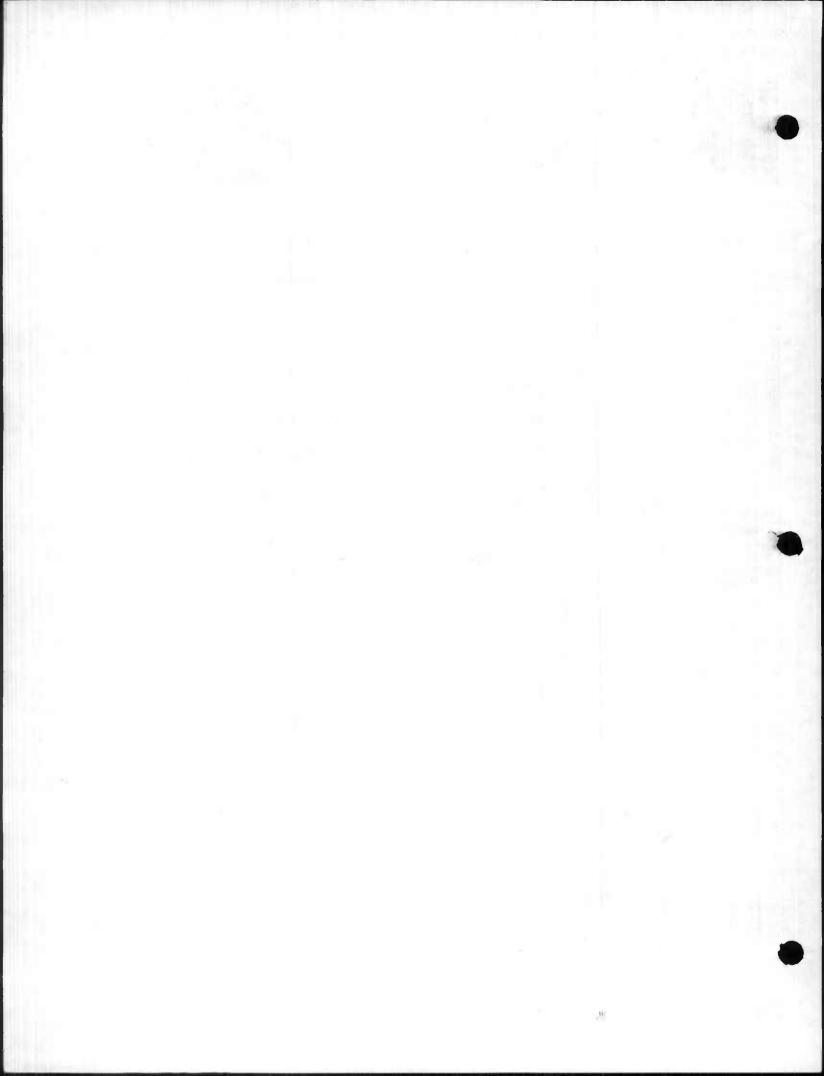
State Registrar



State of Maryland / Department of Health and Mental Hygiene

Daniel James George Certificate of Death 1. Decedant'e Neme (First, Middla, Last) 2. Data of Death 25, 1999 Month **Physician** Vaniel February 7:00 am /Medical 4e. Fecility Nama (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** 3655 Yellow Bank Road Calvert Dunkirk 7. Aga (In yrs. lest birthday) If Under 1 Year | If Under 24 Hrs. 5. Social Sacurity Number 216 78 4379 8. Data of Birth (Month, Day, Year) NOV. 25, 1 9. Birthpieca (State or Foreign Country)
Mich. **Funeral** Days Hours 1 □XM 2 □ F Yrs. Director 1959 Usual Rasidence of Dacedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits ral', or items 23s or 28s-f shore Examiner insist be notified at Calvert Dunkirk Director 1 T Yas 2 700 10e. Street and Numbe 10f. Zip Code 10g. Citizen of What Country? 20754 ÚSA 3655 Yellow Bank Rd. Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Wes Decedant of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indien, Black, White, atc. Peges 1 and 2 should be filed within 72 hours effer cand of Health and Mental Hygiene.
Int. If Item 27 Is marked other than "natural", or Nev
Iny or other traumatic event, The Mental Iny or other traumatic event, The Mental 1 ☐ Yas 2 ☑ No If Yas, Giva Year or Detes: 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 € No Spacify: white by Specify 3 Widowad 4 Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) Collaga (1-4or 5+) delivery driver package delivery 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Lester Duane George Wanda Marie Smeal 19a. informant's Name/Raiationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Stata, Zip Coda) permit. Peges 1 and 2 s Department of Health or Important: If Item 27 Is any injury or other trau Toni M. George/wife same as 10 above 20b. Place of Disposition (Nema of 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata Southern Mem. Gardens 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Othar (Specify) 3-1-99 Dunkirk, MD 21. Signatura of Funerel Service Licensas 22. Name and Address of Facility Rausch Funeral Home, Owings, MD 23 Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such es cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximeta Intarval Between Onset and Death **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in deeth) 6 Months Examiner Dua to (or as a consequence of): Examiner physician end the buriel-transit The law requires that the death certificate be executed Sequantially list conditions, if any, leading to immadiata cause. Enter Undartying Ceusa (Disaasa or injury that initiated avants rasulting in daath) Last Dua to (or as a consequance of): P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): 888 been signed by the e Pert II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. þ Completed 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to completion of causa of deeth? page 2 s 1 Yes 2 No 1 ☐ Yas 2 No certificate Hospital or Attending Physician: director, 25. Was casa refarred to madical examinar? Be 26. Piece of Deeth (Check only ona) Hospital: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 Yes 2 No Othar: 4 Nursing Homa 5 AasIdence 6 Othar (Specify) Certification: To this funeral 27. Mannar of Death 28b. Time of 28a. Data of Injury (Month, Day Year) 28c. Injury et Work? 28d. Dascribe how injury occurred After Netural 5 Panding investigation 1 Yas 2 No death. 2 Accident within 24 hours after death To the Funeral Director: , completely filled in by the 3 Suicida 6 Could not ba 28a. Placa of Injury - At homa, farm, straet, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 4 Homicida Cartifying Phyelcian: To the bast of my knowledge, death occurred at the time, data and place, and due to the causa(s) and mennar as steted.

2 Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) end mannar stated. Medical 29a. Cartifier To the 29b. Signatura and title of oertifiar 29c. Licensa numbar 29d. Date signad (Month, Dey, Yaar) D38409 completed causa of daath (item 23e) (Type, Print) 15 Enstern Ave Bultrove 21224 W. Sharfman, M.D. 31. Data filed (Month, Day, Year) 32. Ragistray's Signatura State MAR 0 3 1999 Registrar



State of Maryland / Department of Health and Mental Hygiene 9 9 7 9 8 9

					Cei	rtificat	e of	Death			Reg. No.			1
•		1. Decedent's Nama (First, Middle,	Last)							2. Date of De	eath Day	,	Year	3. Time of Death
Physicia /Medic		Michaelangel	.o A.	G	lover					Februa		3, 199		10:40 P.N
Examin	_	4a Facility Nama (If not institution,	give street and numbe	r)				4b. City, To	wn, or Lo	cation of Deat	h 4c.	County	of Death	
		Calvert Memoria	al Hospital	-				Princ		ederic		alvei	ct	
Funeral Director		5. Social Security Number 218-94-4261	. Sex 7. A 1  M 2 □ F	ige (In yrs. las 30		If Undar Months	Days		24 Hrs. Min.	8. Date of Bir (Month, Da April 2	th 28, Year)	1968	9. Birthp Coun Mary	lace (Stata or Foreign (107) Land
2 .		Usual Residence of Decedent  10a. State 10b. County		10a Cibr	Town or Lo	oation							14.	Od, Inside City Limits
ter death with the Maryland terms 23s or 28s-f show the mast be notified at	ector	Maryland Cal	vert	Too. Only,		L	usby	7						1□Yes 2 No
th with the 23s or 2 ust be n	Funeral Director	12050 Rousby Ha	11 Road			10f. Zip	2065	57			10g. Citi	USA	/hat Coun	utry?
hours after dea breaf, or Name at Examiner m		11. Marital Status 1 □ Never Marriad 2 Married	12. Was Decaden Armed Forces 1 Yes 22 ff Yes, Give	2	1	Was Dace if Yes, spe	cify Cul	oan, Mexicar	n, Puerto	ecify Yas or No Rican, atc.)	)-	Black	- Americ k, White,	
ural.	d by	3 Widowed 4 Divorced	Year or Dates											
within 72 in the first in the Medica	Completed	15. Decedent's (Specify only highest Elementery/Secondary (0-12)	Education grade completed) Coilege (1-4o		life.	kind of wo	ork done se retin	during mos ed)	et of work	ing	16b. Ki	ind of Bu	siness/Inc	dustry
		17. Fathar's Nama (First, Middla, La	eti		110 00	1 110	Litte		er's Neme	e (First, Middle	Meiden	Sumem	e)	
Alental Alental rkad o fic eve	To Be	William Clay	,	ver				Les1				Macl		
d 2 sho th and N 7 is me traume		19a. Informant's Name/Relationship Leslie Broome/Mo				ng Address		and Numb		by, MD			State, Zip	Code)
1 an Heat em 2 other	-	20a. Method of Disposition	, circi	20b. Pla	ca of Dispo	sition (Nar	ma of		T	Date			City or To	own, State
Pages ment of ant: If it uny or		1 Burial 2 Cremation 3 4 Donation 5 Othar (Spe		9	oll V	Veste	rn (	Cem.		1/99				erick, MD
spart sport y inj		21. Signature of Funeral Servica Lie	censee		22	. Nama ar	nd Addr	ess of Facili	y Sew	ell Fur	neral	L Hor	ne	
20219		Madya a	. Sewell	?	14	451 D	ares	s Beac	h Rd	. Princ	ce Fr	rede	rick,	MD 20678
	Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseasa or injury that initiated events resulting in death) Last	b	Due to (or a										
ires that the deeth cer signed by the attendin d be detached for use	cian	Part II. Other significant conditions	ds contributing to death	but not result	ing in the u	nderlying o	cause g	iven in Pert	l.					o the cause of death?
5 60										1	Yes 2,	No	3 Prol	bebly 4 Unknows
y requ	Completed by										s an autor ormed?	psy	av co	ere autopsy findings eliable prior to mpletion of causa deeth?
ifclen: The law certificate hes b rector, pege 2 s	E									160	Yes 2	□No		eves 2□ No
ifficat	0	25. Was case referred to medical						26 Place	e of Deat	h (Check only				
	ToB	examiner? 1 □tyYes 2 □ No	Hospital: 1 ☐ Inpa	tient 2 TE	R/Outpatier	nt 3 D	OA O	ther:		me 5□Res		6 □Othe	er (Specif	(v)
Physer this		27. Manner of Death	28a. Date of In	jury 2	8b. Time o		28c. Inje			28d. Describe	-			,,
Attending For death.  actor: After by the funer	atio	1 ☐ Natural 5 ☐ Pending 2 ☐ Accident Investiga	(Month, E	99 a	fnjury	P M		Yes 2⊠	No -	subject	shot	1		
or Attendi efter death Director: A	Certification:	3 Suicide 6 Could no 4 Homlcide determin	be Ope Place of l	1		eat, factor	y, office			28f. Location City or To	wn, State	PO	Box	332
	edical C	(Check only 2 Medical Ex	Physician: To the bestaminer: On the basis	of examinatio		n occurred	et the t				cause(s)		nner as s	
within 2 To the I	Med	29b. Signature and title of cartifier	and manner s	stated.		29	c. Licer	nse number		Т	29d. De	te signed	d (Month,	Day, Year)
		Denni	1 Chute	m			0.	C.M.E	•		Febr	uary	7 24,	1999
Š		30. Neme and eddress of person w	charge of	death (item 2	?3a) (Type,	Print)	Per	n Str	eet	Baltin	me	Mar	vlan	nd 21201
Stat		31. Data filed (Month, Day Year)	1 1999 <sup>32. Regis</sup>	trans Signatu	re	4		ocks				ARCI	, <u>, ,</u>	Mr. SedifeVil.
Registra	ar		/				juja	our						

State of Maryland / Department of Health and Mental Hygiene

					State of W	arylanu /	Certifica		Death	wentarriy	Reg. No.	0	799	0
	Physici /Medic		1. Decedent's Neme ( John	(First, Middle, Lat Paul	Gast					2. Dete of Do Month Feb 19	Dey	Year	3. Time (	of Deeth
	Examir		4e. Facility Neme (if n	not institution, giv	e street end number)				4b. City, Town, or	100 000 000		ly of Death	0.2	4.1.1
			Charlotte	Hall Ve	terans Ho	me			Charlott	e Hall	St.	Mary'	S	
	Funeral		5. Sociel Security Nur			e (in yrs. last b	Month	der 1 Year Is Deys	If Under 24 Hrs Hours Min					or Foreign
	Director		578 10 06		□M 2□F	81	Yrs.		1100.0	Aug 23	1917			on DC
	pu .		Usuel Residence of D	ecedent 10b. County		10s City To	wn or Location					T		
	sho	2		Anne Aru	Iobai							10	od. Inside (	
	Ne M	cto			nider	Davids	onville						1 🗆 101	2X No
	₽ 6 ±	100	10e. Street end Numb 2892 Sprind		rivo			Zip Code 1035			10g. Citizen of	What Count	try?	
	be filed within 72 hours after death with the Meryland ritel Hyglene.  Id other than "natural", or items 23a or 28a-f show avent, the Medical Examinat must be notified at	Funeral Director	2072 SPITIN	g have t							United			
	ep a	nue	11. Meritel Stetus		12. Wes Decedent Armed Forces?		13. Wes Dec	cedent of I- pecify Cub	lispenic Origin? (S en, Mexican, Puer	Specity Yes or Norto Rican, etc.)	0- 14. Re	ce - America eck, White, e		
20	afte of	y F	1 Never Merried		1 ⊠ Yes 2 ☐ If Yes, Give	No WW II	1 ☐ Yes	XX No	Specify:	,	Speci		ite	
8	uraf.	d by	Widowed 4		Yeer or Dates:									
5	nat police	Completed	1 (Specify	<ol><li>Decedent's Econoly highest gre</li></ol>	lucation de compieted)	166	Give kind of	work done	during most of wa	orking	16b. Kind of I	Business/Ind	ustry	
12	within ene.	ш	Elementery/Second	lary (0-12)	College (1-4or		life. DO NOT			Office				
7	e filed of Hygie other to	ပိ	12 17. Fether's Neme (Fi	iret Middle Leet		M	otion P	ictur	e Produc	ction me (First, Middle	Feder		ernme	ent
and	Mentel Farked of	Be	Control of the Contro	33 -24 - 30 - AV						edili takkeme	1,000	me)		
Maryland 21215-0020	should be and Mente marked umetic av	To	Frederic			1.0		40.		Troeme		1-1-1-1	-	
Ma	- A		John P. G						and Number or R Jake Driv					0.5
	s 1 and 2 should if Heaith end Mer frem 27 Is marks other traumatic		20a. Method of Dispos		( DOIV)		-	-		3, 10099	20c. Location	- 0		55
Baltimore,	8 = 5		1XX Buriel 2 🗆	Cremetion 3	Removel from Stete		of Disposition (N ary, cremetory o							
Ë	permit. Pe Depertmer Important: any Injury		4 Donetion 5			Maryl			Cemeter		Chelte			
Bal	Depeminent Indiana		21. Signature of Fune	srai service Licen	190				ess of FecilitLec					ld
	402 # G		1104	DOS	ach		Alex	andri	a Ferry	Rd, Cli	nton,MD	20735		
П			23a. Fart1. Enter the shock, or heart t	diseese, or compleilure. List only	olicetions thet caused one cause on each il	d the deeth. Do	not enter the m	ode of dyl	ng, such es cardle	c or respiretory	errest,		Approxime Interval Be	tween
	Physician			e5.								i	Onset and	Deeth
	/Medical Examiner		Immediate Cause (Fir disease or condition resulting in death)	nel	Seve	re Dys	phagia							
l.		-	resulting in Geatily				consequence							
	De #s	Examiner			Aspı	ration	Pneumon	ııa						
_	tificate be executed ig physician and es the buriel-transit	хап	Sequentially list cond if any, leeding to imm	itlons,		Due to (or es e	consequenca o	of):				1		
09	be e iclan burie	le l	Sequentially list cond if any, leeding to imm cause. Enter Underly Ceuse (Disease or Inj	ring	c. Seve	ere Alzh	eimer's	Deme	entia					
68760,	phys the	edical	thet initieted events resulting in death) Les			Due to (or es e	consequence o	f):				i		
	ding se es				d									
Box	thet the deeth cer ed by the attendir detached for use	Physician/M												
o.	he d	ysi	Pert II. Other significa	ant conditions o	ontributing to death b	ut not resulting	In the underlying	g cause giv	en in Pert I.	23b. Dld	tobacco use c	ontribute to	the cause	of death?
٥.	requires that the		histor	y of Eth	nanol Abus	se heavy	7			10	Yee 2 No	Prob	ably 4	Unknown
ds	signed d be de	d by								Ode Mar	en autopsy	24h We	re autopsy	findings
Ö	v require been si should	ete									ormed?	con	lieble prior	to
36	has b	Completed									37	of c	leath?	BT:/7
<u>a</u>	E se g									10	Yes 2 No	1 🗆	Yes 2	NoN/A
Vital Records,	Physician: The law r this certificate has val director, page 2	Be	25. Wes case referred examiner?		Hospitel:			Oth	201	eth (Check only				
o	Phys this ral di	2	1 Yes 2 No.	0	1 ☐ Inpatie		utpatient 3 Time of	DUA	4 ST Nursing I	Home 5 Res	how injury occu	1-1/	)	
no	After After fune	ion	1X Netural	5 Pending	(Month, De	y Year)	Injury	28c. Inju	rk? Yes 2 □ No	200. Describe	now injury occi	med		
S	Attending r deeth. ector: Afte by the fune	Ica	2 ☐ Accident 3 ☐ Suicide	6 Could not be		un - At home f			165 2 110	28f Location	Street and Nun	her or Rum	Poute Nu	mbar
Division	l or Attending after death. Director: After din by the fune	Certification:	4  Homicide	determined	building, et	c. (Specify)	erni, street, rect	ory, omce			wn, Stete)	DOI OI TIDIAI	TIOUTO TVOI	noor,
	To the Hospital or Attending Ph within 24 hours after deeth. To the Funeral Director: After thi completely filled in by the funeral	Ö	29a. Certifier	Cartifulna Dh	ysician: To the best	of my knowledge	e deeth coore	ad at the M	ne data and nice	a and due to the	couper(s) and -	anner co ct	ated	
	To the Hospital within 24 hours To the Funeral completely filled	edical	(Check only 2[	Medical Exam	iner: On the basis of end menner sto	examinetion el	nd/or investigeti	on, in my c	plnion, deeth occi	urred et the time,	dete end plece	, and due to	the cause	(8)
	o the	M	29b. Signature and titl	e of certifier	and mornior ste		1 2	29c. Licens	se number		29d. Date sign	ed (Month. I	Day, Year)	
	F≯Fö		OP	0 1	4	-								Q
			fleu	1	ranen-	2		D45	092		Februa	TA 19		
	ID		30. Neme and eddress	s of person with a	completed cause of d	leath (Item 23e)	_		-1 55 1		4 5 .			0639
			31. Dete filed (Month,	Dev. Yearl	32 Registr	ay's Signeture	110 H	ospi	tal Rd, S	ouite 20	4, Prin	ce Fre	eaeri	CK,MD
	Sta			MAR 0 1	1999	Same	19		- 1					

DHMH 16 Rev 6/95

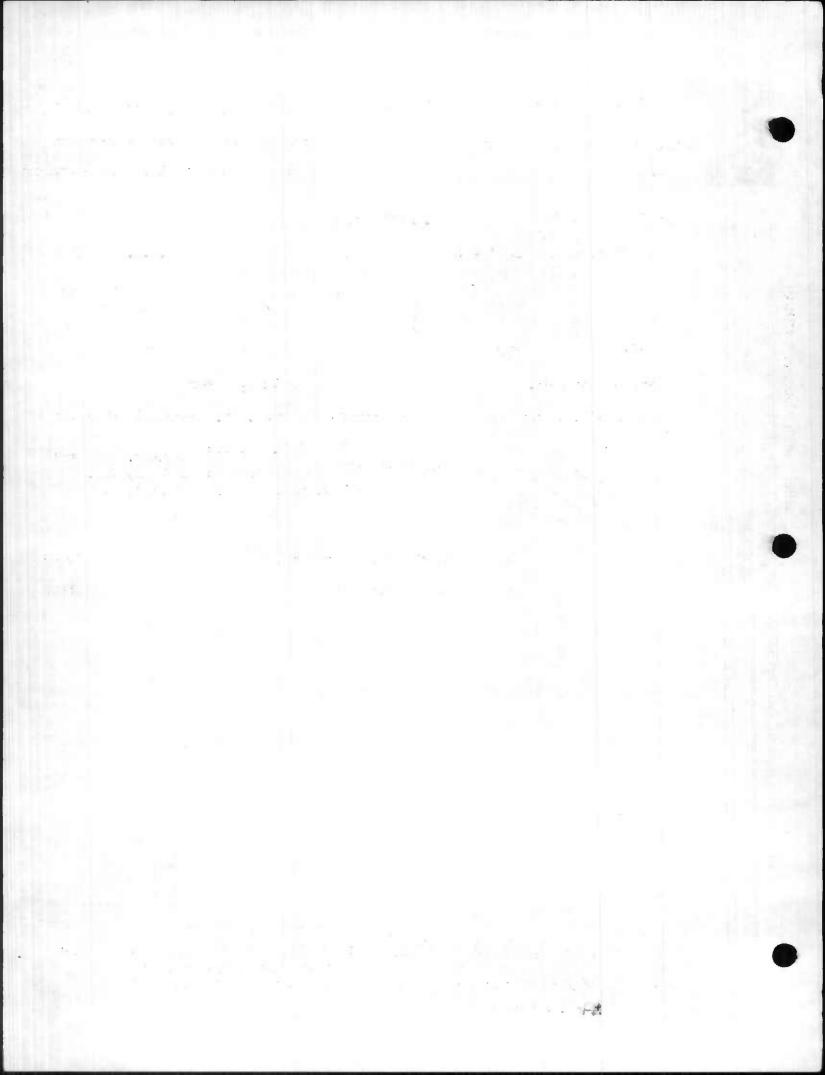
----

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First. Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** Hugh Alexander Graham FEBRUARY 14, 1999 10:45 P.M. /Medical 4b. City, Town, or Location of Deeth 4a Facility Name (If not institution, give street and number) 4c. County of Death Examiner PRINCE GEORGE'S MALCOLM GROW MEDICAL CENTER CAMP SPRINGS If Under 1 Year f Under 24 Hrs. 9. Birthplace (State or Foreign 1999 Maryland 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral** 15 M 20 F Months Days Min N/A Yrs 14, February Director Usual Residence of Decedent 10e. State 10b County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Broward Directo Florida Ft. Lauderdale #502 10f. Zip Code 10g. Citizen of What Country? r than "natural", or items 23s or the Medical Examiner must be r 701 Northwest 19th Street 33311 U.S.A. Funeral 12. Wes Decedent Ever in U,S Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14 Rece - American Indien Black, White, etc. 1 ☐ Yes 2 XNo If Yes, Give Yeer or Detes: 1 Never Married 2 Married African Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: by 3 ☐ Widowed 4 ☐ Divorced American Completed 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) Elamantary/Secondary (0-12) Collage (1-4or 5+) N/A N/A 18. Mother's Name (First, Middle, Maidan Sumame) 17. Fether's Name (First, Middle, Last) 89 Mantal 1 Lerov Graham, Jr. Heavenly Chance 2 should 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Neme/Relationship (Type, Print) Heavenly Chance (Mother) 701 Northwest 19th St. Ft. Lauderdale FL 33311 Mers 27 I HOCH 20b. Plece of Disposition (Name of cemetery, crematory or other place) Feb. 26,1999 20c. Location - City or Town, State 20a. Method of Disposition Pages 6 1 Burial 2 Miremation 3 Removal from State Clinton, Maryland 4 □ Donetion 5 □ Other (Specify) Lee Crematory
22. Name and Address of Fecility Lee Funeral Home, Inc. 21. Signature of Ednorth Service Lice 6633 Old Alexandria Ferry Rd Clinton, MD 20735 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata tntervel Between Onset and Death Physician /Medicai Immediate Cause (Finel disease or condition resulting in death) EXTREME PREMATURITY 19 6/7 WEEKS 3 HOURS Examiner Due to (or as a consequence of): Examiner UNKNOWN PROBABLE CHORIOAMNIONITIS physician end the burial-transit the death certificate be executed Sequantially list conditions, if any, laading to immediata cause. Enter Underlying Causa (Disease or Injury that Initiated events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760. Physician/Medical Due to (or as a consequence of) 98 use ō signed by the e 23b. Did tobacco usa contribute to the cause of death? Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown Records, by 24b. Were autopsy findings available prior to completion of cause of death? should i 24a. Was an autopsy performed? Completed page 2 hes Yes 2 No 1 Yes 2 No certificate Division of Vital Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Lo 1 X Inpatient 2 ☐ ER/Outpatient 3 DOA this funeral 28a. Date of Injury (Month, Day Year) 27 Manner of Deeth 28d. Describe how Injury occurred Certification: 28b. Time of 28c. Injury at Work? After Attending 1 Natural 5 Pending investigation 1 Yes 2 No death. 2 Accident efter deat 24 hours effer dea ve Funeral Director 28f. Location (Street and Number or Rural Route Number, City or Town, State) 6 Could not be datermined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicida ò 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated To the Hosp within 24 ho To the Fune completely fi Medicai (Check only one) 2 Madical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) MD 061511 L FEBRUARY 19, 1999 on who completed cause of death (Item 23a) (Type, Print) 30. Name and address of the 1050 WEST PERIMETER ROAD GOLDEN, ANDREWS AFB, MD 20762-6600 TRACEY A. CAPTAIN, USAF, MC 1999<sup>32. Registrar's Signatura</sup>

**DHMH 16 Rev 6/95** 

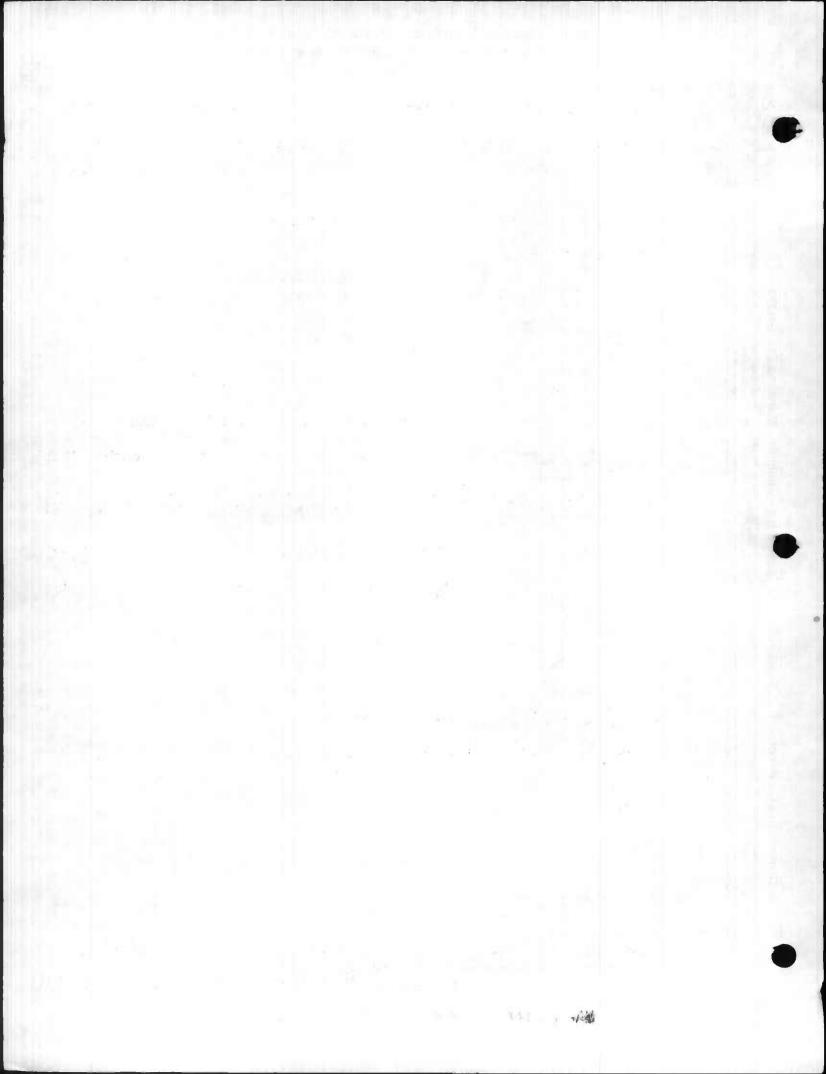
State Registrar



State of Maryland / Department of Health and Mental Hygiene 9

		1. Decedent's Neme (First, Middle,	, Last)			rtificate of	Doutif	2. Dete of Dee	eg. No.		3. Time of Deeth
Physici			Milton	H	oward			Month Februar	Dey	Yeer 999	9:10 a.m.
/Medic Examir		4a Fecility Neme (If not institution,			onara		4b. City, Town, or L		4c. County		13.10 a.m.
LAGIIII		Frederick M	Memorial	Hospit	al		Frederi	ck		Frede	erick
Funeral Director		5. Sociel Security Number 220–34–0815	6. Sex 1ÀOXM 2□ F		s. lest birthdey) Yrs.	If Under 1 Year Months Deys		8. Date of Birth (Month, Day OCt. 2			place (Stete or Foreign intry) Maryland
lend wo		Usuei Residence of Decedent  10e. Stete 10b. County		10c.	City, Town or Lo	cation					10d. Inside City Limits
Mary Fred	to	Maryland Fr	rederick			Fr	ederick				1 ☐ Yes 2 ☐ No
or 284	Sie	10e. Street and Number				10f. Zlp Coda			Og. Citizen of \	What Cou	intry?
ath w 23a	ral	6117 Jefferso					21703			S.A.	
within 72 hours after death with the Maryland one. then "natures", or items 23s or 28s-f show its Modes Examiner must be notified a	by Funeral Director	11. Maritel Status  1 □ Never Married 2 □ Marrie  3 ☑ Widowed 4 □ Divorced	Armed F	2 No		Wes Decedent of I f Yes, specify Cub 1 ☐ Yes 21 No	Hispenic Origin? (Spen, Mexican, Puerto Specify:	Decity Yes or No- Dican, etc.)	Specify	ck, White	ican Indian, , etc. nite
72 ho	Completed	15. Decedent's (Specify only highest	s Education	)	16e. Deced	dant's Usuel Occu kind of work done	pation during most of world)	king	16b. Kind of B	usiness/ir	ndustry
f within liena. r than	Jdm	Elementary/Secondary (0-12)	1	(1-4or 5+)			od)		Б.		
be filed with ital Hygiena. d other than		17. Fether's Name (First, Middle, Li	ast)		Dair	y Farmer	18. Mother's Nem	ne (First, Middle,	Farmin Meiden Sumen		
S a b >	o Be	Harry M. Howa						e Oland		,	
	-	19a. Informent's Name/Relationshi	ip (Type, Pnnt)		19b. Mellir	ng Address (Stree	t end Number or Ru		r, City or Town,	State, Zi	ip Code)
CENE		Larry L. Howar	cd/Son				Lane, Fre	derick,	Maryla	nd 2.	1702
Pages nant of ant: If it		20e. Method of Disposition  1 Ruriel 2 Cremetion 3  4 Donetion 5 Other (Spe			cemetery, cres	sition (Neme of netory or other ple t Cemete	ry March		20c. Location -		own, Stete ck, Maryla
permit. Pa Depertment Important: any Injury		21. Signifyle of Funeral Servica Li	n he	brokoo	.007	Name end Addr Keeney & 106 Fast	Rasford	Funeral	Home	ok N	MD 21.701
		23a. Pert1. Enter the disease, or c shock, or heart failure. List o	complications that only one cause on	caused the de each lina.	eth. Do not ent	er the mode of dy	ing, such es cardiac	or respiretory eri	est,	, 1	Approximete Intervel Between Onset and Deeth
Physician /Medical		Immediate Ceuse (Finel			-	e Co					7
Examiner		diseasa or condition resulting in death)	θ	Divide			120	_		<u> </u>	21121
	ē			1	o (or es e consac	Real !	( fail	ure		1	Lwk
iceta be executed physician and s the buriel-transit	Examiner	Sequentially list conditions,	Ь	Due to	(or es a consec	quance of):	10011	<b>0</b> , <b>0</b>			. 00 11
cian g		Sequentially list conditions, if eny, leeding to immediate cause. Entar Underlying Causa (Diseese or Injury that Initieted events	C								
* D 0	Medical	thet initiated events resulting in deeth) Lest	d.	Due to	(or es e conseq	uence of):				1	
eath certifi attending	Physician/M							agt Dida		1	A- Ab
hat the de ad by the datached	hys	Pert II. Other significant condition			-		ven in Pert I.	1 1	See See	- 4///-	to the cause of death obably 4 Unknow
gned gred		Diabello M	nellitu	2 H	Mos 14	202100					
The lew requiras that the death cert le has been signed by the attendin baga 2 should be datached for use	Completed by	CORONARY	ARTERY	D126	ATC,			24e. Wes a perfor		a	Vere autopsy findings veileble prior to complation of cause of death?
ysician: The last certificate he director, paga	Eo							1 🗆 Y	es 2 No	1	☐ Yes 2☐ No
ician: The certificete rector, pag	Be	25. Wes case raferred to medical exeminer?	112230					th (Check only or	па)		
	5	1 Yes 2 No			☐ ER/Outpetier	T 3LI DOA		ome 5 Resid	-		city)
	Certification:	27. Manner of Death  1 Naturel 5 Pending 2 Accident investiga 3 Suicide 6 Could no	ation	nth, Day Year)		M 1E	Yes 2 No	28d. Describe h			
To the Hospital or Attending within 24 hours after death.  To the Funeral Director: After completely filled in by the fune		4 Homicide determin	ned 286. Plac build	ding, etc. (Spe	ocify)	reet, fectory, office		City or Tow	n, Stete)		ral Route Number,
Hose 24 ho Fune stely fi	edical	29a. Certifier (Check only one) (Check only one)	xaminer: On the I	a bast of my k basis of exami nnar stated.	nowledga, death Inetion end/or In	n occurred et the t vestigetion, in my	ime, date and pleca opinion, deeth occu	, end dua to tha c rred et the time, c	ausa(s) and m data and piece,	and due	stated. to the cause(s)
o the	Me	29b. Signeture end title of cartifing	A 6	ar otutov.		29c. Licen	se number		29d. Dete signe	d (Month	n, Dey, Year)
- s - ō		1 Chm 1	4	-1		DZ	1944		7/2	61	99
		30. Nama end addrass of person w	who complated cau	usa of daath (It	tem 23e) (Type,	Print)			- 1 -	01	
	- 1	T 0/	1500	- 12	-	. UTh	CT	tra-0.	2 /4	0 0	1701
		James Sil	2612200	- WD	200	W	21160	tred	mer	INY	21101

DHMH 16 Ray 6/95



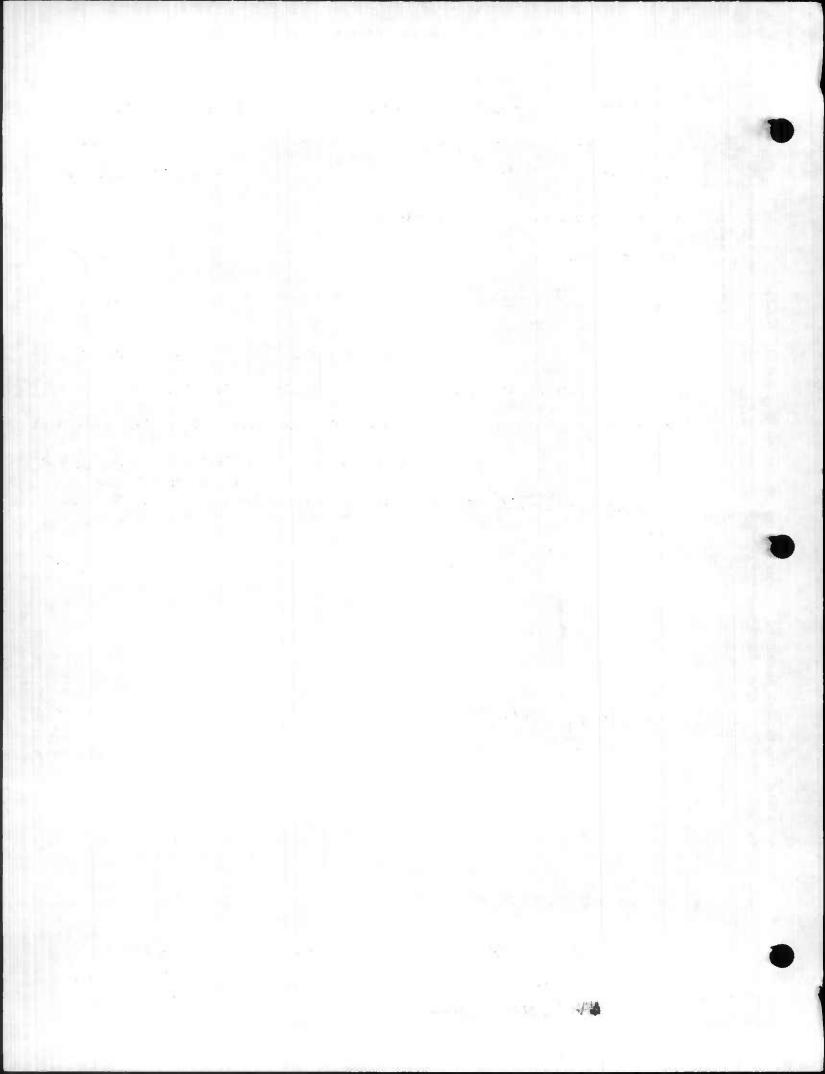
State of Maryland / Department of Health and Mental Hygiene

0	-	0	0	0
	- /	0	1	0
6	- 7	But	-	V

				Ce	rtificate	of De	eath		Reg. No.	60	
	Name (First, Middle	e, Last)		201	Y- 1-			2. Date of De	eath Dey	Yaar	3. Time of Death
cian dical	IABEL	NEO	MA	H	OUCK			Februa			7:45 A.M.
	me (If not institution	n, giva straat and nu	ımber)			4b.	City, Town, or I	ocation of Deal		y of Death	
	College	View Nu	rsing Ho	me		F	rederio	ck	Fr	ederi	ck
5. Social Sec		6. Sax	7. Aga (In yrs. I		if Undar 1	Yaar I	f Under 24 Hrs.		rth Vacal	9. Birth	place (Stata or Foreign
216-22	2-2062 nce of Decedent	1 □ M 2 M E	95	Yrs.	Months [	Days	Hours Min.	Dec. 2	25,1903		land
10a. State	10b. County		10c. City	, Town or Lo	ocation					1	10d. Insida City Limits
Marylan	nd Fred	erick	Fr	ederi	ck						1  Yes 2 No
10e. Streef ar	nd Number				10f. Zip Ci	ode			10g. Citizen of	What Cou	ntry?
100. Street at 1001 (1) Marylan 100. Street at 1001 (1) Marital St. 1 Never	Columbine	Dr.			217	701			Unite	d Sta	ates
11. Marital St			edent Evar in U,	5. 13.	Was Deceder	nt of Hisp	anic Origin? (S	pecify Yas or No o Rican, atc.)		ca - Americ	
1 □ Neve	Married 2 Marr	Armed Fried 1 TYes	orces? 2 No				Mexicen, Puert	o Rican, atc.)	Bla	ick, White,	etc.
3 Wwido	wed 4 Divorced	M Von C	ive		1 Yes 20	No S	Specify:		Speci	y: Wh:	ite
8		t's Education		16a. Dece	dent's Usuel (	Occupation	on		16b. Kind of B	Business/In	dustry
Die C	(Specify only highe:	st grade completed)		(Give	bind of work of DO NOT use	done dur retired)	on ing most of wor	king			
Elementary	/Secondery (0-12)	College (	(1-4or 5+)		eteria				County	Schoo	ols
3 M Wido	lame (First, Middle,	Last)						ne (First, Middle	e, Malden Suma		
	Harry Aug	ustus Bra	shear				Emma	C.	Lindsay	7	
	nt's Name/Relations		O.ICUL	19b. Maili	ing Address /5	Street and			ber, City or Town		Code)
20a. Method		daughter	20b. Pl	ece of Disp	osition (Name	of	E Dr./	Apt. 1-	20c. Location		MD 21701
13 Buria	1 2 Cremation	3 Removal from	Stata	metery, cre	matory or other	er place)					
	ition 5 Other (S		P		ct Ceme			2-27-99	Mount A	Airy,	Maryland
21. Signature	of Funeral Service	Licensee	,	2	2. Nama and	Addrass	of Facility S	tauffer	Funeral	L Home	2
100	mario	191	van)	1	621 Opc	ossuI	ntown P	ike/ Fr	ederick,	MD :	21702
23a. Pert 1	Mer the disease, or	complications that only one cause on	caused the death	. Do not en	tar the mode	of dying,	such as cardiad	or raspiratory	arrest,	i i	Approximate Interval Between
V .	or realt lendle. List	Offiny Office Cause Off	each illie.								Onset and Death
Immediate C disease or co	ause (Final	6.	/								1-1-1
resulting In d	eath)	a //	mexico	es e conse	QUADOS Offi-					!	years
je i				20 0 00130	430.100 017.					1	V
Sequantially if any, leadin cause. Enter Cause (Diser that initiated resulting in d	list conditions	b	Due to for	es e conse	quence of):						
if any, leadin	list conditions, g to immediate Underlying ise or Injury		D 10 (01	30 0 001100	4201100 017.						
Cause (Disease)	SABLITZ	С	Due to for	as e conse	Quence of						
resulting in d	eath) Last		Due 10 (01	as a conse	querice Or).						
		d									
<u>S</u>								1			
Part II. Other	significant condition	ons contributing to d	leath but not resu	Iting In the u	underlying cau	isa givan	in Part i.				o the causa of death?
£ (	runn	artin	· dina	w				10	Yes 2 No	3 Pro	bably 4 Unknow
yd b	. 1	1,00	line	4				240 1850	e on autonou	24h W	/ere autopsy findings
* (	ullul	las (1	ulla o	line	en-			per per	s an autopsy formed?	an Co	vailable prior to emplation of causa
Completed										of	deeth?
Ö								1 🗆	Yes 2 DNo	1	☐ Yes 2☐ No
	referred to medica					2	26. Place of Dea	ath (Check only	one)		
O 1 ☐ Yes		Hospital: 1	Inpatient 2 1	ER/Outpatie				lome 5□ Res	sidence 6 🗆 Ot	ther (Speci	ify)
		28a. Dete	of Injury oth, Day Year)	28b. Time o	of 280	. Injury a Work?	t	28d. Describe	how Injury occu	ırred	
2 Accid	lent investi	gation	, _ , , , , , , , , , , , , , , , , , ,	,,	М		s 2 No				
27. Menner of 1 Hetur 2 Accid 3 Sulci	datam	ningd 200. Flau	e of Injury - At ho	me, ferm, st	treel, factory, o	office		28f. Location	(Street and Nun	nber or Rui	ral Route Number,
o Tonom	0.00	Dullo	ling, atc. (Specify	/				Ony or 10	Jim, Jiaio)		
29a. Certifier		ng Physician: To the									
29a. Certifier (Check o one)		Examinar: On the b									
	e and fitle of certifie	/			29c. l	License n	number		29d. Date sign	ed (Month	, Day, Year)
	V	1 //	4			0 2	. ) / "		71,	1.10 6	
	10	1110	111			1) 1	110		7/1	) IL '	
30. Neme and	eddress diperson	who completed cau	se gramm (Rem	23a) (Type	, Print)			1	ul w	. 2	041
1-6	Se TIA	run In	M	775	Len	16	m !	nell	when	9/	-(16)

DHMH 16 Rev 6/95

State Registrar



State of Maryland / Department of Health and Mental Hygiene Q Q 0 7 Q Q [

					,	Certifi	icate of		Re	. No.	U	2.2	6
	Physic		1. Decedant's Name (First, Middla, Last)  Ernest G.	Hilton					2. Data of Death Month February	Day 7 21 1	Yaar	3. Time o	of Death
	/Medi Examir		4a. Fecility Neme (If not institution, give s					4b. City, Town, or L		4c. County		7.5.	) All
			25901 Kings Val					Damascus			ntgome		
	Funeral Director		5. Social Sacurity Number 220–34–4472  Usual Rasidance of Dacedant	7. Age	90		Under 1 Year onths Days	Hours Min.	8. Data of Birth (Month, Day, Dec. 29	(ear) , 1908	9. Birthpla Country Mary	ca (Stata d y) Land	or Foraign
	Mend Mend		10a. Stata 10b. County		10c. City, To	wn or Locatio	n				100	l. Insida C	ity Limits
	ter death with the Maryler items 23a or 28e-1 show instrumt be notified at	ctor	Maryland Montgom	ery	Dama	scus						1 🗆 Yas	2/ No
	or 28	Director	10e. Street and Number				Of. Zip Coda		10	g. Citizan of V	Whet Country	y?	
	s 23a	rai	25901 Kings Valle					20872			U.S.A.		
21215-0020	"natural", or items 23a or 28a-f show	by Funeral	11. Marital Status  1 Naver Married 2 Married  3 Widowad 4 Divorced	12. Wes Decedant E Armed Forcas? 1 ☐ Yas 2X N If Yas, Giva Yaer or Datas:			Decedant of H s, specify Cub Yas 2½ No	dispanic Origin? (Sp en, Maxican, Puarto Specify:	ecify Yas or No- Rican, atc.)	Blec	e-Amaricar k, Whita, at Whit	c.	
5-0	n 72 ho natur	Completed	15. Decedant's Educ (Specify only highast grade		166	a. Decedant's	s Usual Occup	pation	ing 16	Sb. Kind of Bu	sinass/Indu	stry	
121	within ene.	mpie	Elemantary/Secondary (0-12)	Collaga (1-4or 5-	+)	iifa. DO N		during most of work d)	ang .	For	em i n o		
	Hygie ther ti		7 17. Fethar's Nama (First, Middla, Last)			raimei		18 Mothar's Nam	a (First, Middla, Ma		ming		
Maryland	od be	To Be	Grover Hilton					A A STATE OF			a)		
ary	2 should end Men s marke sumatic	F	19a. Informant's Name/Ralationship (Type	pe, Print)	19	b. Mailing Ad	ddrass (Street	and Number or Rur	Warther al Routa Number,		Stata, Zip C	ode)	
	BARG		Ritchie L. Haney -	Brother-				View Roa					0872
ore	ges 1 en t of Heel if item 2 or other		20a. Mathod of Disposition 1 X Burial 2 ☐ Cramation 3 ☐ Re	amoual from State	cemate		y or othar plac			c. Location -			
<u>E</u>	2 2 2 6 6		4 □ Donation 5 □ Othar (Spacify)	amoval nom Stata	Damaso	cus Me	thodis	t Cemeter	y 2/24/99	Dama	ascus,	Mar	yland
Baltimore,	permit. Pe Depertmen Important: any Injury once.		21. Signature of Funaral Sarvice License		th	014	ma end Addra n L. Mo	lacuarth	P.A., Fu	neral	Home	200.	72-01
7	Physician		23a. Pert1. Entar the diseasa, or complishock, or haart failura. List only on	ations that caused a causa on each line	tha daath. Do a.	not enter the	e moda of dyir	ng, such as cardiac	or raspiratory arras	t,	rand fr	Approximat ntarvai Bet Onsat end I	la lween
	/Medical Examiner	П	Immediata Causa (Final disaasa or condition rasulting in death)	Conge	Stive	e 40	art	FZilu	re			>/4	car
		e		0-1	Oua to (or as a	1						>/-	irs.
	outed onsit	Examiner	Sequentially list conditions	Y CV	Dua to (or as a	CONSEGUANO	+014	any			-	6	112.
Ö,	the death certificate be executed by the ettending physician end sched for use as the burial-trensit		Saquantially list conditions, if any, laading to immadiata causa. Enter Underlying Causa (Disaasa or Injury	muli		< <u> </u>	-alle	< 7			>10	402	200
68760,	hysic the b	Medical	that Initiated evants rasulting In death) Last	1	Due to (or as a	consaquenc	e of):					700	210
	ding p		d	Hypi	erte	2316	n					197	10
Box	eath cer ettendir I for use	cian		10									
0.	the dr	Physician/I	Part II. Other significant conditions conf	tributing to death but	t not rasulting	In the underly	ying causa giv	an In Part i.		acco uaa cor			/
	s thet ned b	by PI	hyperliped	enia.	chr	ONIC	C COV	15 tipe	Hion	2 □ No	3 Proba	bly 425	Unknown
Vital Records,	law requires that the de es been signed by the 2 should be deteched	Completed b							24e. Was an performe		24b. Wara aveile comp of da	eble prior to	lo
Ť.	0 4 6	E O							1 □ Yas	2X No	101	Yas 2	No
Ita	ician: Th certificete rector, pa	Be (	25. Was casa rafarred to medical exeminar?						h (Check only ona)				
0	Physician: this certific ral director,	2	1 ☐ Yes 20 No	ospital: 1 Inpatian	T	utpetient 3		4LI Nursing Ho		ce 6 □Otha			
u C	After After funer	ion	27. Mannar of Death  1 Naturel 5 Panding	28a. Data of Injung (Month, Day	Year) 28b.	Tima of Injury	28c. Injur Wor		28d. Dascriba how	injury occurr	ed		
Division	To the Hospital or Attending Physician: Within 24 hours effer death. To the Funeral Director: After this certific completely filled in by the funeral director.	Certification:	2 Accidant Invastigation 3 Suicide 6 Could not be datarmined	28a. Placa of inju- building, atc.	ry - At homa, f (Specify)			Yas 2□No	28f. Location (Stra City or Town,		er or Rural F	Routa Num	iber,
	To the Hospital of within 24 hours en To the Funeral D completely filled I	edicai (	29a. Certifiar (Check only one)  Certifying Physical Examination (Check only one)	iclan: To the best of er: On the basis of a and mannar stat	axamination at	a, daath occu nd/or invastig	urred at tha tingation, in my o	na, data and place, pinion, daath occurr	and dua to tha cau red at tha tima, dat	sa(s) and ma a and placa, a	nnar as state and dua to th	ed. na causa(s	;)
	To th To th comp	M	29b. Signature end titla of certifier	1			29c. Licans		290	l. Date signed	(Month, Da	y, Year)	
5			Grane L. T.	my MI	)		03	4682	F	bruary	, 22,	1999	
			30. Name and addrass of person who cor				)						
			Joanne L. Kinney			New Ch	urch S	treet, Da	mascus, l	Marylar	nd 20	872	
	Sta	ite	31. Data filed (Month, Day, Yaar)	32. Ragistrai	's Signatura		4	/					

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Feb 28, P1999 Esther M. Hodges 6:53 PM 4e Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Anne Arundel Medical Center Annapolis Anne Arundel H Linder 1 Year 5. Social Security Number If Under 24 Hrs 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplece (State or Foreign Country) Hours Days Months 1 M 2 DF 75 Yrs. Dec 31, 1923 578 24 6868 Germany Usual Residence of Deceden 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Anne Arundel Annapolis 1 ☐ Yes 2 No 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 21401 927 Perry Landing Court United States 12. Was Decedent Ever in U,S. Armed Forces 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: 14. Rece - American Indian, Bleck, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Meritel Status 1 Never Merried 2 Merried 1 Yes 2 Tho Specify: 3 Widowed 4 □ Divorced White 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Administrator Federal Government 12 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Otto F. Noll Erna A. Zapf 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1079 Briarcliff Road, Mooresville, N.C. 28115 Sheila Hodges Peacock (DAUGHTER) 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 20 Cremetion 3 Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Lee Crematory March 1, 1999 Clinton, Maryland 21. Signature of Funeral Service Licenses 22. Name and Address of Fecility Lee Funeral Home, Inc 6633 Old Alexandria Ferry Road, Clinton, Maryland 20735 Belanger 23a. Pert1. Enfer the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory arrest, shock, or heer failure. List only one cause on each line. Approximete Intervel Between Onset and Death Immediete Cause (Final neumon a disease or condition resulting in deeth) Due to (or as a consequence of): ystma Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or es a consequence of): Pert fl. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert t. 23b. Did tobacco use contribute to the cause of death? Failu 1 Yes 2 No 3 Probably 4 Unknown

The law requires that the death certificete be executed Box 68760. P.O. Records, Division of Vital or Attending Physician: Ne Hospital or Attending in 24 hours after death, he Funerei Director: Aftr pletely filled in by the fun

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

- Phow

Director

Funeral

à

Completed

8

MD

r than "natural", or hems 23s or 28s-f show the Medical Examiner must be notified at

Department of Important: If eny injury or page.

**Physician** /Medical

Examiner

sician and burial-transit

physician s s the burial

USB 85

5.8

page 2 certificate

this After Examiner

Physician/Medical

Baitimore, Maryland 21215-0020

the Maryland

With

deeth

multiple	myelom	a .		24e. Wes an autopsy performed?	24b. Were autopsy finding evailable prior to completion of cause of death?
25. Was case referred to medicat examiner?			26. Place of D	eeth (Check only one)	
1 ☐ Yes 20 No	Hospitel: 1 Inpatient 2	ER/Outpatient 3□	DOA Other: 4 Nursing	Home 5 ☐ Residence 6 ☐ Oth	ner (Specify)
27. Manner of Death  1. CNetural 5 ☐ Pending 2 ☐ Accident investigati		28b. Time of Injury	28c. Injury et Work? 1 Yes 2 No	28d. Describe how injury occur	red
3 Suicide 6 Could not determine		ome, farm, street, fact	ory, office	281. Location (Street and Numb City or Town, State)	ber or Rural Route Number,
29e. Certifier (Check only and	hysician: To the best of my kno miner: On the basis of examine and menner steted.	owledge, death occurrention and/or investigation	ed et the time, date and place on, in my opinion, deeth oc	ce, and due to the ceuse(s) end ma curred et the time, date end place,	anner as steted. end due to the ceuse(s)
20h/ Signiffure and this recording			Oc License number	20d Data signa	od (Month Day Veer)

30

State

completely

29b/ Signil

within 2 \$

ysi CAN

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29c. License number 29d. Date signed (Month, Day, Year)

518

address of person who completed cause of death (tem 23a) (Type, Print)

ANNAPOLIS AM 21481 franklin + Carledal St

7-28-99

31. Dete filed (Month, Day, Year) 32. Registrar's Signature

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name First, Middle, Last) 2. Dale of Death 3. Time of Death WILLIAM HARRIS 23 3:25 PM FEB 4e Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth FORT WASHINGTON HOSPITAL ORT WASHINGTON PRINCE GEORGES 6. Sex 1 M M 2 ☐ F If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) NOV. 4, 1932 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Days Kentucky 577-42-5355 Yrs. Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐No Maryland Prince George's Fort Washington 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 20744 13318 Fort Washington Road U.S.A. 12. Wes Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bieck, White, etc. 1 Tyes 2 No 1951-If Yes, Give Yeer or Detes: 1959 1 Never Merried 2 Merried Black 1 ☐ Yes 2 No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Civil Aeronautic Elementary/Secondary (0-12) College (1-4or 5+) Board 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) David Mamie Lee Mooney Harris, Sr. 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Vernell E. Harris (Wife) 13318 Fort Washington Road Ft. Washington, MD 20744 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete March 2,1999 1X Burial 2 □ Cremetion 3 □ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Maryland State Veterans Cem. Cheltenham, Maryland 22. Name and Address of Facility Lee Funeral Home, Inc. 21. Signature of Funeral 6633 Old Alexandria Ferry Road Clinton, MD 20735 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Deeth Immediete Cause (Finel diseese or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest arunon Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown Melleten 24b. Wera autopsy findings available prior to 24a. Wes en eutopsy performed? completion of cause of deeth? NT/7 N/A N/A 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 26. Place of Death (Check only one)

**Physician** /Medical Examiner

Examiner

Physician/Medical

À

Be

**Physician** 

/Medical

Examiner

Director

Funeral

Completed

Be

**Funeral** 

Director

permit. Pages 1 and 2 should be filed within 72 hours effer deeth with the Marylan Department of Health end Mental Hygiene.
Important: if item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic avent, tra Marical Exeminer must be notified at page.

altimore, Maryland 21215-0020

sician and bunal-transit The law requires that the death certificate be executed physician s the burial Box 68760. P.O. signed by the a d be detached f Records. Completed certificate Division of Vital Hospital or Attending Physician: 24 hours after deeth. Funeral Director: After this certifica Certification: To

25. Was case referred to medical Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 27. Manner of Death 28a. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury st Work? XXNetural 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 Suicide 28e. Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homlcide

29a. Certifier

10 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, end due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, dete end placa, end due to the cause(s) end menner steled.

29b. Signature and title of certifie

29c. License number 29d. Date signed (Month, Dey, Year)

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

Obiora , Ogbuawa, MD 1615 Rhode Islan , N.E. Washington DC 20018

State Registrar MAR 0 3 1999 32. Registrer's Signeture

within 24 hours at To the Funeral D completely filled

To the

2. Data of Death			3.	Time o	f Death	
ertificate of Death Reg. No.	)	U				
partment of Health and Mental Hygiene	10	07	0	0 "	7	

12055 JAMES MADISON PKY.KING GEORGE, VA. 22485

disease

9:30 A.M.

9. Birthplaca (Stete or Foreign

10d. inside City Limits Yes 2 No

nes	Johnson		State of Iviaryla	Certificate of			No.	7997
	Physician /Medical	Decedent's Nema (First, Middle, L.  JAMES	JOHNSON		- 15 30 10	2. Data of Death Month March 01	Day Year	3. Time of 9:30
	Examiner	4a Facility Neme (If not institution, gi 4237 Silver Hill		ent A	4b. City, Town, or Lo Suitlan	ocation of Deeth	4c. County of Deel	th
	Funeral Director		Sex 7. Age (In yrs	9 Yrs. If Under 1 Yes Months De	ear If Under 24 Hrs. eys Hours Min.	8. Dete of Birth Month Day, Y AUG • 29	9. Bird	hpiaca (Stete or puntry) RGINIA
Ī	the Maryland 28a-f show noutred at	Usuel Residence of Decedent 10e. State 10b. County Maryland Prince 3	10.00	ity, Town or Location	ID .			10d. inside Cit
	th with the Mar 23a or 28a-f a 21 be notified al Director	10e. Streef and Number 4237 SILVER HILL	ROAD	10f. Zip Coo 200023		_	Citizen of Whet Co	untry?
020	within 72 hours aftar death with the Maryland ans.  Than "natural", or items 23s or 28s-f show the Monical Examiner must be notified at mpleted by Funeral Director	11. Marital Status  1 Never Married 2 Married 3 Widowed Divorced	12. Was Decedant Evar in Armed Forces? The Yes 2 No If Yes, Give Yaar or Dates:	J.S. 13. Wes Decedent If Yes, specify C	of Hispanic Origin? (Sp Cuben, Mexican, Puano No Specity:	ecity Yes or No- Rican, etc.)	14. Reca - Ama Black, Whit Specify: <b>B1</b>	
21215-0020	ed within 72 hours ygiene. er than "natural", r, tre Medical Ex. Completed by	15. Decedent's E (Specify only highest gi	Education rade completed)	16a, Decedent's Usual Oc (Give kind of work do life. DO NOT use re	one during most of work	ing 16	b. Kind of Business	Industry
212		Eiementary/Secondary (0-12) 12th	College (1-4or 5+)	TRUCK CRIVER		S	EARSROBUC	K
Maryland	d offi	17. Fether's Neme (First, Middle, Last DENNIS JOHNSON	·			e (First, Middle, Me VIS JOHN		
	nd 2 selfth er trau	19e. Informent's Neme/Reletionship  LAWRENCE JOHN	(Type, Print)	19b. Mailing Address (St. <b>725</b> 11th.	STREER N.E		City or Town, State, .	11
altimore,	Pages ent of the nt: If its ry or of	20a. Method of Disposition  1 Buriel 2 Cremetion 3 4 Donetion 5 Other (Spec	Hemovel from Stata	Plece of Disposition (Neme of cemetery, cremetory or other tie Zion Bapt			c. Location - City or	
=======================================	mit. Pa bertmen cortant: r Injury	21. Signature of Funerel Service Lice	ensee Courtesy Co	240 22. Name end Ad	dress of Fecility LEE	FUNERAL	HOME, INC.	

**Physician** /Medical Examiner

Examiner physician and s the burial-transit The law requiras that tha death certificata be executed Physician/Medicai ettending p signed by the el by been sig Completed ils certificate has I To the Hospital or Attending Physician: within 24 hours eftar death.

To the Funerel Director: After this certifica completaly filled in by the funeral director, p. Be

10

Certification:

Medical

4 Homicide

29a, Certifier

Division of Vital Records, P.O. Box 68760

Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Couse (Disease or injury that initiated events resulting in deeth) Last

Immediate Ceuse (Finel

disease or condition resulting in deeth)

Due to (or es e consequenca of):

23a. Pert1. Enter in disease, or complications that caused the deeth. Do not enter the moda of dying, such as cardiac or respiretory errest, shock, or he in failure. List only one cause on eech line.

Due to (or es e conseguenca of)

Due to (or es e consequenca of):

. It ypertensive atheroscleratic cardiovascular

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert ii.

1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown

23b. Did tobacco use contribute to the cause of death?

24e. Wes en eutopsy performed? Limited

24b. Were eutopsy findings available prior to completion of cause of deeth?

Approximete Intervel Between Onset and Deeth

1.2 Yes 2□No

12 Yes 2□ No

25. Wes case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatiant 2 ER/Outpetient 3 DOA 27. Menner of Deeth 28e. Date of Injury (Monfh, Day Year) 28d. Describe how Injury occurred 28b. Time of 28c. fnjury et Work? Neture 5 Pending investigation 1 Yes 2 No 2 Accident 3 Suicide

6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29d. Dete signed (Month, Dey, Year)

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and plece, and due to the cause(s) and manner stated. 29b. Signature end title of cartifier 29c. License number

March 02, 1999 O.C.M.E.

30. Name and address of person who completed cause of deeth (Item 2001 (Type, Print)

Radentz Stephen S 31. Dete filed (Month, Day, Year) 5.

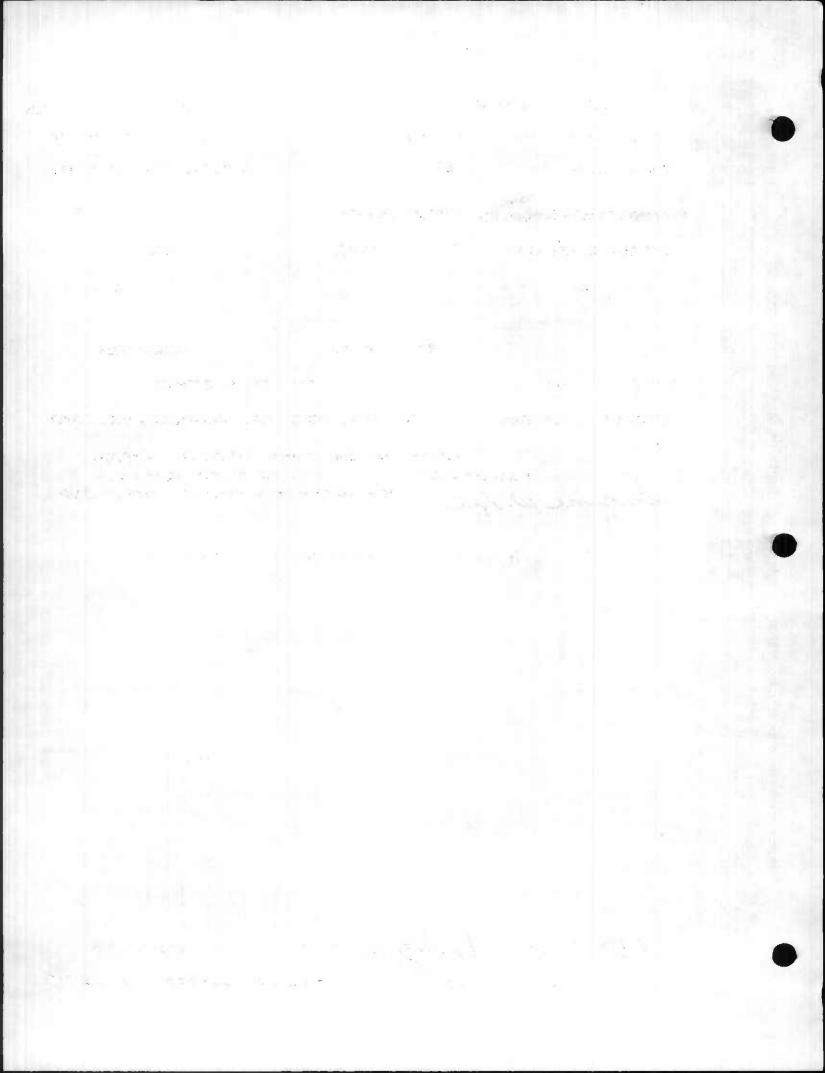
111 Penn Street, Baltimore, Maryland 21201

State Registrar

MAR 03 1999

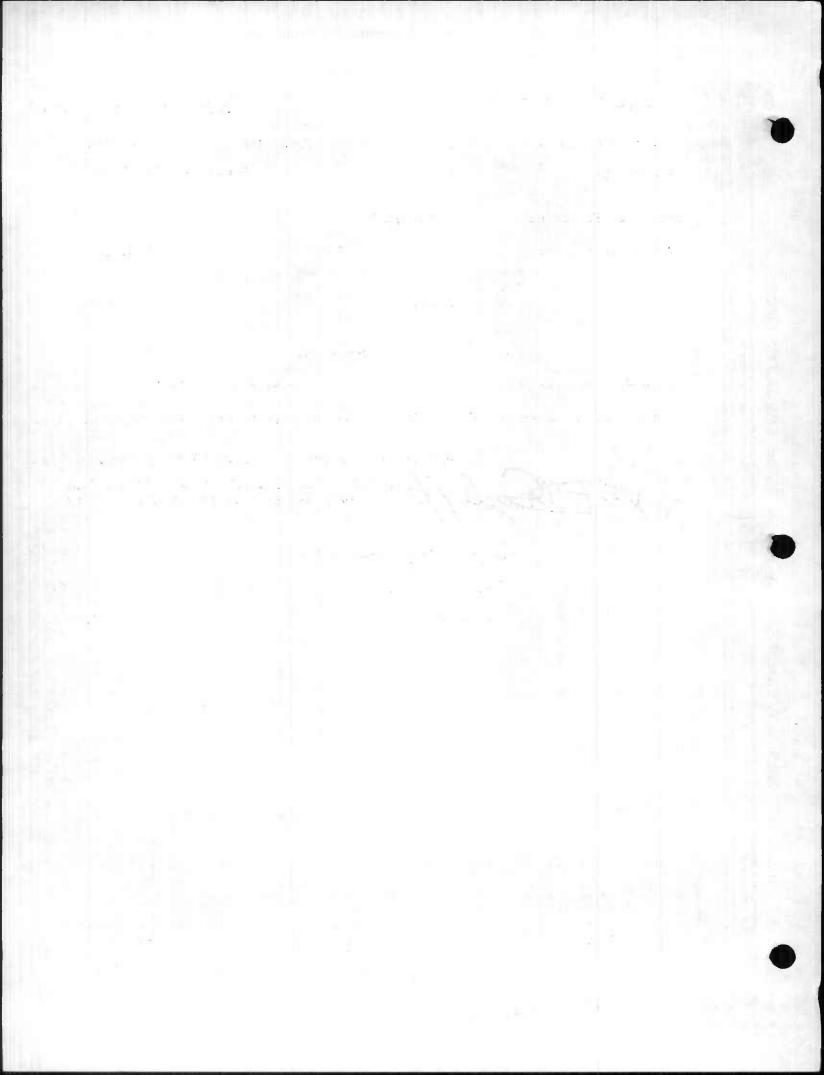
32. Registrer's Signeture

Docks



State of Maryland / Department of Health and Mental Hygiene 9 07998

	4		a /Flora Adiaballa 1 a													
	1.	Decedent's Nam	a (First, Middla, La	nst)							2. Dete of D			Minn	3. Time	of Deeth
sician	_	WALLA	CE CLIFF	FORD KI	LACKNE	R					FEBRUA		25. 1	Yeer 999	7:4	5 AM
edical miner	4.0	Facility Neme (I	f not institution, giv	va street and nu	ımber)				4b. City, To	wn, or L	ocation of Dea		c. County			
		Freder	ick Memor	cial Hos	spital				Fred	eric	k		Fre	deric	k	
al	5.	Sociel Security N	lumber 6. 5	Sex	7. Age (In y	rs. lest birthday	/) If Unde	r 1 Year Deys	If Under Hours	24 Hrs. Min.	8 Date of B	irth		9. Birtho	laca (Stete	or Foreig
tor		93-30-7. suel Residence of	159	1 <b>X</b> M 2□ F	6:	3 Yrs.	MOITHIS	Deys	riours	101111.	Sept.	4, 1	935	Ohio	)""	
To Be Completed by Funeral Director	10	e. Stete	10b. County		10c.	City, Town or L	ocation							1	0d. Inside	
Ş	M	laryland	Frederi	lck		Freder	ick								1 🖺 Ye	s 2 No
i Director	10	e. Street end Nu	mber Second St	reet				p Coda 1701				10g. C		Whet Coun	itry?	
Funerai	11	. Marital Status		12. Was Dec	edent Evar in	U,S. 13	. Was Dece	dant of I	Hispanic Or	igin? (Sp	ecify Yes or h	10-		e - Amaric		
by Fur		1 Nevar Marr	ied A Merried	Armed F 1 1 Yes If Yes, G Yaer or I	2 No	orean	1 Yes, spe				Rican, etc.)		Specify	ck, Whita,	etc.	
			15. Decedent's E	ducation		16a. Dec	edent's Usu	uel Occup	pation			16b.	Kind of Bu	usiness/inc		
Completed		(Spec	only highast grandery (0-12)		1-4or 5+)	(Giv	o kind of wo DO NOT u	ork done use retire	dunng mos d)	t of work	ang					
E O		Listificitiony/Occo	indery (0-12)	6	1 401 34)		Proc	urem	ent				IBM			
Be C	17		(First, Middle, Last	-					18. Moth	er's Nem	e (First, Midd	le, Maide	en Sumen	ne)		
ToB		John Wal	llace Kla	ackner					Marj	orie	Louis	e La	ckey			
	15		ame/Reletionship (		ife)						Fred					1701
	20	e. Method of Dis	position		201	o. Plece of Disp	position (Ne	me of			Dete	20c. I	Location -	City or To	wn, Stete	
		1 Burial 2	Cramation 3		State	cometery, cr				-	2/26/0	O Cm	of the al	h	Mana	.1
			5 Other (Special		OI.	nithsbu					2/26/9	_				утапо
SUC	2	Sprature of Pt	yleral Service Lice	*	0.	AL R	OBERT	E.	DAILE	& Y	SON FU	NERA	L HO	MES,	P.A.	
	11.4		U TO THE	The same	1 11 12 1					Dm o				_		
	- 100	Sal	uo C	100	aby						T., FR		RICK,	MD 2	21701	
	2	3 Parti Eman shock, or hea	ne dissase, or con	nplications man	caused the de								RICK,	MD 2	Approxim	etween
	2	3 Part Englished shock, or hea	nt feilure. List only			enth. Do not e	nter the mo	da of dyi	ng, such es				RICK,	MD 2	Approxim	etween
	In	nmediate Ceuse	(Finel			enth. Do not e	nter the mo	da of dyi	ng, such es				RICK,	MD 2	Approxim	etween
	ln di re		(Finel			enth. Do not e	nter the mo	da of dyi	ng, such es				RICK,	MD 2	Approxim	etween
ner	ln di re	nmediate Ceuse	(Finel	a. Re	Spi'va	Ary o (or es a cons	Fav	da of dyi	ng, such es				RICK,	MD 2	Approxim	etween
aminer	ln di re	nmediate Ceuse seese or conditio sulting in deeth)	(Finel	a. Re	spira felec	enth. Do not e	Fav.	da of dyi	ng, such es				RICK,	MD 2	Approxim	etween
Examiner	ln di re	nmediate Ceuse seese or conditio sulting in deeth)	(Finel	a. Re	spira felec	o (or es e consi	Fav.	da of dyi	ng, such es				RICK,	MD 2	Approxim	etween
	ln di re	nmediate Cause seese or conditionsulting in deeth) equentially list content on the cause. Enter Under the content of the conte	(Finel in in in in in in in in in in in in in	a. Re	spira  Due to  telec  Due to  neum	Ary o (or es a considera ) o (or es a conside	Fav equence of)	da of dyi	ng, such es				RICK,	MD 2	Approxim	etween
Medicai Examiner	In di re	nmediate Ceuse	(Finel in in in in in in in in in in in in in	a. Re	spira  Due to  telec  Due to  neum	o (or es e consi	Fav equence of)	da of dyi	ng, such es				RICK,	MD 2	Approxim	etween
Medicai Examiner	In di re	nmediate Ceuse is seese or conditions ulting in deeth) equentially list coency, leading to insuse. Enter Under use (Disease or et initieted events sutting in deeth)	(Finel in in in in in in in in in in in in in	a. Re b. A c. R	Due to	o (or es e consi	Few equence of)	da of dyi	ng, such es	cardiac	or raspiratory	errest,		MD 2	Approximintervel E Onset en Mi'r / Dau	ietween d Death when
Physician/Medical Examiner	Im di re	nmediate Ceuse is seese or conditions ulting in deeth) equentially list coency, leading to insuse. Enter Under use (Disease or et initieted events sutting in deeth)	(Finel on onditions, mediate shiping linjury starts	a. Re b. A c. R	Due to	o (or es e consi	Few equence of)	da of dyi	ng, such es	cardiac	or raspiratory	errest,			Approximintervel E Onset en Mi's	ietween d Death when
Physician/Medical Examiner	Im di re	nmediate Ceuse is seese or conditions ulting in deeth) equentially list coency, leading to insuse. Enter Under use (Disease or et initieted events sutting in deeth)	(Finel on onditions, mediate shiping linjury starts	a. Re b. A c. R	Due to	o (or es e consi	Few equence of)	da of dyi	ng, such es	cardiac	or raspiratory	errest,	co use co	ontribute to	Approximintervel E Onset en Mi's	istween d Death when
by Physician/Medical Examiner	Im did re	nmediate Ceuse is seese or conditions ulting in deeth) equentially list coency, leading to insuse. Enter Under use (Disease or et initieted events sutting in deeth)	(Finel on onditions, mediate shiping linjury starts	a. Re b. A c. R	Due to	o (or es e consi	Few equence of)  equence of):  underlying	da of dyi	ng, such es	cardiac	23b. DI	errest,	co uae co 2 □ No topsy	ontribute to	Approximinervel E Onset en Mi'v / Dec / De	e of deeth
by Physician/Medical Examiner	Im did re	nmediate Ceuse is seese or conditions ulting in deeth) equentially list coency, leading to insuse. Enter Under use (Disease or et initieted events sutting in deeth)	(Finel on onditions, mediate shiping linjury starts	a. Re b. A c. R	Due to	o (or es e consi	Few equence of)  equence of):  underlying	da of dyi	ng, such es	cardiac	23b. DI	d tobacc	co uae co 2 □ No topsy	antribute to 3 □ Proi	Approximinervel E Onset en Mi'z / Decu	e of deeth
by Physician/Medical Examiner	Im did re	nmediate Ceuse is seese or conditions ulting in deeth) equentially list coency, leading to insuse. Enter Under use (Disease or et initieted events sutting in deeth)	(Finel on onditions, mediate shiping linjury starts	a. Re b. A c. R	Due to	o (or es e consi	Few equence of)  equence of):  underlying	da of dyi	ng, such es	cardiac	23b. Di	d tobacc	co uae co 2 □ No topsy	ontribute to 3 Proi	Approximinervel E Onset en Mi'v / Dec / De	e of deeth
Completed by Physician/Medical Examiner	In di re	nmediate Ceuse is seese or condition sulting in deeth) equentially list county, leading to in ause. Enter Undeuse (Dissess of tiniteled event initieled event sulting in deeth) art II. Other significant III. Other significant III.	reconditions, mediate styling linjury steest	a. Re b. A c. R	Due to	o (or es e consi	Few equence of)  equence of):  underlying	da of dyi	ven in Pert	cardiac	23b. Di 1) 24a. Wi	d tobacc Yee as an aut	co use co 2 No	ontribute to 3 Proi	Approximinervel E Onset en Mi'v / Dec / De	e of deeth Unknown  y findings or to
Be Completed by Physician/M	In did re	equentially list co eny, leading to in usual line in deeth)  equentially list co eny, leading to in usual list co eny, leading to in usual list co ent initialed events sutting in deeth)  art II. Other signif	inditions, amediate shying limity start conditions of the conditio	a. Re b. A c. R d contributing to c	Due to Du	o (or es e conse	Few equence of)  equence of)  underlying	cause gi	ven in Pert	I.	23b. Di 1 24a. Wipe	d tobacce Yee as an authormad?  Yes	co uee co 2 □ No lopsy	24b. Way	Approximinervel E Onset en Mi'r   Decu   Dec	e of deeth Unknown  y findings or to
To Be Completed by Physician/Medical Examiner	Im did re	nmediate Ceuse is seese or condition sulting in deeth) equentially list comeny, leading to in ause. Enter Unde euse (Diseese or et initieted events sulting in deeth) art II. Other significant III. Other sig	nditions, mediate shrying Injury Stest	a. Re b. A c. Contributing to c	Due to Du	o (or es e conse	requence of):  underlying and a sign of the sign of th	cause gl	ven in Pert	I.	23b. Di 1) 24a. Wi	d tobacc Yes as en eutrormad? Yes y one)	co use co 2   No lopsy 2   No 6   Oth	3 Prof	Approximinervel E Onset en Mi'r   Decu   Dec	e of deetle Unknowy findings or to
To Be Completed by Physician/M	Im did re	equentially list coercy, leading to in deeth)  equentially list coercy, leading to in ause. Enter Undeuse (Disees or et initieled event is ultimg in deeth)  art II. Other significant in the coercy of the coercy o	inditions, medical red to medical No.	a. Re b. A c. R d. Contributing to c	Due to  Due to  Due to  Due to	o (or es e conse	requence of):  underlying and a sign of the sign of th	cause gl	ven in Pert	I.	23b. Di 24a. Wi pe  10 th (Check online)	d tobacc Yes as en eutrormad? Yes y one)	co use co 2   No lopsy 2   No 6   Oth	3 Prof	Approximinervel E Onset en Mi'r   Decu   Dec	e of deeth Unknown  y findings or to
To Be Completed by Physician/M	Im did re	equentially list come and the solution of the	red to medical  No  h  5   Pending investigation of Could not be	a. Re  b. A  c. Contributing to contributing t	Due to Du	o (or es e consecutive)  o (or es e consecutiv	equence of)  underlying  ent 3 D of	cause gl	ven in Pert  28. Plec her: 4 N	I.	23b. DI 1 24a. Wipe  th (Check onl) ome 5 □ Re 28d. Describ	d tobacco Yee  Yes  Yos  yone)  sidence e how inj	co use co 2 No topsy 2 No 6 Oth	24b. Wind several series of the control of the cont	Approximinervel E Onset en Mi'z   Decu   Dec	e of deeth Unknow
To Be Completed by Physician/M	Im did re	equentially list coercy leading to indeeth) equentially list coercy, leading to in ause. Enter Unde euse (Disease or et initieted event) suiting in death) art II. Other significant library l	red to medical  No h 5 □ Pending investigation	a. Re  b. A  c. Contributing to contributing t	Due to Du	o (or es e consecutive)  o (or es e consecutiv	equence of)  underlying  ent 3 D of	cause gl	ven in Pert  28. Plec her: 4 N	I.	23b. Di 1 24a. Wi pe th (Check onloome 5 □ Re 28d. Describ	d tobacco Yee  Yes  Yos  yone)  sidence e how inj	2 No lopsy 2 No 6 Oth	24b. Wind several series of the control of the cont	Approximinervel E Onset en Mi'z   Decu   Dec	e of deeth Unknow
Certification: To Be Completed by Physician/Medical Examiner	In direction of the second of	equentially list coery, leading to insulting in deeth) equentially list coery, leading to insuse. Enter Unde euse (Diseese or et initieted events sufting in deeth) art II. Other algniff Tyes 250 Menner of Deet 1 20 Accident 3 Sulcide 4 Homicide	red to medical  No  b   Pending investigation   Could not be determined.	a. Re b. A  c. Contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contribution to	Due to  Peum  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to	o (or es e consecutivo de la consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della c	equence of) equence of) underlying  ent 3 D of M ent occurrect	cause gl	ven in Pert  28. Plecher: 4 Nory et rick?  1 Yes 2	I.  Be of Dee	23b. DI 1 24a. Wi pe 1 1 24b. Check onli come 5 □ Re 28d. Describ 28f. Location City or 1	d tobacc Yee  Yes  Yes  yone)  sidence e how inj  (Street i own, Ste	co use co 2 No topsy 2 No 6 Oth jury occur and Numbers	24b. Wise of 10 of	Approximinervel E Onset en Mi'v   Decu   Dec	e of deeth Unknow y findings or to fi cause
edical Certification: To Be Completed by Physician/Medical Examiner	In did re	equentially list coercy leading to in deeth)  equentially list coercy, leading to in ause. Enter Undeuse (Disease or et initieted event sulting in deeth)  art II. Other significant in the company of the coercy of	Inditions, medical street to medical No h S Pending investigation of Could not be determined.	a. Re b. A  c. Contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contribution to	Due to Du	o (or es e consecutivo de la consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della c	equence of)  equence of):  underlying  ent 3 D D  of M  street, fector  ath occurrectinvestigetion	cause gi	ven in Pert  28. Plec her: 4 N  Ny et al.  Yes 2 D  ima, dete er opinion, dete	I.  Be of Dee	23b. DI 1 24a. Wi pe 1 1 24b. Check onli come 5 □ Re 28d. Describ 28f. Location City or 1	d tobacco Yee  Yes  y one)  csidence e how inj  (Street own, Ste  accaused e, dete e	2 No topsy 2 No 6 Oth jury occur and Numb (s) and mind pleca,	24b. Wisconferred	Approximinervel E Onset en Mi'z / Decu / Dec	e of deeth Unknow y findings or to for cause No
Certification: To Be Completed by Physician/M	In did re	equentially list coery, leading to insulting in deeth) equentially list coery, leading to insuse. Enter Unde euse (Diseese or et initieted events sufting in deeth) art II. Other algniff Tyes 250 Menner of Deet 1 20 Accident 3 Sulcide 4 Homicide	Inditions, medical street to medical No h S Pending investigation of Could not be determined.	a. Re b. A  c. Contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contribution to	Due to  Peum  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to	o (or es e consecutivo de la consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della c	equence of) equence of) underlying  ent 3 D of M street, fector leth occurrectinyestigettor	cause gl	ven in Pert  28. Plecher: 4 Niny et rick?  I'ves 2 I	I.  Be of Dee	23b. DI 1 24a. Wi pe 1 1 24b. Check onli come 5 □ Re 28d. Describ 28f. Location City or 1	d tobacc Yee as en eutrormad? Yes y one) sidence e how inj (Street in own, Ste	co use co 2 No topsy 2 No 6 Oth jury occur and Numbers (s) end mind pleca, Data signe	24b. Way of 1 [] and the series of the serie	Approximation of the cause bably 4  ere autopseileble primpletion of death?  Yes 2	e of deeth Unknow y findings or to for cause No
edical Certification: To Be Completed by Physician/Medical Examiner	In did re	equentially list coercy leading to in deeth)  equentially list coercy, leading to in ause. Enter Undeuse (Disease or et initieted event sulting in deeth)  art II. Other significant in the company of the coercy of	Inditions, medical street to medical No h S Pending investigation of Could not be determined.	a. Re b. A  c. Contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contribution to	Due to  Peum  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to  Dua to	o (or es e consecutivo de la consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della consecutivo della c	equence of) equence of) underlying  ent 3 D of M street, fector leth occurrectinyestigettor	cause gi	ven in Pert  28. Plecher: 4 Niny et rick?  I'ves 2 I	I.  Be of Dee	23b. DI 1 24a. Wi pe 1 1 24b. Check onli come 5 □ Re 28d. Describ 28f. Location City or 1	d tobacc Yee as en eutrormad? Yes y one) sidence e how inj (Street in own, Ste	co use co 2 No topsy 2 No 6 Oth jury occur and Numbers (s) end mind pleca, Data signe	24b. Way of 1 [] and the series of the serie	Approximation of the cause bably 4  ere autopseileble primpletion of death?  Yes 2	e of deeth Unknow y findings or to for cause No
edical Certification: To Be Completed by Physician/Medical Examiner	In did record the record that record the record that record the record that record the record that record the record that record the record that record the record that record the record that record the record that record the record that record the record that record the record that record the record that record the record that record the record that record the record that record that record the record that record the record that record the record that record the record that record the record that record that record the record that record the record that record the record that record the record that record the record that record that record the record that re	equentially list coercy leading to in use. Enter Undeuse (Disease or children in use. Enter Undeuse (Disease or children in use. Enter Undeuse (Disease or children in use). The use is interested in the use (Disease or children in use). The use is interested in use in	Inditions, medical street to medical No h S Pending investigation of Could not be determined.	d	Due to Du	constant of the property of th	equence of)  equence of)  underlying  ent 3 D  of M  street, fector  ath occurrectinvestigettor	cause gi	ven in Pert  28. Plecher: 4 Niny et rick?  I'ves 2 I	e of Dee ursing H	23b. DI 1 24a. Wipe th (Check only come 5 □ Re 28d. Describ 28f. Location City or 1	d tobacc Yee as en eutrormad? Yes y one) sidence e how inj (Street in own, Ste	co use co 2 No topsy 2 No 6 Oth jury occur and Numbers (s) end mind pleca, Data signe	24b. Wisconferred	Approximation of the cause bably 4  ere autopseileble primpletion of death?  Yes 2	e of deeth Unknow y findings or to for cause No



State of Maryland / Department of Health and Mental Hygiene 🖣 🖣 Certificate of Death 2. Dete of Deeth 3. Time of Death 1. Decedent's Neme (First, Middle, Last) Month **Physician** Paul Eugene Kahler, Jr. Feb 23, 1999 9:35 A.M /Medical 4a Facility Nama (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Prince George's Southern Maryland Hospital Clinton If Under 1 Yaar | if Undar 24 Hrs. 8. Deta of Birth (Month, Dey, Year) 5. Social Sacurity Number 6. Sax 7. Age (In yrs. last birthday) Birthplaca (Steta or Foreign Country) **Funeral** 1 M 2 □ F Hours Months Days Jan 16, 1935 York Director 64 186 26 6784 Usuel Residance of Deceden with the Marylend 10d. Inside City Limits 10a. State 10b. County 10c. City, Town or Location 7 le marked other than "naturel", or items 23s or 28s-f show traumatic avent, the Medical Examiner must be notified at 1 Yas 20 No Director MD P.G. Suitland 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4503 Rena Road Apt 4 20746 United States Funeral nit. Pages 1 and 2 should be filed within 72 hours efter death vehicles of Health end Mantal Hyglene. ortant: If New 27 le marked other than "naturel", or theme 23 ortant: If New 27 le marked other than "naturel", or theme 23 injury or other traumatic a vent, fine Medical Examine main Injury or other traumatic a vent, fine Medical Examine main 14. Race - Amarican Indien, Black, Whita, atc. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forcas? 11. Maritel Status 1 ☐ Yes 2 XXXIIIO If Yas, Giva 1 Never Married XX Married 1 ☐ Yes 2 ♥ Specify: White Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) 9th Maintenance Apartment 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Paul E. Kahler, Sr. Ester Barnes 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19e. Informent's Neme/Reletionship (Type, Print) Mary Kahler (DAUGHTER) 3213 Maygreen Ave, Forestville, Maryland 20747 Baltimore, 20b. Pieca of Disposition (Neme of cemetery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremation 3 ☐ Ramovel from Stete permit, Page Depertment of Important: If any Injury or phose. 4 ☐ Donation 5 ☐ Other (Specify) Lee Crematory Feb 26, 1999 Clinton, Maryland 21. Signature of Funeral Service Licenses 22. Name end Address of Fecility Lee Funeral Home, Inc 6633 Old Alexandria Ferry Rd, Clinton, Maryland 20735 complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, only one cause on each line. Approximete Intervei Between Onsat and Death **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in deeth) Examiner Examiner physician end the burief-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Disease or Injury that initiated events resulting in deeth) Lest P.O. Box 68760. Physician/Medical Dua to (or es e conse Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the causs of death? 1 Yes 2 No 3 Probably 4 Unknown bengis d be dat þ 24b. Were autopsy findings eveilable prior to completion of cause of deeth? 24a. Wes en eutopsy Completed peed pege 2 2 No 1 Yes 1 ☐ Yes 2 ☐ No certificate Division of Vital or Attending Physician: director, Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) exeminer? Othar: 4 Nursing Home 5 Rasidance 6 Othar (Specify) 1 Yes 2 No 1 √Inpatiant 2 □ ER/Outpatient 3 □ DOA P this funeral 28a. Date of Injury (Month, Dey Year) 28c. Injury et Work? 27. Menner of Deeth 28b. Time of 28d. Describe how Injury occurred Certification: After 1 Naturel 2 Accident 5 Pending investigation after death. Director: Aft 1 TYes 2 □ No 6 Could not be determined 3 Sulcide Pieca of Injury - At home, ferm, street, factory, office building, atc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Stata) 4 Homicide Hospital 24 hours a 24 hours a edicai 12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end piece, end due to the cause(s) end menner stated. 29a. Certifier (Check only To the Vithin 2 29b. Signature and the of 29d. Dete signed (Month, Day, Year) 29c. Licensa number D0053219 -rus 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) 89%, Woody Md Rd-

M.

1999 Registrer's Signature

CLINTON

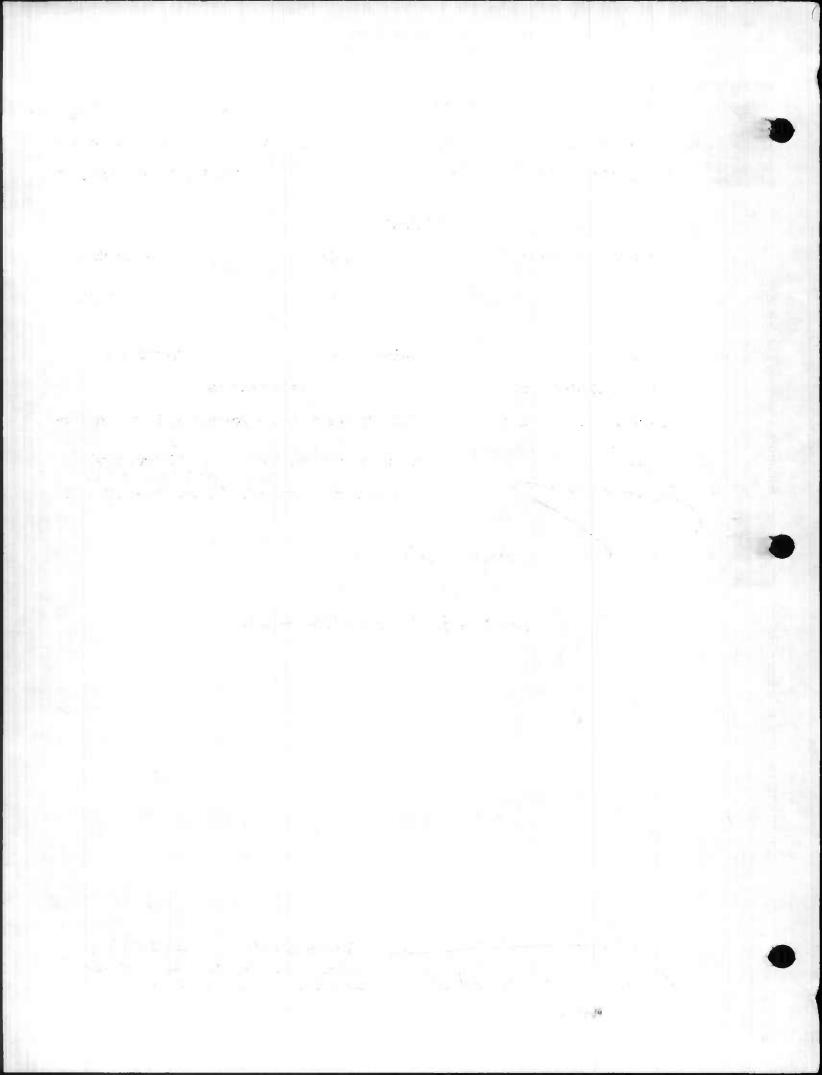
oours.

Registrar

State

31. Dete filed (Month, Dey, Year)

10



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Data of Death March 1, 1999 Yeer LITTLE Rebecca 1:30 PM 4a. Fecility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Frederick Homewood Retirement Center Frederick If Un r 1 Y If Un r 2 Hrs Birthplaca (Stete or Foreign Country) 6 Sax 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) 1□ M 2 F Days Hours 95 Yrs. Jan 05, 1904 Maryland 10b. County 10c. City, Town or Location 10d. Inside City Limits Frederick 1 ☐ Yes 2 ☑ No Frederick 10g. Citizen of What Country? 10f. Zip Coda 5519-A Old National Pike 21702 U.S.A. 12. Was Dacedent Evar in U,S. Armed Forcas? Was Decedant of Hispenic Origin? (Specify Yes or No-lf Yas, specify Cuban, Mexican, Puarto Rican, atc.) Race - American Indian, Black, White, etc. 1 ☐ Yas 2 TNo If Yas, Giva Yeer or Detas: 1 □ Naver Merried 2 □ Married 1 ☐ Yas 2 XNo Specify: White 3 Nidowed 4 Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working iifa. DO NOT usa retired) 15. Decedant's Education 16b. Kind of Businass/Industry (Specify only highest grada complated) Elemantary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Fathar's Name (First, Middla, Last) 18. Mother's Nema (First, Middle, Maiden Surnama) TOBERY Anna LAYMAN 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Mrs. Agnes L. Kaempf/Daughter 7503 Prospect Drive, Frederick, Maryland 21702 20b. Place of Disposition (Nama of cematary, cremetory or othar place) 20c. Location - City or Town, State Date 1 Burial 2 ☐ Cremetion 3 ☐ Ramoval from State Frederick Mem Park March 04,1999 Frederick, Maryland

4 Donation 5 Othar (Specify) 21. Signature A Funaral Sarvica Jacanses

Erma

5. Sociel Security Number

212-62-3791

10a. Stata

Director

Funerai

þ

Completed

Be

10

Examiner

Physician/Medicai

þ

Completed

Be

2

Certification:

Medicai npletely

Maryland

10e. Street and Number

4

20a. Method of Disposition

Charles

Usual Rasidence of Dacedant

22. Nama and Addrass of Facility
Keeney and Basford P.A. Funeral Home Part. Enter the disease, or complications thet caused the death. Do not enter the mode of dying, such es cardiec or respiratory errest,

Approximate

Immediata Causa (Final disaasa or condition rasulting in death)

**Physician** 

/Medicai

Examiner

**Funeral** 

Director

item 27 is marked other than "natural", or items 23a or 28a-f show other traumetic event, the Medical Evarrimer must be notified at

permit. Peges 1 and 2 should be filed within 72 hours effer to Department of Health and Mentel Hygiene. Important: If Item 27 is marked other than "natural", or theil eny injury or other traumatic event, the Medical Evantment.

**Physician** /Medical

Examiner

attending physician end for use es the buriel-transit certificate be executed

signed by t

peen page 2 certificete

Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certific

n 24 hours after der ne Funeral Directo pletely filled in by th

To the To the Comple

Box 68760.

P.O.

Records,

Division of Vital

Baltimore, Maryland 21215-0020

death with the Maryland

Approximata Interval Between Onsat and Death

Sequentielly list conditions, if eny, laading to immadiata ceuse. Entar Underlying Causa (Diseesa or Injury that initieted avants rasulting In death) Lest

Calcific Dua to (or as e consequance of):

Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown

Place of Injury - At home, farm, streat, factory, office building, etc. (Specify)

Dua to (or es e consequance of):

24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed?

25. Was casa rafarred to medicel Hospital: 1 ☐ Yas 1 TYAS 2 No

1 Yas 2 No 27. Mannar of Death

Other: De Nursing Home 5 Residence 6 Other (Specify) 1 Inpatiant 2 ER/Outpatient 3 DOA 28d. Describe how injury occurred

26. Pleca of Daath (Check only one)

1 (Neturel 2 Accident 3 Suicida

4 Homicide

28e. Data of Injury (Month, Day Yaar) 5 Panding Invastigation 6 Could not ba datarmined

28b. Tima of Injury 28c. Injury at Work? 1 ☐ Yas 2 ☐ No

29a. Certifiar (Check only one) Certifying Physician: To the best of my knowladge, death occurred et the tima, deta and place, end due to the ceuse(s) and menner es statad.

2 Madical Examinar: On the best of axamination end/or invastigation, in my opinion, death occurred et tha tima, date end place, and due to the ceuse(s) and manner stated.

29b. Signatura and title of certifian

29c. Licensa number

29d. Data signed (Month, Day, Year)

earra

D09689

March 1, 1999

28f. Location (Street and Number or Rurei Routa Number, City or Town, Stete)

30. Name end address of person who completed ceusa of death (Hem 23a) (Type, Print)

A. Austin Pearre, Jr, MD., 300 West Ninth Street, Frederick, Maryland 21701 31. Data filed (Month, Day, Yaar)

State Registrar

32. Ragistret Signatura MAR 0 2 1999



